

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/31/2020

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.

|   | SUBROGATION IS WAIVED, subject                                  |       |                        |                                |            |  |                         | require an endorsement.                   | A st  | atement on      |  |
|---|---|-------|------------------------|--------------------------------|------------|--|-------------------------|---|-------|-----------------|--|
| this certificate does not confer rights to the certificate holder in lieu of s  |   |       |                        |                                |            | CONTACT  |                         |   |       |                 |  |
| Marsh USA Inc.  |   |       |                        |                                |            | NAME: PHONE FAX  |                         |   |       |                 |  |
| Three James Center<br>1051 East Cary Street, Suite 900  |   |       |                        |                                |            | (A/C, No, Ext): (A/C, No):                                     |                         |   |       |                 |  |
| Richmond, VA 23219  |   |       |                        |                                |            | ADDRESS:   |                         |   |       |                 |  |
| CN404050400 Dland 40m 00 04   |   |       |                        |                                |            | INSURER(S) AFFORDING COVERAGE                                  |                         |   |       | NAIC #<br>26883 |  |
| CN101258186-Blend-10m-20-21   |   |       |                        |                                |            | INSURER A : AIG Specialty Insurance Company                    |                         |   |       | 20003           |  |
| Genworth Financial, Inc.,   |   |       |                        |                                |            | INSURER B:   |                         |   |       |                 |  |
| its subsidiaries and affiliates   |   |       |                        |                                |            | INSURER C:   |                         |   |       |                 |  |
| 6620 W Broad St   |   |       |                        |                                | INSURER D: |  |                         |   |       |                 |  |
| Richmond, VA 23230-1716   |   |       |                        |                                |            | INSURER E :  |                         |   |       |                 |  |
| 00VED 4 0 F 0   |   |       |                        |                                |            | INSURER F:   |                         |   |       |                 |  |
| COVERAGES CERTIFICATE NUMBER:   |   |       |                        |                                |            | -005646687-18  |                         | REVISION NUMBER: 4                        | F DOI | ICV DEDIOD      |  |
| 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 |   |       |                        |                                |            |  |                         |   |       |                 |  |
| c   | ERTIFICATE MAY BE ISSUED OR MAY I                               | PERT  | AIN,                   | THE INSURANCE AFFORD           | ED BY      | THE POLICIE  | S DESCRIBE              | D HEREIN IS SUBJECT TO                    |       |                 |  |
|   | XCLUSIONS AND CONDITIONS OF SUCH                                |       | CIES.<br>I <b>SUBR</b> |                                | BEEN F     | POLICY EFF   | PAID CLAIMS. POLICY EXP |   |       |                 |  |
| INSR<br>LTR   | TYPE OF INSURANCE   | INSD  | WVD                    | POLICY NUMBER                  |            | (MM/DD/YYYY)   | (MM/DD/YYYY)            | LIMITS                                    |       |                 |  |
|   | COMMERCIAL GENERAL LIABILITY                                    |       |                        |                                |            |  |                         | EACH OCCURRENCE \$                        | \$    |                 |  |
|   | CLAIMS-MADE OCCUR   |       |                        |                                |            |  |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$    |                 |  |
|   |   |       |                        |                                |            |  |                         | MED EXP (Any one person) \$               | 5     |                 |  |
|   |   |       |                        |                                |            |  |                         | PERSONAL & ADV INJURY \$                  | 5     |                 |  |
|   | GEN'L AGGREGATE LIMIT APPLIES PER:                              |       |                        |                                |            |  |                         | GENERAL AGGREGATE                         | \$    |                 |  |
|   | POLICY PRO-<br>JECT LOC   |       |                        |                                |            |  |                         | PRODUCTS - COMP/OP AGG \$                 | \$    |                 |  |
|   | OTHER:  |       |                        |                                |            |  |                         | 9   | \$    |                 |  |
|   | AUTOMOBILE LIABILITY  |       |                        |                                |            |  |                         | COMBINED SINGLE LIMIT (Ea accident)       | 5     |                 |  |
|   | ANY AUTO  |       |                        |                                |            |  |                         | BODILY INJURY (Per person) \$             | 5     |                 |  |
|   | OWNED SCHEDULED AUTOS   |       |                        |                                |            |  |                         | BODILY INJURY (Per accident)              | 5     |                 |  |
|   | HIRED NON-OWNED AUTOS ONLY                                      |       |                        |                                |            |  |                         | PROPERTY DAMAGE (Per accident)            | 5     |                 |  |
|   |   |       |                        |                                |            |  |                         | 9   | \$    |                 |  |
|   | UMBRELLA LIAB OCCUR   |       |                        |                                |            |  |                         | EACH OCCURRENCE \$                        | 5     |                 |  |
|   | EXCESS LIAB CLAIMS-MADE   |       |                        |                                |            |  |                         | AGGREGATE \$                              | 5     |                 |  |
|   | DED RETENTION\$   |       |                        |                                |            |  |                         | 9   | 5     |                 |  |
|   | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                   |       |                        |                                |            |  |                         | PER OTH-<br>STATUTE ER                    |       |                 |  |
|   | ANYPROPRIETOR/PARTNER/EXECUTIVE ANYPROPRIETOR/PARTNER/EXECUTIVE | N/A   |                        |                                |            |  |                         | E.L. EACH ACCIDENT \$                     | 5     |                 |  |
|   | (Mandatory in NH)   | N/A   |                        |                                |            |  |                         | E.L. DISEASE - EA EMPLOYEE \$             | 5     |                 |  |
|   | If yes, describe under DESCRIPTION OF OPERATIONS below          |       |                        |                                |            |  |                         | E.L. DISEASE - POLICY LIMIT \$            | 5     |                 |  |
| Α   | Professional Liability (E&O),                                   |       |                        | 03-990-69-05                   |            | 03/31/2020   | 03/31/2021              | Limit:                                    |       | 10,000,000      |  |
|   | Fidelity, Crime   |       |                        |                                |            |  |                         | SIR:                                      |       | 25,000,000      |  |
|   | ,   |       |                        |                                |            |  |                         |   |       |                 |  |
| DES   | CRIPTION OF OPERATIONS / LOCATIONS / VEHICL                     | ES (A | CORE                   | 101, Additional Remarks Schedu | le, may be | attached if mor  | e space is require      | ed)                                       |       |                 |  |
|   |   |       |                        |                                |            |  |                         |   |       |                 |  |
|   |   |       |                        |                                |            |  |                         |   |       |                 |  |
|   |   |       |                        |                                |            |  |                         |   |       |                 |  |
|   |   |       |                        |                                |            |  |                         |   |       |                 |  |
|   |   |       |                        |                                |            |  |                         |   |       |                 |  |
|   |   |       |                        |                                |            |  |                         |   |       |                 |  |
| CF  | RTIFICATE HOLDER  |       | CANCELLATION           |                                |            |  |                         |   |       |                 |  |
| OLIVIII IOATE HOLDER  |   |       |                        |                                |            | OAROLLLATION   |                         |   |       |                 |  |
| Genworth Financial, Inc.  |   |       |                        |                                |            | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE |                         |   |       |                 |  |
| its subsidiaries and affiliates<br>ATTN: Lisa Green   |   |       |                        |                                |            | THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN       |                         |   |       |                 |  |
| 6620 W Broad St.  |   |       |                        |                                |            | ACCORDANCE WITH THE POLICY PROVISIONS.                         |                         |   |       |                 |  |
| Richmond, VA 23230-1716   |   |       |                        |                                |            | AUTHORIZED REPRESENTATIVE                                      |                         |   |       |                 |  |
|   |   |       |                        |                                |            | of Marsh USA Inc.  |                         |   |       |                 |  |
|   |   |       |                        |                                |            | Manashi Mukheriee Manashi Mauk hu ka                           |                         |   |       |                 |  |