

## Insurance Certificate

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| Certificate regarding Existence of Insurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |                                                                                     |                |                                |             | Certificate issue date (DD/MM/YYYY)                                                                                                                                                                          |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <p>This insurance certificate is a reference to the fact that the insured has a valid insurance policy, in accordance with the information specified in it. The information detailed in this certificate does not include all the terms of the policy and its exceptions. However, in the event of a conflict between the conditions specified in this approval and the conditions set forth in the insurance policy, what is stated in the insurance policy will prevail, except in the case where a condition in this approval benefits the certificate holder.</p> |            |                                                                                     |                |                                |             |                                                                                                                                                                                                              |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| Certificate Holder                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            | Other Entities Of Certificate holder                                                |                | Insured                        |             | Transaction type                                                                                                                                                                                             |          | Certificate Holder's status                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| Name:<br><b>The Authority for Nature Preservation and National Parks</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            | and /or<br>Parent company<br>and/or<br>subsidiaries and<br>/or related<br>companies |                | Name :                         |             | <input type="checkbox"/> Real Estate<br><input type="checkbox"/> Services<br><input type="checkbox"/> Supply of products<br><input checked="" type="checkbox"/> Other:<br>Archaeological research excavation |          | <input type="checkbox"/> Lessor<br><input type="checkbox"/> Lessee<br><input type="checkbox"/> Franchisee<br><input type="checkbox"/> Sub-contractors<br><input type="checkbox"/> Client<br><input checked="" type="checkbox"/> Other:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| I.D. No. / Company's No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            | I.D. No. / Private Company No.                                                      |                | I.D. No. / Private Company No. |             |                                                                                                                                                                                                              |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| Address:<br>Yehuda Halevi 23, Tel Aviv-Yafo 65796                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            | Address                                                                             |                | Address                        |             |                                                                                                                                                                                                              |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| Covers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                                                                                     |                |                                |             |                                                                                                                                                                                                              |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| Insurance type distributed by limits of liability or sums insured                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Policy No. | Policy wording and edition                                                          | Inception date | Termination date               | e x c e s s | Limits of liability/sum insured                                                                                                                                                                              |          | Additional valid covers and cancellation of exclusions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |                                                                                     |                |                                |             | Per event and in the aggregate                                                                                                                                                                               | Currency |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| Third party                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            | "BIT"                                                                               |                |                                |             | 1,000,000                                                                                                                                                                                                    | USD      | <b>302</b> – Cross liability<br><b>304</b> - Extension of indemnity clause for Acts/Omissions/Products/Works/Activities of the Insured<br><b>309</b> - Waiver of subrogation in favor of the Certificate Holder<br><b>307</b> - Third Party Liability extension - Liability to Third Party Under Policy Coverage for Contractors and subcontractors<br><b>315</b> – Cover for National security subrogation claims<br><b>321</b> - Additional insured for acts and omissions by the insured<br><b>328</b> – Priority (The insurer waives any demand or allegation concerning contribution by any insurer of the certificate holder)<br><b>336</b> - Cancellation of Professional Liability Exclusion Under Third Party Liability |  |
| Employers' liability                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            | "BIT"                                                                               |                |                                |             | 5,000,000                                                                                                                                                                                                    | USD      | <b>309</b> - Waiver of subrogation<br><b>319</b> – Additional insured – if considered the employer of whomsoever of the insured's employees<br><b>328</b> – Priority (The insurer waives any demand or allegation concerning contribution by any insurer of the certificate holder)<br><b>350</b> - Extension of Liability Towards Contractors and Subcontractors in Employers' Liability Insurance if Certificate Requestor is Considered Their Employer                                                                                                                                                                                                                                                                        |  |
| ALL RISK Property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            | "BIT"                                                                               |                |                                |             |                                                                                                                                                                                                              |          | <b>309</b> - Waiver of the right of subrogation<br><b>313</b> - Natural perils cover<br><b>314</b> - Cover for burglary, robbery and theft<br><b>316</b> - Earthquake cover<br><b>328</b> – Priority (The insurer waives any demand or allegation concerning contribution by any insurer of the certificate holder)                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| Details of the services (subject to the services specified in the agreement between the insured and the Certificate holder. The service code must be indicated from the list detailed in Addendum C) *:                                                                                                                                                                                                                                                                                                                                                               |            |                                                                                     |                |                                |             |                                                                                                                                                                                                              |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| 042, 069                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                                                                                     |                |                                |             |                                                                                                                                                                                                              |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| Policy cancellation/ amendment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                                                                                     |                |                                |             |                                                                                                                                                                                                              |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| An amendment change to the detriment of the Certificate Holder or cancellation of an insurance policy will take effect only <b>60</b> days after a notice is sent to the Certificate Holder regarding the amendment or cancellation.                                                                                                                                                                                                                                                                                                                                  |            |                                                                                     |                |                                |             |                                                                                                                                                                                                              |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| Approval signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                                                                                     |                |                                |             |                                                                                                                                                                                                              |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| Insurer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                                                                                     |                |                                |             |                                                                                                                                                                                                              |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |