	Client	#: 18	3642	59			128P)	RGOCOM				
ACORD _™ CERT			CA	TE OF LIABI	ILITY INSURANCE				DATE (MM/DD/YYYY) 2/12/2025			
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). PRODUCER CONTACT Certificate Team												
	CONTACT Certificate Team											
	Griff, a MMA LLC Company Jesse Jewell Pkwy Ste 103	PHONE FAX (A/C, No, Ext): (A/C, No): E-MAIL ADDRESS: certificate@mcgriff.com										
Gainesville, GA 30501						ADDRESS: Certificate@filcgrift.com						
	536-3311	INSURER(S) AFFORDING COVERAGE					NAIC # 16535					
INSU	INSURER B : American Guarantee & Liability Ins Co					26247						
	Pyrgos Communications,	INSURER B : American Guarantee & Liability ins Co					20241					
	dba PCI GlobalCom	INSURER D : Ohio Casualty Insurance Company					24074					
9365 Industrial Trace					INSURER D : Office Casually insurance Company INSURER E : Starr Indemnity & Liability Company					38318		
Alpharetta, GA 30004-3383					INSURER F :							
CO	VERAGES CER	REVISION NUMBER:										
Tł			-	VE 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 LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY		POLICY EXP (MM/DD/YYYY)	LIMIT				
Α	X COMMERCIAL GENERAL LIABILITY	X	X	GLO639334600				EACH OCCURRENCE	\$1,00	0,000		
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,	000		
	X BI/PD Ded:1,000							MED EXP (Any one person)	\$10,0	00		
								PERSONAL & ADV INJURY	\$1,00	0,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$2,000,000			
	POLICY X PRO- JECT X LOC							PRODUCTS - COMP/OP AGG	G \$ 2,000,000			
	OTHER:								\$			
Α	AUTOMOBILE LIABILITY	Х	Х	BAP651844400	07/27/2	2024	07/27/2025	COMBINED SINGLE LIMIT (Ea accident)	_{\$} 1,00	0,000		
	X ANY AUTO							BODILY INJURY (Per person)	\$			
	OWNED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$			
	X HIRED AUTOS ONLY X AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
_						07/27/2024 07/27/2025 EACH OCCURRENC			\$			
В	UMBRELLA LIAB X OCCUR			SXS613726400	••••=•=•					0,000		
	X EXCESS LIAB CLAIMS-MADE			SCX1080824	07/27/2	07/27/2024	07/27/2025					
C	DED X RETENTION \$0 X		X		07/07/0004 0		07/07/0007	OCC./AGG. \$\$5M/\$5M		\$5M		
Α	ND EMPLOYERS' LIABILITY Y/N		WC640409900	07/27/2024		07/27/2025	4		0.000			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N / A						E.L. EACH ACCIDENT				
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE		,		
П	DÉSCRIPTION OF OPERATIONS below		-	BMO68032986	07/27/2	2024	07/27/2025	E.L. DISEASE - POLICY LIMIT \$100K/ITEM	\$ 1,00	3,000		
	INSTALLATION FLTR			1000081570			07/27/2025					
E	DBA WORK COMP			1000081570				-				
E DBA WORK COMP 1000081570 01/31/2025 01/31/2026 \$1M/\$1M/\$1M DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Image: Comparison of the state is required in the state in the state in the state is required in the state in the state in the state is required in the state in the state in the state is required in the state in the state in the state is required in the state in the st												
	ee Forms Attached**							,				
U-G	GL-2162-A CW 02/19 ADDITIONAL	INS	URE	D - AUTOMATIC - OWN	IERS, LESSI	EES	OR CONTR	ACTORS				
U-G	GL-925-B CW 12/01 WAIVER OF S	UBR	OG/	TION (BLANKET) END	ORSEMENT	•						
	25 03 05 09 DESIGNATED CONS			• •	RAL AGGRE	GAT						
U-C	A-424-F CW 04/14 COVERAGE E	XTE	NSIC	ON ENDORSEMENT								
(Se	e Attached Descriptions)											
CEF	CERTIFICATE HOLDER						CANCELLATION					
	BAE Systems Technolog											
	23481 Cottonwood Park	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.										
1	California, MD 20619											
						AUTHORIZED REPRESENTATIVE						
Bason Peacock												
1					V - Percet							

© 1988-2015 ACORD CORPORATION. All rights reserved.

DESCRIPTIONS (Continued from Page 1)

WC 00 03 08 04/84 PARTNERS, OFFICERS AND OTHERS EXCLUSION ENDORSEMENT - MICHAEL AND KATIE GRAHAM WC 42 03 04 B 06/14 TEXAS WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT WC 00 03 013 04 84 WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT CX 00 01 04 13 COMMERCIAL EXCESS LIABILITY COVERAGE FORM CX 24 33 11 16 NONCONTRIBUTORY- OTHER INSURANCE CONDITION Customer Name/Agency: Naval Air Warfare Command Aircraft Division (NAWCAD) Special Communications Mission Solution (SCMS) Contract Number : N00421-21-D-0018 Contract Type : EXCOMM X BAE Systems Technology Solutions & Services, Inc. is included as Additional Insured per policy forms shown.

A complete copy of the DBA policy is attached for review.