

# Exhibit B - Cypress Golf Insurance



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/21/2023

**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> Arthur J. Gallagher Risk Management Services, LLC 201 E 4th Street Suite 625 Cincinnati OH 45202	<b>CONTACT NAME:</b> Susan D. Masters, CIC <b>PHONE (A/C. No. Ext):</b> 513-977-3139 <b>FAX (A/C. No):</b> 513-977-4641 <b>E-MAIL ADDRESS:</b> susan_masters-oh@ajg.com												
<b>INSURER(S) AFFORDING COVERAGE</b>													
<b>INSURED</b> Clubessential Holdings, LLC and all of its subsidiaries 4600 McAuley Place Ste 350 Cincinnati OH 45242-4765	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>INSURER A :</b> Continental Insurance Company</td> <td style="width: 20%; text-align: center;"><b>NAIC #</b> 35289</td> </tr> <tr> <td><b>INSURER B :</b> Valley Forge Insurance Company</td> <td style="text-align: center;">20508</td> </tr> <tr> <td><b>INSURER C :</b> American Casualty Company of Reading, PA</td> <td style="text-align: center;">20427</td> </tr> <tr> <td><b>INSURER D :</b> Columbia Casualty Company</td> <td style="text-align: center;">31127</td> </tr> <tr> <td><b>INSURER E :</b> Continental Casualty Company</td> <td style="text-align: center;">20443</td> </tr> <tr> <td><b>INSURER F :</b></td> <td></td> </tr> </table>	<b>INSURER A :</b> Continental Insurance Company	<b>NAIC #</b> 35289	<b>INSURER B :</b> Valley Forge Insurance Company	20508	<b>INSURER C :</b> American Casualty Company of Reading, PA	20427	<b>INSURER D :</b> Columbia Casualty Company	31127	<b>INSURER E :</b> Continental Casualty Company	20443	<b>INSURER F :</b>	
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**COVERAGES**

**CERTIFICATE NUMBER: 813917876**

**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	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	Y	N	6079684571	11/15/2022	11/15/2023	EACH OCCURRENCE \$ 1,000,000 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 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Hired PhyDam	N	N	6079684568	11/15/2022	11/15/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Hired PhyDam \$ 75,000
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	N	N	6079684604	11/15/2022	11/15/2023	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
C A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	6079684599 WC679684585	11/15/2022 11/15/2022	11/15/2023 11/15/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER CA & AOS E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D E	Prof/Cyber-CM Crime-3rd Party			652510479 652175238	3/23/2023 11/15/2022	3/23/2024 11/15/2023	Ea Claim/Agg \$10,000,000 Ea Claim \$1,000,000

APPROVED

By Edgar P. Alba at 10:32 am, May 31, 2023

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Complete Named Insured: Clubessential Holdings, LLC; Clubessential, LLC; ClubReady, LLC; LEGP II Blocker (CR), Inc.; iKizmet, Inc; GymHQ, LLC; ClubReady Canada Software, ULC; RecTrac, LLC dba Vermont Systems; PrestoSports, LLC; Immersion Media, Inc dba ScoreShots; SuperFanU, Inc; RW2 Marketing & Design, Inc dba 1-2-1 Marketing; GolfCompete, Inc dba ForeUP; Exerp Buy Co.; Exerp America Inc.; BlueGolf, LLC

OH Employers Defense Liability(Stop Gap): Policy# 6079684571 11/15/2022-11/15/2023 \$1,000,000/\$1,000,000/\$1,000,000

CGL: CNA74872XX(01/15) CNA Technology Broadening Endorsement provides:  
 -Additional Insured by Contract, Agreement or Permit when required in a written contract with you;  
 See Attached...

**CERTIFICATE HOLDER**

**CANCELLATION**

City of Pompano Beach PO Box 1300 Pompano Beach FL 33061 USA	<p><b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b></p> <p><b>AUTHORIZED REPRESENTATIVE</b>  </p>
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