



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/10/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFFERS 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 rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Vouch Insurance Services, LLC Vouch Specialty Insurance Services, LLC 3739 Balboa St, #1073 San Francisco, CA 94121	CONTACT NAME: John Wallace	FAX (A/C, No): (415) 366-2758
	PHONE (A/C, No, Ext): (415) 488-6728 E-MAIL ADDRESS: COIs@vouch.us	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: State National Insurance Company	12831
INSURED Deferred Inc. 1111B South Governors Avenue STE 20505 Dover, DE 19904	INSURER B: United Specialty Insurance Company INSURER C: Atlantic Specialty Insurance Company INSURER D: Houston Specialty Insurance Company INSURER E: INSURER F:	12537 27154 12936

COVERAGES

CERTIFICATE 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.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

See Additional Remarks Schedule

CERTIFICATE HOLDER

CANCELLATION

Informational Purposes Only	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 

© 1988-2015 ACORD CORPORATION. All rights reserved.



ADDITIONAL REMARKS SCHEDULE

AGENCY Vouch Insurance Services, LLC		NAMED INSURED Deferred Inc. 1111B South Governors Avenue STE 20505 Dover, DE 19904	
POLICY NUMBER		NAIC CODE	
CARRIER		EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Businessowners Policy HDG.BOP.25.VXYP-2IFP includes a waiver of subrogation for any person or organization that Deferred Inc. enters into a written contract with and such contract requires the coverage provided by the endorsement (BP 04 97).

Insurer A: HDG.MPL.25.F3FZ-Z6WU, Effective 06/08/2025 - 06/08/2026
Policy Aggregate Liability Limit: \$250,000
Management Liability Limit: \$250,000

Insurer B: HDG.CEM.25.0K5M-8FWM, Effective 06/08/2025 - 06/08/2026
Policy Aggregate Liability Limit: \$5,000,000
Cyber Aggregate Liability Limit: \$1,000,000
Errors & Omissions Aggregate Liability Limit: \$5,000,000

Insurer C: MML-37902-25, Effective 10/09/2025 - 10/09/2026
Policy Aggregate Liability Limit: \$5,000,000
Fiduciary Liability Limit: \$5,000,000
Forgery or Alteration Liability Limit: \$5,000,000\

Insurer D: HPRO-CX-HS-0000743-00, Effective 10/09/2025 - 10/09/2026
Policy Aggregate Liability Limit: \$5,000,000
\$5,000,000 excess of \$5,000,000 over primary insuring agreements (A)(B)(C)(D)(E)(F)