CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/16/2025

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

PRODUCER	**CONTACT NAME:** Annette Botticello
Fabricant & Fabricant Ins	**PHONE (A/C, No, Ext):** (516) 621-9000 **FAX (A/C, No):** (516) 621-0092
1251 Old Northern Blvd	**E-MAIL ADDRESS:** AnnetteB@Fabricantinsurance.com
Roslyn NY 11576	**INSURER(S) AFFORDING COVERAGE** / **NAIC #**
INSURED	**INSURER A :** CHUBB INDEMNITY INSURANCE COMPANY 12777
Sam Tell & Son Inc.	**INSURER B :** FEDERAL INSURANCE COMPANY 20281
300 Smith Street	**INSURER C :** Federal Insurance Co 20281A
	INSURER D : Admiral Insurance Company 24856
Farmingdale NY 11735	**INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 25-26 ALL LINES (No WC) **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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR [X] CONTRACTUAL LIAB [X] TERRORISM INCLUDED GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [X] PRO-JECT [X] LOC [ ] OTHER:			D0344899A	12/17/2025	12/17/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Employee Benefits	$ 1,000,000 $ 1,000,0000 $ 10,000 $ 2,000,000 $ 2,000,000 $ 2,000,000 $ 1,000,000
B	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [X] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			73658752	12/17/2025	12/17/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) PIP-Additional	$ 1,000,000 $ $ $ $ 2,000
C	[X] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [X] RETENTION $ 10,000			93642144	12/17/2025	12/17/2026	EACH OCCURRENCE AGGREGATE	$ 10,000,000 $ 10,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) [ ] Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $
D	PROFESSIONAL LIAB RETRO DATE 6/22/16			EO00003406610	06/22/2025	06/22/2026	LIMIT DED	$1,000,000 $10,000

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

REF: DEKALB COUNTY #25-519 DeKalb County School Board, the DeKalb County School District, DCSD, and their officials, officers, employees, agents, volunteers, and assigns are included as Additional Insured on General Liability , Automobile and Umbrella for Work Performed by the Named Insured under written contract; but only with respect to the Negligent Acts of the Named Insured per the Terms and Conditions of the policy. 30 Days Notice of Cancellation except for Non Payment of Premium which is 10 Days Notice. ALL COVERAGES ARE PRIMARY AND NON-CONTRIBUTORY. WAIVER OF SUBROGATION APPLIES. UMBRELLA POLICY WRITTEN ON FOLLOW FORM BASIS.

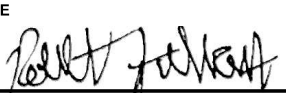
CERTIFICATE HOLDER

DEKALB COUNTY SCHOOL DISTRICT
1701 MOUNTAIN INDUSTRIAL BLVD
STONE MOUNTAIN GA 30083

CANCELLATION

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



Additional Named Insureds

Other Named Insureds	
Hannah Rae LLC dba Pascoe-Jacobs Associates	Doing Business As
Hannah Rae, LLC	Limited corporation, Additional Named Insured
Jericho Houston LLC	Limited partnership, Additional Named Insured
Jeslin, LLC	Limited corporation, Additional Named Insured
Sam Squared, Inc	Corporation, Additional Named Insured
Sam Tell & Son Inc DBA Stanton Trading	Doing Business As
SAM TELL & SON INC DBA CORSI & ASSOCIATES	Doing Business As
SAM TELL HOLDINGS CO LLC	Limited Liability Company, Additional Named Insured
SD Consulting & Sales	C Corporation, Additional Named Insured
Tell Realty LLC	Limited corporation, Additional Named Insured
The Sam Tell Companies	Doing Business As
Warren Acquisition LLC	Limited Liability Company, Additional Named Insured

AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY	NAMED INSURED
Fabricant & Fabricant Ins	Sam Tell & Son Inc.
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance: Notes

INSTALLATION FLOATER Hartford Ins. Co., Pol#12MSBK0109 December 1, 2025 - December 17, 2026
Installation Floater: $1,000,000
Deductible: $1,000

Cyber Liability- Cowbell
Pol#PLM-CB-SE5XAGEUW-004 January 13, 2025- January 13, 2026
Limit - $1,000,000
Deductible- $25,000