CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 7/16/2026

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: Nicholas Fotopoulos	
Sparx Insurance Services 300 Park Avenue South, Suite 301 New York, NY 10010	PHONE (A/C, No, Ext): 732-272-5009	FAX (A/C, No):
	E-MAIL ADDRESS: nf@usesparx.com	
	INSURER(S) AFFORDING COVERAGE	**NAIC #**
	INSURER A : National Fire Insurance Company Of Hartford (CNA)	20478
INSURED Yuzu Health Inc. 154 West 14th St, Fl 11 New York, NY 10011	INSURER B : Accelerant Specialty Insurance Company	16890
	INSURER C : Scottsdale Insurance Company (E-Risk)	41297
	INSURER D : Hiscox Insurance Company	10200
	INSURER E : Underwriters At Lloyd ' s of London (MSI)	15792
	INSURER F :	

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	☒ **COMMERCIAL GENERAL LIABILITY** ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☒ LOC ☐ OTHER:	X	X	B 7038861184	06/20/2026	06/20/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 2,000,000 $ 1,000,000 $ 10,000 $ 2,000,000 $ 4,000,000 $ 4,000,000
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
A	☒ **UMBRELLA LIAB** ☒ OCCUR **EXCESS LIAB** ☐ CLAIMS-MADE ☐ DED ☒ RETENTION $ 10,000	X	X	B 8018985239	06/20/2026	06/20/2027	EACH OCCURRENCE AGGREGATE	$ 6,000,000 $ 6,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ **(Mandatory in NH)** 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	 $ $ $
B	PROFESSIONAL LIABILITY (E&O)			S0038EO000602-03	07/01/2026	07/01/2027	PER CLAIM / IN AGG	$2M / $2M
C	CYBER			EKS3599385	11/20/2025	11/20/2026	PER CLAIM / IN AGG	$1M / $1M
D	CRIME + EMPLOYEE DISHONESTY			UC25614755.25	11/20/2025	11/20/2026	PER CLAIM / IN AGG	$1M / $1M

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

CERTIFICATE HOLDER

For informational purposes only.

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

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AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
Sparx Insurance Services		Yuzu Health Inc. 154 West 14th St, Fl 11 New York, NY 10011
POLICY NUMBER		
SEE ATTACHED ACORD 25		
CARRIER	NAIC CODE	
National Fire Insurance Company Of Hartford (CNA)	20478	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

ADDITIONAL COVERAGES INCLUDE:

INSURER E: UNDERWRITERS AT LLOYD ' S OF LONDON (MSI)
COVERAGE: DIRECTORS AND OFFICERS LIABILITY
POLICY NUMBER: L18SMLPA2738
POLICY PERIOD: 5/12/2026-5/12/2027
PER CLAIM LIMIT: $3,000,000
AGGREGATE LIMIT: $3,000,000

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