

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


PRODUCER USI Southwest Dallas /CL 2711 N Haskell Ave Suite 2000 Dallas, TX 75204 214 443-3100	CONTACT NAME: PHONE (A/C, No, Ext): 214 443-3100 FAX (A/C, No): 214 443-3900 E-MAIL ADDRESS: Anne.Apple@usi.com
	INSURER(S) AFFORDING COVERAGE INSURER A : Atlantic Specialty Insurance Company NAIC # 27154
INSURED Kofile Technologies Group, Inc. 6300 Cedar Springs Road Dallas, TX 75235	INSURER B : INSURER C : 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			7110153390003	07/09/2019	07/09/2020	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/>			7110153390003	07/09/2019	07/09/2020	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$0			7110153390003	07/09/2019	07/09/2020	EACH OCCURRENCE \$15,000,000 AGGREGATE \$15,000,000 \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	4060440040003	07/09/2019	07/09/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	<input checked="" type="checkbox"/> Errors & Omission & Cyber Liability			7600101170002	07/09/2019	07/09/2020	\$10,000,000 Each Claim/Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The General Liability, Auto Liability and Umbrella Liability policies include an automatic Additional Insured endorsement that provides Additional Insured status to the Certificate Holder only when there is a written contract that requires such status and only with regard to work performed on behalf of the named insured. The General Liability policy contains a special endorsement with "Primary and Noncontributory" wording. The General Liability, Auto Liability and Workers Compensation policies provide an automatic (See Attached Descriptions)

CERTIFICATE HOLDER Hidalgo County 100 N. Closner Edinburg, TX 78539	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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DESCRIPTIONS (Continued from Page 1)

Waiver of Subrogation when required by written contract.

Named Insured is completed to read:

Kofile Technologies Group, Inc.
Enduro Binders, Inc. dba Trends Presentation Products
Tenacity Manufacturing Company
6480 Enduro Drive, LLC
Brown's River Marotti Co dba Kofile Preservation, Inc.
Cedar Springs Investments, LLC
Eastman Park Micrographics, Inc.
Nashoba, Inc.
Verticus, Inc.
Kofile Solutions, Inc. dba Safeguard Solutions, Inc.
Kofile Conversion Services, Inc. dba BRC Conversion Services
Kofile Preservation, Inc. dba Louisiana Binding Service
Safeguard Solutions, Inc.
BRC Conversion Services Corporation
Kofile Systems, Inc.
Louisiana Binding Services, Inc.
Business Resources Corp.
Castro & Harris, Inc.
Brown's River Marotti Co (inactive as of 6-25-09)
Eastman Park Micrographics, Inc. dba Imaging 411, Inc.
EPM Equipment, LLC
Kofile Preservation, Inc. dba RecordSave, Inc.
Kofile Preservation, Inc.
CSS, Inc. dba Complete Systems Support, Inc.
Thorndike Investments, LLC
Bexar Archives, LLC
Kofile Technologies, Inc.
Kofile Technologies, Inc. dba Kofile Preservation, Inc.
Kofile, Inc.
PFA, Inc.