

Appendix A - (Certificate of Insurance)**Date: 29.07.2026**

This Certificate of Insurance certifies that the Insured holds a policy of insurance in force, in accordance with the information set forth therein. The information specified in this Certificate does not include all the terms and exclusions of the below referenced policies. In case of discrepancies with the original policies of insurance, the said insurance policies shall prevail except when a condition in this certificate is favorable to the Certificate Holder.

Certificate Holder*	Status of Certificate Holder*	The Insured	The nature of the Business *
Name: ID Address: 	☐ Lessor ☐ Lessee ☐ Franchiser ☐ Sub-Contractor ☐ Party Ordering Services / Works ☐ Party Ordering Products ☐ Other: _____	Name: Comda Ltd and/or Comsign Europe OÜ ID 511076606 16721581 Address: Harju maakond, Tallinn, Kesklinna linnaosa, Narva mnt 5, 10117	☐ Real Estate ☐ Services ☐ Products ☐ Supplier ☐ Other: _____

Coverages

Type of Insurance	Policy No.	Policy Wording	Period of Insurance	Limits of Liability / Insurance Amount		Additional coverage valid and cancellation of exclusion (according to the cover code in Appendix D)
				Amount	ILS/US\$	
Combined Professional Liability and Product Liability	621706505	Combined Professional Liability and Product Liability Policy For Technology Companies 2021	01.08.2026-31.07.2027	1,500,000	USD\$	

Details of the services* (with respect to the services specified in the agreement between the Insured & the Certificate Holder, according to the relevant "service" code as listed in Appendix C)

Cancellation / alteration the policy*

The Signing of the Approval:

The Insurer:



מור ששון
מחלקת סיכונים מיוחדים

* **In General Certificate of Insurance:** This fields can be marked as non-valid.