Client#: 1420259						59	DEANWORM1						
ACORD			CERT	CERTIFICATE OF LIAB				ILITY INSURANCE				DATE (MM/DD/YYYY) 10/29/24	
C B R IM If	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).												
			lot confer any rigr	its to	the	certificate noider in lieu o	CONTA						
USI Insurance Services LLC								CONTACT NAME: Lynn Owen PHONE (A/C, No, Ext): FAX (A/C, No):					
530 Preston Ave							(A/C, No, Ext): - (A/C, No): E-MAIL ADDRESS: Lynn.Owen@USI.com						
Meriden, CT 06450												NAIC #	
INSURED							INSURER A : XL Specialty Insurance Company INSURER B :				37885		
USI Advantage Corp.							INSURER C :						
100 Summit Lake Drive, Suite 400							INSURER D :						
Valhalla, NY 10595							INSURER E :						
								INSURER F :					
		AGES	-	-		NUMBER:	REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSR TYPE OF INSURANCE ADDL SUBR POLICY EFF POLICY EFF POLICY EXP LIMITS													
LTR		COMMERCIAL GEN			WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)				
										EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
		CLAIMS-MADE	OCCUR							MED EXP (Any one person)	\$		
										PERSONAL & ADV INJURY	\$		
	GEN	I'L AGGREGATE LIMI	T APPLIES PER:							GENERAL AGGREGATE	\$		
		POLICY PRO-	LOC							PRODUCTS - COMP/OP AGO			
		OTHER:									\$		
	AUT	OMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$ \$		
		OWNED AUTOS ONLY	SCHEDULED AUTOS							BODILY INJURY (Per acciden	nt) \$		
		HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
										(\$		
		UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$		
		DED RETEN	TION \$								\$		
		RKERS COMPENSATI								PER OTI STATUTE ER	H-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE			N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)									E.L. DISEASE - EA EMPLOYE	EE \$		
	DÉS	CRIPTION OF OPERA	ATIONS below						10/01/01	E.L. DISEASE - POLICY LIMI	Т\$		
A	-	ofessional bility (E&O)				ELU19470123		12/31/23	12/31/24	\$15,000,000			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Professional Liability / E&O coverage is extended to all subsidiaries and DBA's of USI Advantage Corp. / USI Insurance Services LLC. All USI employees are covered under this policy for the work performed as directed by USI. RE: Safehold Special Risk, Inc. / Innovation Growth Partners Specialty, LLC (as of 1/1/25)													
	CERTIFICATE HOLDER							CANCELLATION					
Evidence of Coverage							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
							AUTHORIZED REPRESENTATIVE						
								Steph &. Gat					
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