



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
9/18/2026

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<br>Hub International Northwest LLC<br>PO Box 3018<br>Bothell, WA 98041       | CONTACT NAME:                                            |                               |              |
|                                                                                       | PHONE (A/C, No, Ext): (425) 489-4500                     | FAX (A/C, No): (425) 485-8489 |              |
|                                                                                       | E-MAIL ADDRESS: now.info@hubinternational.com            |                               |              |
|                                                                                       | INSURER(S) AFFORDING COVERAGE                            |                               |              |
| INSURED<br><br>NVL Laboratories, Inc.<br>4708 Aurora Ave. N<br>Seattle, WA 98103-6516 | INSURER A : Palomar Excess and Surplus Insurance Company |                               | NAIC # 16754 |
|                                                                                       | INSURER B : Western National Mutual Insurance Company    |                               | 15377        |
|                                                                                       | INSURER C : Homeland Insurance Company of New York       |                               | 34452        |
|                                                                                       | INSURER D :                                              |                               |              |
|                                                                                       | INSURER E :                                              |                               |              |
|                                                                                       | 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<br><div>CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR</div> <div>GEN'L AGGREGATE LIMIT APPLIES PER:<br/>POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC</div> <div>OTHER:</div>                                                |           |          | ENC-0006418-06    | 9/18/2026               | 9/18/2027               | <div>EACH OCCURRENCE \$ 2,000,000</div> <div>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000</div> <div>MED EXP (Any one person) \$ 25,000</div> <div>PERSONAL &amp; ADV INJURY \$ 2,000,000</div> <div>GENERAL AGGREGATE \$ 2,000,000</div> <div>PRODUCTS - COMP/OP AGG \$ 2,000,000</div> <div></div> |
| B        | AUTOMOBILE LIABILITY<br><div><input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY</div> <div><input checked="" type="checkbox"/> SCHEDULED AUTOS</div> <div><input checked="" type="checkbox"/> HIRED AUTOS ONLY</div> <div><input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY</div> |           |          | 0001890704        | 9/18/2026               | 9/18/2027               | <div>COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000</div> <div>BODILY INJURY (Per person) \$</div> <div>BODILY INJURY (Per accident) \$</div> <div>PROPERTY DAMAGE (Per accident) \$</div> <div></div>                                                                                                     |
| C        | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br>EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                                                                                                                                                                                         |           |          | 793 01 52 44 0000 | 9/18/2026               | 9/18/2027               | <div>EACH OCCURRENCE \$ 5,000,000</div> <div>AGGREGATE \$</div> <div>Aggregate \$ 5,000,000</div> <div>PER STATUTE <input checked="" type="checkbox"/> OTH-ER</div>                                                                                                                                          |
| B        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/><br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                     | Y / N     | N / A    | 0001890732        | 9/18/2026               | 9/18/2027               | <div>E.L. EACH ACCIDENT \$ 1,000,000</div> <div>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000</div> <div>E.L. DISEASE - POLICY LIMIT \$ 1,000,000</div>                                                                                                                                                            |
| A        | Professional Liability                                                                                                                                                                                                                                                                              |           |          | ENC-0006418-06    | 9/18/2026               | 9/18/2027               | Included                                                                                                                                                                                                                                                                                                     |

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

CERTIFICATE HOLDER

CANCELLATION

|                            |                                                                                                                                                                |
|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Evidence of Insurance 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<br>Robette Smith                                                                                                                     |