

DATE (MM/DD/YYYY) 10/26/2023

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 rights to the certificate holder in lieu of such endorsement(s).

	is certificate does not confer rights t				•	•	•	equire an endorsement	. A Sta	itement on	
_	DUCER				CONTAC NAME:						
USAA Insurance Agency, Inc.					PHONE 4 900 202 9425 FAX						
9800 Fredericksburg Rd.					(A/C, No, Ext): 1-000-292-0130 (A/C, No): E-MAIL ADDRESS:						
	3				INSURER(S) AFFORDING COVERAGE						
Sar	n Antonio			TX 78288	INSURER A: Travelers Cas & Surety Co of America					NAIC# 31194	
INSU	RED										
	Community Financials Inc				INSURER B: INSURER C:						
	Accounting Department				INSURE						
	4770 BASELINE ROAD SUI	TE 20	00		INSURE						
	BOULDER			CO 80303	INSURE						
CO	VERAGES CER	TIFIC	CATE	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.										WHICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY	INOD	1110			(MINI/DD/1111)	(MINI/DD/1111)	EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							DED	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
	Crime			400005000		40/40/0000	40/40/0004	Employee Theft	\$ 2,	000,000	
Α				106995200		10/16/2023	10/16/2024	Third Party		000,000	
DEO	COURTION OF OREDATIONS (LOCATIONS (L'EUR		0000	404 Additional Bassache Oak adul				Retention	\$ 10	0,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI	•			le, may be	attached if more	e space is require	ed)			
Cri	me Emply Theft and 3rd Party: \$2,000,0	00 Si	ngle l	Loss							
	me Policy Includes: Forgery/Alteration \$pense \$1,000,000; Funds Transfer Frau						er Fraud \$2,00	00,000; Computer Program	n/Resto	oration	
CEI	TIFICATE HOLDER				CANC	YELL ATION					
CEI	RTIFICATE HOLDER				CANC	ELLATION					
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.										
	4770 Deceller D. J. Ott. 202		THORIZED REPRESENTATIVE								
	4770 Baseline Rd Ste 200			00 000-	1						
	Boulder			CO 80303	Thus	^	V				



DATE (MM/DD/YYYY) 02/22/2024

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.

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	SUBROGATION IS WAIVED, Subject is certificate does not confer rights t				-		-	equire an endorsement	. A Sta	itement on
_	DUCER				CONTAC NAME:		.Moyer@usaa	a.com		
USAA Insurance Agency, Inc.					PHONE 4 000 000 0405 FAX					
9800 Fredericksburg Rd.					(A/C, No, Ext): 1-800-292-8135 (A/C, No):  E-MAIL ADDRESS: Jennifer.Moyer@USAA.com					
	Ü				INSURER(S) AFFORDING COVERAGE					
Sar	Antonio			TX 78288	INSURER A: Travelers Cas & Surety Co of America					NAIC# 31194
INSU										
	Community Financials Inc				INSURER B : INSURER C :					
	Accounting Department				INSURE					
	4770 BASELINE ROAD SUI	TF 20	00							
	BOULDER		, ,	CO 80303	INSURE					
CO		TIFIC	`ΔTF	NUMBER:	INSURE	KF:		REVISION NUMBER:		
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INSR	TYPE OF INSURANCE	ADDL	SUBR			POLICY EFF (MM/DD/YYYY)		LIMIT	•	
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MIM/DD/YYYY)	(IMIM/DD/TTTT)	EACH OCCURRENCE	\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED	\$	
	CLAIIVIS-IVIADE OCCUR							PREMISES (Ea occurrence)  MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	
	OTHER:							FRODUCTS - COMPTOF AGG	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$	
•	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
•	AUTOS ONLY AUTOS NON-OWNED NON-OWNED							PROPERTY DAMAGE (Per accident)	\$	
•	AUTOS ONLY AUTOS ONLY							(Fer accident)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION\$								\$	
	WORKERS COMPENSATION							PER OTH- STATUTE ER	·	
	AND EMPLOYERS' LIABILITY  ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
								Each Claim	\$ 2.	000,000
Α	Professional Liability			107054341		03/01/2024	03/01/2025	Aggregate		000,000
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									
CEF	RTIFICATE HOLDER				CANC	ELLATION				
	Community Financials Inc				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.		
	4770 Baseline Rd Ste 200				AUTHORIZED REPRESENTATIVE					
	Boulder			CO 80303	Down wi					



DATE (MM/DD/YYYY) 04/21/2023

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 to is certificate does not confer rights to						may require	an endorsement. A state	ement (	on		
PRODUCER						CONTACT House Account						
BOI	T Insurance Agency				PHONE (A/C, No, Ext): (800) 216-4171 FAX (A/C, No): (860) 777-2621							
РО	Box 204389				E-MAIL support@boltinsurance.com							
						NAIC#						
Austin TX 78720					INSURE							
INSURED					INSURE							
	Community Financials Inc and	INSURE										
185 E. Indiantown Rd						INSURER D:						
	suite 127				INSURE							
Jupiter				FL 33477	INSURER F:							
CO	/ERAGES CER	TIFIC	ATE	NUMBER: CL234205908	4			REVISION NUMBER:				
IN CI EX	DICATED. NOTWITHSTANDING ANY REQU ERTIFICATE MAY BE ISSUED OR MAY PERT	REME AIN, TI DLICIE	NT, TE HE INS S. LIM	ERM OR CONDITION OF ANY ( SURANCE AFFORDED BY THE	CONTRA POLICI	ACT OR OTHER ES DESCRIBEI ED BY PAID CL	R DOCUMENT V D HEREIN IS SI .AIMS.	WITH RESPECT TO WHICH T	HIS			
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT				
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	φ .			
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	φ			
								MED EXP (Any one person)	φ .			
Α		Y		CP2668365		04/30/2023	04/30/2024	PERSONAL & ADV INJURY	φ .			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	φ.	-		
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	Ψ			
	OTHER:									,000		
	AUTOMOBILE LIABILITY							(Ea accident)				
	ANY AUTO OWNED SCHEDULED											
	AUTOS ONLY AUTOS HIRED NON-OWNED											
	AUTOS ONLY AUTOS ONLY							(Per accident)				
									\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE	4						AGGREGATE	\$			
	DED RETENTION \$ WORKERS COMPENSATION							PER   OTH-	\$			
	AND EMPLOYERS' LIABILITY Y / N							STATUTE ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$			
	(Mandatory in NH)  If yes, describe under											
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
DES	PRINTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	OPD 1	01 Additional Pomarks Schodulo	may he at	ttached if more er	ace is required)					
		•		· ·	•		add is required,					
CERTIFICATE HOLDER						CANCELLATION						
	Live Oak Banking Company, IS 1741 Tiburon Dr	SAOA			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
		INSURER R: INSURER RETURN TWIT RESPONDED POLICIES BE CANCELLED BEFORE INSURCE RETURN TWIT RESPORT TO THE INSURCE RETURN TWIT RESPOR										
	Wilington			NC 28403			72	Los Sorgh Bell				



DATE (MM/DD/YYYY) 02/12/2024

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.

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		and conditions of cate holder in lieu								is certificate does not confer	rights to the		
PROI	DUCE	R						CT AP Intego					
AP INTEGO INSURANCE GROUP, LLC							PHONE (A/C, No, Ext): 888-289-2939 (A/C, No):						
375 \	Noo	dcliff Dr.						ss: certs@api		, , =,,			
Suite 103										RDING COVERAGE	NAIC#		
airp	ort		NY	1	4450		INSURE	25666					
INSU							INSURER A: Travelers Indemnity Co Of America 25666 INSURER B:						
		ty Financials, Inc.					INSURER C:						
224	Keel	Way					INSURE	RD:					
							INSURE	RE:					
Ospr	еу		FL 34229				INSURE	RF:					
		AGES				NUMBER:				REVISION NUMBER:			
IN CE EX	DIC/ ERTI	ATED. NOTWITHST FICATE MAY BE IS	FANDING ANY RI SSUED OR MAY ITIONS OF SUCH	PER POLI	REME TAIN, CIES. ISUBR	NT, TERM OR CONDITION THE INSURANCE AFFORE LIMITS SHOWN MAY HAVE	OF AN	IY CONTRACT	OR OTHER S DESCRIBE PAID CLAIMS	ED NAMED ABOVE FOR THE PO DOCUMENT WITH RESPECT TO ED HEREIN IS SUBJECT TO ALL LIMITS	WHICH THIS		
LTR	GEN	NERAL LIABILITY	TO T	INSK	WVD	POLICY NUMBER		(MIM/DD/TTTT)	(WIWI/DD/TTTT)	EACH OCCURRENCE \$			
		COMMERCIAL GENER	AL LIABILITY	_						DAMAGE TO RENTED PREMISES (Ea occurrence) \$			
		CLAIMS-MADE	OCCUR							MED EXP (Any one person) \$			
										PERSONAL & ADV INJURY \$			
										GENERAL AGGREGATE \$			
	GEN	N'L AGGREGATE LIMIT A								PRODUCTS - COMP/OP AGG \$			
	AUT	POLICY JECT OMOBILE LIABILITY	LOC	_						COMBINED SINGLE LIMIT			
	710	ANY AUTO								(Ea accident) \$ BODILY INJURY (Per person) \$			
		ALL OWNED	SCHEDULED							BODILY INJURY (Per accident) \$			
		AUTOS HIRED AUTOS	AUTOS NON-OWNED							PROPERTY DAMAGE &			
		TIIKED AUTOS	AUTOS							(Per accident) \$			
		UMBRELLA LIAB	OCCUR	$\overline{}$						EACH OCCURRENCE \$			
		EXCESS LIAB	CLAIMS-MADE							AGGREGATE \$			
		DED RETENTION	ON \$							\$			
		RKERS COMPENSATION EMPLOYERS' LIABILIT	rv							X WC STATU- TORY LIMITS OTH- ER			
Α	ANY	PROPRIETOR/PARTNE	R/EXECUTIVE TO THE	UB0T079998			0	01/01/2024	01/01/2025	E.L. EACH ACCIDENT \$ 500	,000		
	(Ma	FFICE/MEMBER EXCLUDED?  Mandatory in NH)			UDED?			01/01/2021	01/01/2020	E.L. DISEASE - EA EMPLOYEE \$ 500	,000		
		s, describe under CRIPTION OF OPERATION	ONS below							E.L. DISEASE - POLICY LIMIT \$ 500	,000		
				<u> </u>									
DESC	RIPT	TION OF OPERATIONS /	LOCATIONS / VEHIC	LES (	Attach	ACORD 101, Additional Remarks	Schedule	, if more space is	required)				
<u> </u>	TIF	ICATE HOLDED					CAN	CELLATION					
		ICATE HOLDER					CAN	CELLATION					
Proo	f of C	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.						
							AUTHO	RIZED REPRESE	NTATIVE	n sn			
										Ann Ryan			

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