

CERTIFICATE OF LIABILITY INSURANCE

ESTROMBERG

DATE (MM/DD/YYYY) 5/13/2019

OWASFOU-01

									J	13/2019	
C B	HIS CERTIFICATE IS ISSUED ERTIFICATE DOES NOT AFFIF ELOW. THIS CERTIFICATE O EPRESENTATIVE OR PRODUCE	RMATIVE	ELY O	R NEGATIVELY AMEND, E DOES NOT CONSTITU	EXTE	ND OR ALT	ER THE CO	OVERAGE AFFORDED	ВҮ ТН	E POLICIES	
lf	MPORTANT: If the certificate I SUBROGATION IS WAIVED, s nis certificate does not confer rig	subject 1	to the	e terms and conditions of	the po	licy, certain	policies may				
PRO	DUCER		CONTACT NAME:								
Consolidated Insurance + Risk Management 11403 Cronridge Drive, Suite 270					PHONE (A/C, No, Ext): (410) 356-9500 FAX (A/C, No):(410) 363-3520						
Owings Mills, MD 21117					E-MAIL ADDRESS: attention@consolidatedinsurance.com						
						INSURER(S) AFFORDING COVERAGE					
			INSURER A : Philadelphia Indemnity					18058			
INSURED						INSURER B :					
	The OWASP Foundation					INSURER C :					
	1200-C Agora Drive #2 Bel Air, MD 21014	32			INSURER D :						
	Bel All, MD 21014				INSURER E :					-	
					INSURER F :						
<u>C0</u>	VERAGES	CERTIF	ICAT	E NUMBER:				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE P IDICATED. NOTWITHSTANDING A ERTIFICATE MAY BE ISSUED OR XCLUSIONS AND CONDITIONS OF S	NY REQ MAY PE	UIREM RTAIN	IENT, TERM OR CONDITION	N OF A	NY CONTRA (THE POLIC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT 1	ECT TO	WHICH THIS	
INSR					DEENI	POLICY EFF	POLICY EXP	P			
	X COMMERCIAL GENERAL LIABILITY						(MM/DD/YYYY)		\$	1,000,000	
				PHSD1422519		4/1/2019	4/1/2020	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)		500,000	
				111001422313		4/1/2013	4/1/2020		\$	10,000	
								MED EXP (Any one person)	\$	1,000,000	
	· · · · · · · · · · · · · · · · · · ·							PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER							GENERAL AGGREGATE	\$	1,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	1,000,000	
								COMBINED SINGLE LIMIT	\$		
								(Ea accident)	\$		
	ANY AUTO	D						BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE			
	HIRED AUTOS ONLY AUTOS ONL	Y						(Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS	-MADE						AGGREGATE	\$		
	DED RETENTION \$							PER OTH-	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N						STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			A					E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$		
DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT	\$		
DES	CRIPTION OF OPERATIONS / LOCATIONS /	VEHICLES	(ACOR	D 101, Additional Remarks Schedu	le, may b	e attached if mor	re space is requi	red)			
Global AppSec - Tel Aviv May 26-30, 2019											
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CERTIFICATE HOLDER	CANCELLATION				
Intercontinental David Tel Aviv Kaufmann St 12 Tel Aviv 61501	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				

Claime M. Stimlerg

ACORD 25 (2016/03)

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