



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/02/2025

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).

|   |  |
|---|--|
| <b>PRODUCER</b><br>Progressive Insurance<br>PO Box 94739, Cleveland, OH 44101 | <b>CONTACT</b><br>NAME: Progressive Commercial Lines Customer and Agent Servicing<br>PHONE (A/C, No, Ext): 1-800-444-4487<br>FAX (A/C, No):<br>E-MAIL ADDRESS: progressivecommercial@email.progressive.com |
|   | <b>INSURER(S) AFFORDING COVERAGE</b><br>INSURER A : Progressive County Mutual Insurance Company<br>INSURER B :<br>INSURER C :<br>INSURER D :<br>INSURER E :<br>INSURER F :                                 |
| <b>INSURED</b><br>NTXP LLC<br>405 South Elm St<br>Ste 203<br>Denton, TX 76201 | <b>NAIC #</b><br>29203   |

**COVERAGES** **CERTIFICATE NUMBER:** 533756218623811803D100225T174146 **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   |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|--|
|          | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          |               |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$<br>\$ |
| A        | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY     | Y         | N        | 996553623     | 04/25/2025              | 10/25/2025              | COMBINED SINGLE LIMIT (Ea accident) \$100,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                             |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$  |           |          |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                    | N/A       |          |               |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                         |
| A        | See ACORD 101 for additional coverage details.   | Y         | N        | 996553623     | 04/25/2025              | 10/25/2025              | \$   |

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

## CERTIFICATE HOLDER

## 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<br>   |

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# CERTIFICATE OF LIABILITY INSURANCE

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04/25/2025

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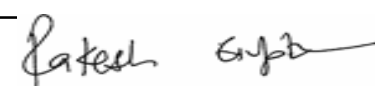
|  |  |                             |
|--|--|-----------------------------|
| PRODUCER<br>biBERK<br>P.O. Box 113247<br>Stamford, CT 06911            | CONTACT NAME:  |                             |
|  | PHONE (A/C, No, Ext): 844-472-0967                     | FAX (A/C, No): 203-654-3613 |
| INSURED<br>NTPX LLC<br>405 South Elm St<br>Ste 203<br>Denton, TX 76201 | E-MAIL ADDRESS: customerservice@biBERK.com             |                             |
|  | INSURER(S) AFFORDING COVERAGE                          |                             |
|  | INSURER A: National Liability & Fire Insurance Company |                             |
|  | INSURER B:   |                             |
|  | INSURER C:   |                             |
|  | INSURER D:   |                             |
| INSURER E:   |  |                             |
| INSURER F:   |  |                             |
| NAIC #   |  |                             |
| 20052  |  |                             |

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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| INSR LTR | TYPE OF INSURANCE  | ADDL INSD                               | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|--|---|----------|---------------|-------------------------|-------------------------|--|
|          | COMMERCIAL GENERAL LIABILITY   |   |          |               |                         |                         | EACH OCCURRENCE \$ 0   |
|          | CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>                            |   |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 0                         |
|          |  |   |          |               |                         |                         | MED EXP (Any one person) \$ 0  |
|          |  |   |          |               |                         |                         | PERSONAL & ADV INJURY \$ 0   |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:   |   |          |               |                         |                         | GENERAL AGGREGATE \$ 0   |
|          | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |   |          |               |                         |                         | PRODUCTS - COMP/OP AGG \$ 0  |
|          | OTHER:   |   |          |               |                         |                         | \$   |
|          | AUTOMOBILE LIABILITY   |   |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$                                 |
|          | <input type="checkbox"/> ANY AUTO  |   |          |               |                         |                         | BODILY INJURY (Per person) \$  |
|          | <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS             |   |          |               |                         |                         | BODILY INJURY (Per accident) \$  |
|          | <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY        |   |          |               |                         |                         | PROPERTY DAMAGE (Per accident) \$                                      |
|          |  |   |          |               |                         |                         | \$   |
|          | UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/>                          |   |          |               |                         |                         | EACH OCCURRENCE \$   |
|          | EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/>                      |   |          |               |                         |                         | AGGREGATE \$   |
|          | DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>                             |   |          |               |                         |                         | \$   |
| A        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  |   |          | N9WC544637    | 04/26/2025              | 04/26/2026              | X PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                    | Y/N <input checked="" type="checkbox"/> | X        |               |                         |                         | E.L. EACH ACCIDENT \$1,000,000   |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below   |   |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE \$1,000,000                                 |
|          |  |   |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT \$1,000,000                                |
|          | Professional Liability (Errors & Omissions): Claims-Made                                       |   |          |               |                         |                         | Per Occurrence/Aggregate   |

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

|                           |  |
|---------------------------|--|
| <b>CERTIFICATE HOLDER</b> | <b>CANCELLATION</b>  |
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|                           | AUTHORIZED REPRESENTATIVE   |



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|  |  |                              |                |
|--|--|------------------------------|----------------|
| PRODUCER<br>Simply Business<br>53 State Street<br>19th Floor<br>Boston, MA 02109 | CONTACT NAME:                          | Simply Business              |                |
|  | PHONE (A/C, No, Ext):                  | (866) 538-7491               | FAX (A/C, No): |
|  | E-MAIL ADDRESS:                        | contactus@simplybusiness.com |                |
|  | INSURER(S) AFFORDING COVERAGE          |                              | NAIC #         |
|  | INSURER A: Spinnaker Insurance Company |                              | 24376          |
| INSURED<br>NTXP LLC<br>405 South Elm St<br>Ste 203<br>Denton, TX 76201           | INSURER B:                             |                              |                |
|  | INSURER C:                             |                              |                |
|  | INSURER D:                             |                              |                |
|  | INSURER E:                             |                              |                |
|  | INSURER F:                             |                              |                |

|           |                     |                  |
|-----------|---------------------|------------------|
| COVERAGES | CERTIFICATE NUMBER: | REVISION NUMBER: |
|-----------|---------------------|------------------|

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| 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 | X         |          | HBW4667180XB2 | 09/27/2025              | 09/27/2026              | EACH OCCURRENCE                     | \$1,000,000 |   |             |
|          |   | CLAIMS-MADE                  |           |          |               |                         |                         | X                                   | OCCUR       | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$100,000   |
|          |   |                              |           |          |               |                         |                         |                                     |             | MED EXP (Any one person)                  | \$5,000     |
|          |   |                              |           |          |               |                         |                         |                                     |             | PERSONAL & ADV INJURY                     | \$1,000,000 |
|          |   |                              |           |          |               |                         |                         |                                     |             | GENERAL AGGREGATE                         | \$2,000,000 |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:  |                              |           |          |               |                         |                         |                                     |             |   |             |
|          | X   | POLICY                       |           | PRO-JECT |               | LOC                     |                         | PRODUCTS - COMP/OP AGG              | \$2,000,000 |   |             |
|          |   | OTHER:                       |           |          |               |                         |                         |                                     |             |   |             |
|          | AUTOMOBILE LIABILITY  |                              |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) |             |   |             |
|          |   | ANY AUTO                     |           |          |               |                         |                         | BODILY INJURY (Per person)          |             |   |             |
|          |   | OWNED AUTOS ONLY             |           |          |               |                         |                         | BODILY INJURY (Per accident)        |             |   |             |
|          |   | HIRED AUTOS ONLY             |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)      |             |   |             |
|          |   |                              |           |          |               |                         |                         |                                     |             |   |             |
|          | UMBRELLA LIAB   |                              |           |          |               |                         |                         | EACH OCCURRENCE                     |             |   |             |
|          | EXCESS LIAB   |                              |           |          |               |                         |                         | AGGREGATE                           |             |   |             |
|          |   | DED                          |           |          |               |                         |                         |                                     |             |   |             |
|          |   | RETENTION                    |           |          |               |                         |                         |                                     |             |   |             |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY   |                              |           |          |               |                         |                         | PER STATUTE                         | OTH-ER      |   |             |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE  |                              |           |          |               |                         |                         | E.L. EACH ACCIDENT                  |             |   |             |
|          | OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below |                              |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE          |             |   |             |
|          |   |                              |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT         |             |   |             |
|          | PROFESSIONAL LIABILITY  |                              |           |          |               |                         |                         | EACH CLAIM                          |             |   |             |
|          |   |                              |           |          |               |                         |                         | AGGREGATE                           |             |   |             |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Certificate holder is included as an additional insured on the General Liability policy per written contract.

## CERTIFICATE HOLDER

## CANCELLATION

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AUTHORIZED REPRESENTATIVE

*Camila Oliveira*

AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

|   |                           |   |  |
|---|---------------------------|---|--|
| <b>AGENCY</b><br>Progressive Insurance                        |                           | <b>NAMED INSURED</b><br>NTPP LLC<br>405 South Elm St<br>Ste 203<br>Denton, TX 76201 |  |
| <b>POLICY NUMBER</b><br>996553623                             |                           | <b>EFFECTIVE DATE:</b> 04/25/2025   |  |
| <b>CARRIER</b><br>Progressive County Mutual Insurance Company | <b>NAIC CODE</b><br>29203 |   |  |

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
**FORM NUMBER:** 25 **FORM TITLE:** Certificate of Liability Insurance

### Additional Coverages

| Insurance coverage(s)              | Limits  |
|------------------------------------|---|
| Uninsured/Underinsured Motorist    | \$100,000 Combined Single Limit                 |
| Uninsured Motorist Property Damage | (included in combined single limit w/\$250 Ded) |

### Description of Location/Vehicles/Special Items

**Scheduled autos only**

|                                 |                     |
|---------------------------------|---------------------|
| 2025 RAM 1500 1C6SRFJP2SN510411 |                     |
| Personal Injury Protection      | \$2,500 each person |

### Additional Information

Certificate holder is listed as an Additional Insured.