

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/28/2021

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.

	OGATION IS WAIVED, subject ificate does not confer rights t							equire an endorsement	. Ast	atement on
PRODUCER					CONTACT					
Marsh USA Inc.					NAME:					
Three James Center 1051 East Cary Street, Suite 900					(A/C, No, Ext): (A/C, No):  E-MAIL ADDRESS:					
Richmond, VA 23219										
CN101258186-CASUA-9/27-21-22					INSURER(S) AFFORDING COVERAGE INSURER A: Liberty Mutual Fire Insurance Company					23035
INSURED					INSURER B: N/A				N/A	
Genworth Financial, Inc.,										IN/A
its subsidiaries and affiliates Attn: James Willard					INSURER C:					
6620 W Broad St					INSURER D:					
Richmond, VA 23230-1716					INSURER E :					
COVERACES CERTIFICATE NUMBER.				NUMBED.	INSURER F :   C  E 006700209 04					
COVERAGES CERTIFICATE NUMBER:  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW H					CLE-006790398-04 REVISION NUMBER: 1					
INDICATE CERTIFIC EXCLUSION	ED. NOTWITHSTANDING ANY RECATE MAY BE ISSUED OR MAY IONS AND CONDITIONS OF SUCH	QUIRE PERTA POLICI	EMEN AIN, T CIES. L	T, TERM OR CONDITION HE INSURANCE AFFORDI	OF ANY	CONTRACT THE POLICIE REDUCED BY	OR OTHER IS DESCRIBED	OCUMENT WITH RESPEC	CT TO	WHICH THIS
INSR LTR	SR IR TYPE OF INSURANCE		SUBR WVD POLICY NUMBER			POLICY EFF POUNT (MM/DD/YYYY) (M		LIMIT	гѕ	
A X co	OMMERCIAL GENERAL LIABILITY			TB2-631-508630-031		09/27/2021	09/27/2022	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
GEN'L A	AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
X PC	DLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
07	THER:								\$	
A AUTOM	IOBILE LIABILITY		P	AS2-631-508630-041		09/27/2021	09/27/2022	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
X AN	NY AUTO							BODILY INJURY (Per person)	\$	
OV AL	WNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
χ HI	RED X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
UN	MBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
EX	CLAIMS-MADE							AGGREGATE	\$	
DE	ED RETENTION \$								\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY								PER OTH- STATUTE ER		
ANYPROPRIETOR/PARTNER/EXECUTIVE		N/A						E.L. EACH ACCIDENT	\$	
OFFICER/MEMBEREXCLUDED? (Mandatory in NH)		N/A						E.L. DISEASE - EA EMPLOYEE	\$	
If yes, de	escribe under IPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DESCRIPTION Evidence of Ins	N OF OPERATIONS / LOCATIONS / VEHICL surance,	ES (AC	CORD 1	101, Additional Remarks Schedul	le, may be	e attached if more	e space is require	ed)		
										l
CERTIFICATE HOLDER					CANCELLATION					
Genworth Financial Inc. and its affiliates and subsidiaries Attn: Lisa Green 6620 West Broad Street					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Richmond, VA 23230					AUTHORIZED REPRESENTATIVE					
					Marsh USA Que					