



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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.

ADDITIONAL INCLIDED

li ti	SUI	RTANT: If the certificate holds BROGATION IS WAIVED, subje ertificate does not confer rights	ct to	the	terms and conditions of	the pol	icy, certain orsement(s)	policies may			
Car 152	Isbad 5 Far	R License # 0757776 d, CA-HUB International Insurand raday Avenue, Suite 200	e Se	rvice	s Inc.	CONTACT Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 E-MAIL ADDRESS: healy.ramey@hubinternational.com					804-0942
Car	Isbac	d, CÅ 92008				ADDRES			RDING COVERAGE		
								NAIC #			
INICI	JRED						RA: Atlantic	Specially	IIIS. CO.		27 134
INS	JKED	P.C. Specialists, Inc. DBA:	Гесhr	nolog	y Integration Group	INSURE					
		Entre, BTG, a TIG Company		Ŭ	., .	INSURE					
		10240 Flanders Court San Diego, CA 92121				INSURE					
		Jan 2.050, 07. 02.12.				INSURE					
CC	VER	AGES CEF	TIFIC	CATE	E NUMBER:				REVISION NUMBER:		'
II C E	IDIC <i>A</i> ERTI XCLL	IS TO CERTIFY THAT THE POLICI ATED. NOTWITHSTANDING ANY F FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A DED BY	NY CONTRAI 7 THE POLIC REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT T	CT TC	WHICH THIS
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X	CLAIMS-MADE X OCCUR			711008985-0013		10/31/2019	10/31/2020	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000 1,000,000
	Х	zero deductible							MED EXP (Any one person)	\$	10,000
									PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT X LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
Α	OTHER:								COMBINED SINGLE LIMIT	\$	1,000,000
^	X	FOMOBILE LIABILITY			711008985-0013	10/31/2019	10/31/2020	(Ea accident)	\$	1,000,000	
	^	ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS			711006965-0015		10/31/2020	BODILY INJURY (Per person)	\$		
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$		
	X	Comp Ded-\$1,000 X Coll Ded-\$1,000							(Fel accident)	\$	
Α	Х	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/20		10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$)							\$	
Α	WOR	RKERS COMPENSATION EMPLOYERS' LIABILITY							X PER OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A		406038027-0008	10/	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
		ndatory in NH) s, describe under							E.L. DISEASE - EA EMPLOYEE \$	\$	1,000,000
_	DÉS	CRIPTION OF OPERATIONS below			744000005 0040		40/04/0040	40/04/0000	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
A		perty Away From mises			711008985-0013 711008985-0013			10/31/2020 10/31/2020			200,000 1,000
А	Pre	mises			711000905-0013		10/31/2019	10/31/2020	Dea		1,000
		TION OF OPERATIONS / LOCATIONS / VEHIC pects to operations of the insured n. Fidelity Limit in place:\$1,000,00		ACORE	D 101, Additional Remarks Schedu on their behalf. 90 Days N	ile, may bo	e attached if mor or Cancellatio	e space is requi n with 15 day	led) ys Notice in the event of r	ion-pa	yment of
CE	RTIF	FICATE HOLDER				CANC	ELLATION				
		Evidence of Coverages in P	lace			SHO	ULD ANY OF		ESCRIBED POLICIES BE C IEREOF, NOTICE WILL CY PROVISIONS.		

ACORD 25 (2016/03)

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 10/25/2019

EVIDENCE OF PRO	PERITINS	JUNIOE	1	0/25/2019			
THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MAT ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NO COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER	T AFFIRMATIVELY OF CE OF INSURANCE DO	R NEGATIVELY AF ES NOT CONSTITU	MEND, EXTEND C	R ALTER THE			
GENCY PHONE (A/C, No, Ext): (760) 804-0402	COMPANY						
Carlsbad, CA-HUB International Insurance Services Inc. 525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	Atlantic Specialty Ins.	Co.					
AX A/C, No): (760) 804-0942	<u> </u>						
SUB CODE: SUB	_						
NSURED P.C. Specialists, Inc. dba Technology Integration Group 10240 Flanders Court	LOAN NUMBER		711008985-0013				
San Diego, CA 92121	10/31/2019	10/31/2020		D UNTIL ED IF CHECKED			
	THIS REPLACES PRIOR EVID	DENCE DATED:					
PROPERTY INFORMATION							
OCATION/DESCRIPTION 0240 Flanders Court San Diego CA 92101							
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED T NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF AI EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTA SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH F	NY CONTRACT OR OT AIN, THE INSURANCE AI	HER DOCUMENT FFORDED BY THE F	WITH RESPECT TO POLICIES DESCRIB	O WHICH THIS ED HEREIN IS			
COVERAGE INFORMATION PERILS INSURED BASIC	BROAD X SPECIA	AL					
COVERAGE / PERILS / FORMS		АМО	OUNT OF INSURANCE	DEDUCTIBLE			
Blanket Contents & EDP/Special Form/Agreed Amount/Replacement Cost Blanket Business Income/Extra Expense/Special Form			\$25,771,000 \$5,557,250	1,000 24			
REMARKS (Including Special Conditions)							
pecial Conditions: 0 Days Notice of Cancellation/15 Days Notice for Non-Payment							
CANCELLATION							
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CAND DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	ELLED BEFORE THE	EXPIRATION DAT	E THEREOF, NO	TICE WILL BE			
ADDITIONAL INTEREST							
IAME AND ADDRESS	ADDITIONAL INSURED MORTGAGEE	X Lease #'s 154	8560-1548563	SS PAYEE			
Citicorp Vendor Finance Leasing 15325 S. E. 30th Place, #100	LOAN#						
Bellevue, WA 98007	AUTHORIZED REPRESENTATIVE HARRIE CONTROL						



DATE (MM/DD/YYYY) 10/25/2019

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST. PHONE (A/C, No, Ext): (760) 804-0402 Atlantic Specialty Ins. Co. Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008 E-MAIL ADDRESS: healy.ramey@hubinternational.com FAX (A/C, No): (760) 804-0942 CODE SUB CODE: AGENCY CUSTOMER ID #: PCSPECI-02 License # 0757776 P.C. Specialists, Inc. LOAN NUMBER POLICY NUMBER INSURED dba: Technology Integration Group 615007 711008985-0013 10240 Flanders Court **EFFECTIVE DATE EXPIRATION DATE** San Diego, CA 92121 CONTINUED UNTIL TERMINATED IF CHECKED 10/31/2020 10/31/2019 THIS REPLACES PRIOR EVIDENCE DATED PROPERTY INFORMATION LOCATION/DESCRIPTION 10240 Flanders Court, San Diego, CA 92121 & 5460 Victory Dr. #100, Indianapolis, IN 46203 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 EVIDENCE OF PROPERTY INSURANCE 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 X | SPECIAL COVERAGE INFORMATION PERILS INSURED BASIC BROAD COVERAGE / PERILS / FORMS AMOUNT OF INSURANCE DEDUCTIBLE Blanket Contents & EDP/Agreed Amount/RC \$25,771,000 1,000 **REMARKS (Including Special Conditions)** Special Conditions: 90 Days Notice of Cancellation/15 Days Notice for Non-Payment of Premium 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. ADDITIONAL INTEREST X LOSS PAYEE NAME AND ADDRESS ADDITIONAL INSURED LENDER'S LOSS PAYABLE MORTGAGEE LOAN # De Lage Landen Financial Services, Inc. 615007 1111 Old Eagle School Rd. **AUTHORIZED REPRESENTATIVE** Wayne, PA 19087



DATE (MM/DD/YYYY) 10/26/2019

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST. PHONE (A/C, No, Ext): (760) 804-0402 Atlantic Specialty Ins. Co. Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008 E-MAIL ADDRESS: healy.ramey@hubinternational.com FAX (A/C, No): (760) 804-0942 CODE SUB CODE: AGENCY CUSTOMER ID #: PCSPECI-02 License # 0757776 TIG Real Estate Holdings, LLC POLICY NUMBER INSURED LOAN NUMBER 10240 Flanders Ct. 711008985-0013 San Diego, CA 92121 FFFECTIVE DATE **EXPIRATION DATE** 10/31/2019 CONTINUED UNTIL TERMINATED IF CHECKED 10/31/2020 THIS REPLACES PRIOR EVIDENCE DATED: PROPERTY INFORMATION LOCATION/DESCRIPTION 510 S. Pierce Ave, Louisville, CO 80027 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 EVIDENCE OF PROPERTY INSURANCE 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 X | SPECIAL COVERAGE INFORMATION PERILS INSURED BASIC BROAD COVERAGE / PERILS / FORMS AMOUNT OF INSURANCE DEDUCTIBLE Blanket Contents/Improvements & Betterments/RC/Special/Agreed Amount \$25,771,000 1.000 **Business Income/Special Form** \$5,557,250 Location Limits: Improvements & Betterments: \$100,000 (in Contents limit) Contents: \$200,000 Business Income: \$110,000 **REMARKS (Including Special Conditions)** Special Conditions: 90 Days Notice of Cancellation/15 Days Notice for Non-Payment of Premium 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. ADDITIONAL INTEREST X LOSS PAYEE NAME AND ADDRESS ADDITIONAL INSURED LENDER'S LOSS PAYABLE Per CP1218 attached Χ MORTGAGEE Χ I OAN # MUFG Union Bank, N.A. its successors and/or assigns P.O. Box 3647 **AUTHORIZED REPRESENTATIVE** Everett, WA 98213

POLICY NUMBER: 711008985-0013

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LOSS PAYABLE PROVISIONS

This endorsement modifies insurance provided under the following:

BUILDERS' RISK COVERAGE FORM
BUILDING AND PERSONAL PROPERTY COVERAGE FORM
CONDOMINIUM ASSOCIATION COVERAGE FORM
CONDOMINIUM COMMERCIAL UNIT-OWNERS COVERAGE FORM
STANDARD PROPERTY POLICY

SCHEDULE

Location Number:	Building Number:	Applicable Clause (Enter C.1., C.2., C.3. or C.4.):					
Description Of Property:	As noted on Evidence of F	roperty Insurance					
Loss Payee Name:	MUFG Union Bank, NA,	ISAOA C.2.					
	P.O. Box 3647						
Loss Payee Address:	Everett, WA 98213	erett, WA 98213					
Location Number:	Building Number:	Applicable Clause (Enter C.1., C.2., C.3. or C.4.):					
Description Of Property:							
Loss Payee Name: Loss Payee Address:							
Location Number:	Building Number:	Applicable Clause (Enter C.1., C.2., C.3. or C.4.):					
Description Of Property:							
Loss Payee Name:							
Loss Payee Address:							
Information required to comple	ete this Schedule, if not shown	above, will be shown in the Declarations.	_				

- A. When this endorsement is attached to the Standard Property Policy CP 00 99, the term Coverage Part in this endorsement is replaced by the term Policy.
- **B.** Nothing in this endorsement increases the applicable Limit of Insurance. We will not pay any Loss Payee more than their financial interest in the Covered Property, and we will not pay more than the applicable Limit of Insurance on the Covered Property.
- C. The following is added to the Loss Payment Loss Condition, as indicated in the Declarations or in the Schedule:

1. Loss Payable Clause

For Covered Property in which both you and a Loss Payee shown in the Schedule or in the Declarations have an insurable interest, we will:

- a. Adjust losses with you; and
- Pay any claim for loss or damage jointly to you and the Loss Payee, as interests may appear

2. Lender's Loss Payable Clause

- a. The Loss Payee shown in the Schedule or in the Declarations is a creditor, including a mortgageholder or trustee, whose interest in Covered Property is established by such written instruments as:
 - (1) Warehouse receipts;
 - (2) A contract for deed;
 - (3) Bills of lading;
 - (4) Financing statements; or
 - **(5)** Mortgages, deeds of trust, or security agreements.
- b. For Covered Property in which both you and a Loss Payee have an insurable interest:
 - (1) We will pay for covered loss or damage to each Loss Payee in their order of precedence, as interests may appear.
 - (2) The Loss Payee has the right to receive loss payment even if the Loss Payee has started foreclosure or similar action on the Covered Property.

- (3) If we deny your claim because of your acts or because you have failed to comply with the terms of the Coverage Part, the Loss Payee will still have the right to receive loss payment if the Loss Payee:
 - (a) Pays any premium due under this Coverage Part at our request if you have failed to do so;
 - (b) Submits a signed, sworn proof of loss within 60 days after receiving notice from us of your failure to do so; and
 - (c) Has notified us of any change in ownership, occupancy or substantial change in risk known to the Loss Payee.

All of the terms of this Coverage Part will then apply directly to the Loss Payee.

- (4) If we pay the Loss Payee for any loss or damage and deny payment to you because of your acts or because you have failed to comply with the terms of this Coverage Part:
 - (a) The Loss Payee's rights will be transferred to us to the extent of the amount we pay; and
 - (b) The Loss Payee's rights to recover the full amount of the Loss Payee's claim will not be impaired.

At our option, we may pay to the Loss Payee the whole principal on the debt plus any accrued interest. In this event, you will pay your remaining debt to us.

- **c.** If we cancel this policy, we will give written notice to the Loss Payee at least:
 - (1) 10 days before the effective date of cancellation if we cancel for your nonpayment of premium; or
 - (2) 30 days before the effective date of cancellation if we cancel for any other reason.
- d. If we elect not to renew this policy, we will give written notice to the Loss Payee at least 10 days before the expiration date of this policy.

3. Contract Of Sale Clause

- a. The Loss Payee shown in the Schedule or in the Declarations is a person or organization you have entered into a contract with for the sale of Covered Property.
- **b.** For Covered Property in which both you and the Loss Payee have an insurable interest, we will:
 - (1) Adjust losses with you; and
 - (2) Pay any claim for loss or damage jointly to you and the Loss Payee, as interests may appear.
- c. The following is added to the Other Insurance Condition:

For Covered Property that is the subject of a contract of sale, the word "you" includes the Loss Payee.

4. Building Owner Loss Payable Clause

- a. The Loss Payee shown in the Schedule or in the Declarations is the owner of the described building in which you are a tenant.
- b. We will adjust losses to the described building with the Loss Payee. Any loss payment made to the Loss Payee will satisfy your claims against us for the owner's property.
- **c.** We will adjust losses to tenants' improvements and betterments with you, unless the lease provides otherwise.

PCSPECI-02

HRAMEY



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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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).

		ertificate does not confer rights to	o the	certi	ificate holder in lieu of su							
PRO	DUCE	R License # 0757776				CONTA NAME:	ст Healy Ra	amey				
Carl	sba	d, CA-HUB International Insuranc raday Avenue, Suite 200	e Ser	vice	s Inc.	PHONE (A/C, No	o, Ext): (760) 8	304-0402	ļ F	AX A/C, No): (760)	804-0942
		d, CA 92008				E-MAIL ADDRESS: healy.ramey@hubinternational.com						-
									RDING COVERAGE			NAIC#
						INSURE	R A : Atlantic	. ,				27154
INSU	RED					INSURE		- opening				
		TIC Book Fototo Holdings 11		Calit	armia III C	INSURE						
		TIG Real Estate Holdings, LI 10240 Flanders Court	LC a	Cam	ornia LLC							
		San Diego, CA 92121				INSURE						+
						INSURE						+
	·	AACEA 0ED	TIFIC			INSURE	:R F :			DED.		
					NUMBER:				REVISION NUMI		.=	
IN C	DIC/ ERTI	IS TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R IFICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	EQUII PER1	REME TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	ANY CONTRA	CT OR OTHER	R DOCUMENT WITH ED HEREIN IS SUI	RESPE	CT TC	O WHICH THIS
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR			POLICY EFF	POLICY EXP (MM/DD/YYYY)		LIMITS	3	
A	Х	COMMERCIAL GENERAL LIABILITY	מפאוו	WVD			(MINIDOLLILI)	(MININGE TELL)	EACH OCCURRENCE		\$	1,000,000
	<u> </u>	CLAIMS-MADE X OCCUR	х		711008985-0013		10/31/2019	10/31/2020	DAMAGE TO RENTER)	\$ \$	1,000,000
			^				10/01/2010	10/01/2020	PREMISES (Ea occurr			10,000
									MED EXP (Any one pe		\$	1,000,000
	051								PERSONAL & ADV IN		\$	2.000.000
	GEN	V'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- JECT X LOC							GENERAL AGGREGA		\$	2,000,000
									PRODUCTS - COMP/		\$	
		OTHER:							COMBINED SINGLE L	IMIT	\$	
	AUI	TOMOBILE LIABILITY							(Ea accident)		\$	
		ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per	/	\$	
		AUTOS ONLY AUTOS							BODILY INJURY (Per PROPERTY DAMAGE		\$	
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)	-	\$	
											\$	45 000 000
Α	X	UMBRELLA LIAB X OCCUR			7440000E 0042	40/24/2040		40/24/2020	EACH OCCURRENCE	=	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013		10/31/2019	10/31/2020	AGGREGATE		\$	15,000,000
		DED X RETENTION\$							DED	OTH-	\$	
	WOF AND	RKERS COMPENSATION DEMPLOYERS' LIABILITY Y/N							PER STATUTE	ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	г	\$	
		ICER/MEMBER EXCLUDED?							E.L. DISEASE - EA EN	MPLOYEE	\$	
	DES	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC	CY LIMIT	\$	
DES Cert	CRIPT ifica	rion of operations / Locations / Vehici te holder is named Additional Insur	LES (A red-M	CORE ortga	0 101, Additional Remarks Schedu agee with respects to 201 I	ule, may b Bonair	e attached if mor St. #F, La Joll	re space is requir la, CA 92037	ed) Reference #6211	613860-0	0000	0004
CE) TIE	SICATE HOLDER				CAN	CELLATION					
CE	\ 1 IF	FICATE HOLDER				CANC	JELLATION					
		MUFG Union Bank, N.A. Its successors and/or Assig P.O. Box 3647	ns			THE	EXPIRATIO	N DATE TH	ESCRIBED POLICIE EREOF, NOTICE CY PROVISIONS.			

Everett, WA 98213

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY)

	EVIDENCE OF P	ROPERTY INSU	RANCE		10/25/2019					
ADDITIONAL INTEREST N COVERAGE AFFORDED I ISSUING INSURER(S), AUT	DPERTY INSURANCE IS ISSUED AS A NAMED BELOW. THIS EVIDENCE DOES BY THE POLICIES BELOW. THIS EVID HORIZED REPRESENTATIVE OR PRODU	S NOT AFFIRMATIVELY OR DENCE OF INSURANCE DOE	NEGATIVELY AIS NOT CONSTITU	MEND, EXTEND C	R ALTER THE					
AGENCY	PHONE (A/C, No, Ext): (760) 804-0402	COMPANY								
Carlsbad, CA-HUB Internatio 1525 Faraday Avenue, Suite Carlsbad, CA 92008		Atlantic Specialty Ins. (co.							
FAX (A/C, No): (760) 804-0942 E-	MAIL DRESS: healy.ramey@hubinternational.com									
CODE:	SUB CODE:									
AGENCY CUSTOMER ID #: PCSPECI-02	License # 0757776									
INSURED TIG Real Estate		LOAN NUMBER		POLICY NUMBER	NUMBER					
a California LLC 10240 Flanders				711008985-0013						
San Diego, CA 9		10/31/2019	EXPIRATION DATE 10/31/2020							
		THIS REPLACES PRIOR EVIDE	NCE DATED:							
PROPERTY INFORMATION										
NOTWITHSTANDING ANY F EVIDENCE OF PROPERTY	NCE LISTED BELOW HAVE BEEN ISSUI REQUIREMENT, TERM OR CONDITION O INSURANCE MAY BE ISSUED OR MAY P	OF ANY CONTRACT OR OTH PERTAIN, THE INSURANCE AFI	IER DOCUMENT FORDED BY THE I	WITH RESPECT TO POLICIES DESCRIE	O WHICH THIS BED HEREIN IS					
	IS, EXCLUSIONS AND CONDITIONS OF SU		N MAY HAVE BEE	N REDUCED BY PA	AID CLAIMS.					
COVERAGE INFORMATION		BROAD X SPECIAL								
	COVERAGE / PERILS / FORMS		AMO	OUNT OF INSURANCE	DEDUCTIBLE					
Building Ordinance Included	rm/Replacement Cost/Agreed Amount Endt ra Expense-Special Form/Agreed Amount E on:									
REMARKS (Including Spec Special Conditions:										
90 Days Notice of Cancellation	/15 Days Notice of Non-Payment									
CANCELLATION										
	ABOVE DESCRIBED POLICIES BE ONCE WITH THE POLICY PROVISIONS.	CANCELLED BEFORE THE I	EXPIRATION DAT	TE THEREOF, NO	TICE WILL BE					
ADDITIONAL INTEREST										
NAME AND ADDRESS		X MORTGAGEE	LENDER'S LOSS PA		SS PAYEE					
MUFG Union ISAOA CLT	S	LOAN #								
P.O. Box 364 Everett, WA		AUTHORIZED REPRESENTATIV	E							
		Carrier Callat	Hamilton							

POLICY NUMBER: 711008985-0013

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LOSS PAYABLE PROVISIONS

This endorsement modifies insurance provided under the following:

BUILDERS' RISK COVERAGE FORM
BUILDING AND PERSONAL PROPERTY COVERAGE FORM
CONDOMINIUM ASSOCIATION COVERAGE FORM
CONDOMINIUM COMMERCIAL UNIT-OWNERS COVERAGE FORM
STANDARD PROPERTY POLICY

SCHEDULE

Location Number:	Building Number:	Applicable Clause (Enter C.1., C.2., C.3. or C.4.):					
Description Of Property:	As noted on Evidence of F	roperty Insurance					
Loss Payee Name:	MUFG Union Bank, NA,	ISAOA C.2.					
	P.O. Box 3647						
Loss Payee Address:	Everett, WA 98213	erett, WA 98213					
Location Number:	Building Number:	Applicable Clause (Enter C.1., C.2., C.3. or C.4.):					
Description Of Property:							
Loss Payee Name: Loss Payee Address:							
Location Number:	Building Number:	Applicable Clause (Enter C.1., C.2., C.3. or C.4.):					
Description Of Property:							
Loss Payee Name:							
Loss Payee Address:							
Information required to comple	ete this Schedule, if not shown	above, will be shown in the Declarations.	_				

- A. When this endorsement is attached to the Standard Property Policy CP 00 99, the term Coverage Part in this endorsement is replaced by the term Policy.
- **B.** Nothing in this endorsement increases the applicable Limit of Insurance. We will not pay any Loss Payee more than their financial interest in the Covered Property, and we will not pay more than the applicable Limit of Insurance on the Covered Property.
- C. The following is added to the Loss Payment Loss Condition, as indicated in the Declarations or in the Schedule:

1. Loss Payable Clause

For Covered Property in which both you and a Loss Payee shown in the Schedule or in the Declarations have an insurable interest, we will:

- a. Adjust losses with you; and
- Pay any claim for loss or damage jointly to you and the Loss Payee, as interests may appear

2. Lender's Loss Payable Clause

- a. The Loss Payee shown in the Schedule or in the Declarations is a creditor, including a mortgageholder or trustee, whose interest in Covered Property is established by such written instruments as:
 - (1) Warehouse receipts;
 - (2) A contract for deed;
 - (3) Bills of lading;
 - (4) Financing statements; or
 - **(5)** Mortgages, deeds of trust, or security agreements.
- b. For Covered Property in which both you and a Loss Payee have an insurable interest:
 - (1) We will pay for covered loss or damage to each Loss Payee in their order of precedence, as interests may appear.
 - (2) The Loss Payee has the right to receive loss payment even if the Loss Payee has started foreclosure or similar action on the Covered Property.

- (3) If we deny your claim because of your acts or because you have failed to comply with the terms of the Coverage Part, the Loss Payee will still have the right to receive loss payment if the Loss Payee:
 - (a) Pays any premium due under this Coverage Part at our request if you have failed to do so;
 - (b) Submits a signed, sworn proof of loss within 60 days after receiving notice from us of your failure to do so; and
 - (c) Has notified us of any change in ownership, occupancy or substantial change in risk known to the Loss Payee.

All of the terms of this Coverage Part will then apply directly to the Loss Payee.

- (4) If we pay the Loss Payee for any loss or damage and deny payment to you because of your acts or because you have failed to comply with the terms of this Coverage Part:
 - (a) The Loss Payee's rights will be transferred to us to the extent of the amount we pay; and
 - **(b)** The Loss Payee's rights to recover the full amount of the Loss Payee's claim will not be impaired.

At our option, we may pay to the Loss Payee the whole principal on the debt plus any accrued interest. In this event, you will pay your remaining debt to us.

- **c.** If we cancel this policy, we will give written notice to the Loss Payee at least:
 - (1) 10 days before the effective date of cancellation if we cancel for your nonpayment of premium; or
 - (2) 30 days before the effective date of cancellation if we cancel for any other reason.
- d. If we elect not to renew this policy, we will give written notice to the Loss Payee at least 10 days before the expiration date of this policy.

3. Contract Of Sale Clause

- a. The Loss Payee shown in the Schedule or in the Declarations is a person or organization you have entered into a contract with for the sale of Covered Property.
- **b.** For Covered Property in which both you and the Loss Payee have an insurable interest, we will:
 - (1) Adjust losses with you; and
 - (2) Pay any claim for loss or damage jointly to you and the Loss Payee, as interests may appear.
- c. The following is added to the Other Insurance Condition:

For Covered Property that is the subject of a contract of sale, the word "you" includes the Loss Payee.

4. Building Owner Loss Payable Clause

- a. The Loss Payee shown in the Schedule or in the Declarations is the owner of the described building in which you are a tenant.
- b. We will adjust losses to the described building with the Loss Payee. Any loss payment made to the Loss Payee will satisfy your claims against us for the owner's property.
- **c.** We will adjust losses to tenants' improvements and betterments with you, unless the lease provides otherwise.

PCSPECI-02

HRAMEY



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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.

	DUCER License #						such endorsement(s). CONTACT Healy Ramey NAME: PHONE (A/C, No, Ext): (760) 804-0402 E-MAIL ADDRESS: healy.ramey@hubinternational.com						
Car	Isbad, CA-HUB Ir	terna	ational Insuran	ce Se	rvice	s Inc.							
152 Car	5 Faráday Avenu Isbad, CA 92008	e, Su	ite 200										
	,						7,551,20			RDING COVERAGE		NAIC#	
							INSURE	RA: Atlantic	Specialty	Ins. Co.		27154	
INSU	JRED						INSURE	RB:					
	TIG Rea	l Est	ate Holdings, L	LC a	Calif	ornia LLC	INSURE	RC:					
			ers Court				INSURER D:						
	San Die	go, c	CA 92121				INSURE	RE:					
							INSURE	RF:					
CO	VERAGES		CEI	RTIFI	CATE	NUMBER:				REVISION NUMBER:			
						SURANCE LISTED BELOW ENT, TERM OR CONDITIO							
С	ERTIFICATE MAY	BE I	SSUED OR MAY	PER	TAIN,	THE INSURANCE AFFOR	DED BY	THE POLICI	ES DESCRIB	ED HEREIN IS SUBJECT 1			
INSR						LIMITS SHOWN MAY HAVE	BEENR	POLICY EFF	PAID CLAIMS. POLICY EXP				
LTR A	TYPE O			INSD	SUBR	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			1,000,000	
^	X COMMERCIAL					744000005 0040		40/04/0040	40/04/0000	DAMAGE TO RENTED	\$	1,000,000	
	CLAIMS-M	ADE	X OCCUR	X		711008985-0013		10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	10,000	
										MED EXP (Any one person)	\$	1,000,000	
										PERSONAL & ADV INJURY	\$	2,000,000	
	POLICY X		74							GENERAL AGGREGATE	\$	2,000,000	
		PRO- IECT	X LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:	ITV								COMBINED SINGLE LIMIT	\$		
	ANY AUTO									(Ea accident)	\$		
	OWNED AUTOS ONLY		SCHEDULED AUTOS							BODILY INJURY (Per person)	\$		
	HIRED AUTOS ONLY		NON-OWNED AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$		
	AUTOS ONLY		AUTOS ONLY							(Per accident)	\$		
Α	X UMBRELLA LIA	В	X OCCUR							EACH OCCURRENCE	\$	15,000,000	
	EXCESS LIAB		CLAIMS-MADI	≣		711008985-0013	10	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000	
	DED X RE	TENTI	ON \$)						AGGREGATE	\$		
	WORKERS COMPENS AND EMPLOYERS' LI									PER OTH- STATUTE ER	<u> </u>		
	ANY PROPRIETOR/PA	RTNFI	R/EXECUTIVE TIN	1						E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EX (Mandatory in NH)	CLUD	ED?	N/A						E.L. DISEASE - EA EMPLOYEE		-	
	If yes, describe under DESCRIPTION OF OF	ERAT	IONS below							E.L. DISEASE - POLICY LIMIT			
DES	CRIPTION OF OPERAT	ONS /	LOCATIONS / VEHIC	CLES (ACORE	o 101, Additional Remarks Schedu agee as specified by contra	ule, may be	attached if mor	e space is requir	red)	dor- 1	Court Co-	
Died	ao. CA 92121 30 d	amed avs r	notice of cancell	ation/	iortga 10 da	igee as specified by contri lys for non-payment	act per i	-orm vCG20	with respec	ts to 10240 & 10247 Flan	aers (Jourt, San	
	,	•											
CE	RTIFICATE HOL	DER					CANC	ELLATION					
							0.15	III D ANN 25	FUE 450:75 =	E00DIDED DOLLG:== = = =	A N:0-	ED DEECS	
										ESCRIBED POLICIES BE C IEREOF, NOTICE WILL			
			Bank, N.A.							CY PROVISIONS.	_		
ISAOA CLTS P.O. Box 3647													

ACORD 25 (2016/03)

Everett, WA 98213

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 10/25/2010

			10/23/2019
ADDITIONAL INTEREST N COVERAGE AFFORDED I	NAMED BELOW. THIS EVIDENCE DOES NO BY THE POLICIES BELOW. THIS EVIDEN	TTER OF INFORMATION ONLY AND CONFERS NO OT AFFIRMATIVELY OR NEGATIVELY AMEND, EXT ICE OF INSURANCE DOES NOT CONSTITUTE A CONT	END OR ALTER THE
ISSUING INSURER(S), AUT	HORIZED REPRESENTATIVE OR PRODUCE	R, AND THE ADDITIONAL INTEREST.	
AGENCY	PHONE (A/C, No, Ext): (760) 804-0402	COMPANY	
Carlsbad, CA-HUB Internatio	nal Insurance Services Inc.	Atlantic Specialty Ins. Co.	

AGENCY	GENCY PHONE (A/C, No, Ext): (760) 804-0402				COMPANY						
	y Avenue, Sui		rance Services Inc.	Atlantic Specialty Ins.	Co.						
FAX (A/C, No): (760) 804-0942	E-MAIL ADDRESS: he	ealy.ramey@hubinternational.com								
CODE:			SUB CODE:								
AGENCY CUSTOMER ID:	#: PCSPECI-02	2	License # 0757776								
INSURED TIG Real Estate Holdings, LLC 10240 Flanders Ct.				LOAN NUMBER			NUMBER 18985-0013				
	San Diego, C	4 92121		10/31/2019	EXPIRATION DATE 10/31/2020		CONTINUED UNTIL TERMINATED IF CHECKED				
				THIS REPLACES PRIOR EVIDENCE DATED:							

PROPERTY	INFORMATION

LOCATION/DESCRIPTION 510 S. Pierce Ave, Louisville, CO 80027

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION	PERILS INSURED	BASIC	BROAD	X	SPECIAL			
	AMOUNT OF INSURANCE	DEDUCTIBLE						
Blanket Buildings/RC/Special Form// Blanket Contents/RC/Special/Agreed Business Income/Special Form Location Limits: Building: \$2,964,000 Contents: \$200,000 Business Income: \$110,000							\$11,130,110 \$25,771,000 \$5,557,250	1,000 1,000
Busiliess income. \$110,000								

REMARKS (Including Special Conditions)

Special Conditions: 90 Days Notice of Cancellation/15 Days Notice for Non-Payment of Premium

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.

ADDITIC	NALI	NTEREST
NAME AND	ADDRES	SS

MUFG Union Bank, N.A. its successors and/or assigns P.O. Box 3647 Everett, WA 98213

ADDITIONAL INSURED LENDER'S LOSS PAYABLE Per 1218 attached X MORTGAGEE X LOAN#

AUTHORIZED REPRESENTATIVE

X LOSS PAYEE

POLICY NUMBER: 711008985-0013

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LOSS PAYABLE PROVISIONS

This endorsement modifies insurance provided under the following:

BUILDERS' RISK COVERAGE FORM
BUILDING AND PERSONAL PROPERTY COVERAGE FORM
CONDOMINIUM ASSOCIATION COVERAGE FORM
CONDOMINIUM COMMERCIAL UNIT-OWNERS COVERAGE FORM
STANDARD PROPERTY POLICY

SCHEDULE

Location Number:	Building Number:	Applicable Clause (Enter C.1., C.2., C.3. or C.4.):	
Description Of Property:	As noted on Evidence of F	roperty Insurance	
Loss Payee Name:	MUFG Union Bank, NA,	ISAOA C.2.	
	P.O. Box 3647		
Loss Payee Address:	Everett, WA 98213		
Location Number:	Building Number:	Applicable Clause (Enter C.1., C.2., C.3. or C.4.):	
Description Of Property:			
Loss Payee Name: Loss Payee Address:			
Location Number:	Building Number:	Applicable Clause (Enter C.1., C.2., C.3. or C.4.):	
Description Of Property:			
Loss Payee Name:			
Loss Payee Address:			
Information required to comple	ete this Schedule, if not shown	above, will be shown in the Declarations.	_

- A. When this endorsement is attached to the Standard Property Policy CP 00 99, the term Coverage Part in this endorsement is replaced by the term Policy.
- **B.** Nothing in this endorsement increases the applicable Limit of Insurance. We will not pay any Loss Payee more than their financial interest in the Covered Property, and we will not pay more than the applicable Limit of Insurance on the Covered Property.
- C. The following is added to the Loss Payment Loss Condition, as indicated in the Declarations or in the Schedule:

1. Loss Payable Clause

For Covered Property in which both you and a Loss Payee shown in the Schedule or in the Declarations have an insurable interest, we will:

- a. Adjust losses with you; and
- Pay any claim for loss or damage jointly to you and the Loss Payee, as interests may appear

2. Lender's Loss Payable Clause

- a. The Loss Payee shown in the Schedule or in the Declarations is a creditor, including a mortgageholder or trustee, whose interest in Covered Property is established by such written instruments as:
 - (1) Warehouse receipts;
 - (2) A contract for deed;
 - (3) Bills of lading;
 - (4) Financing statements; or
 - **(5)** Mortgages, deeds of trust, or security agreements.
- b. For Covered Property in which both you and a Loss Payee have an insurable interest:
 - (1) We will pay for covered loss or damage to each Loss Payee in their order of precedence, as interests may appear.
 - (2) The Loss Payee has the right to receive loss payment even if the Loss Payee has started foreclosure or similar action on the Covered Property.

- (3) If we deny your claim because of your acts or because you have failed to comply with the terms of the Coverage Part, the Loss Payee will still have the right to receive loss payment if the Loss Payee:
 - (a) Pays any premium due under this Coverage Part at our request if you have failed to do so;
 - (b) Submits a signed, sworn proof of loss within 60 days after receiving notice from us of your failure to do so: and
 - (c) Has notified us of any change in ownership, occupancy or substantial change in risk known to the Loss Payee.

All of the terms of this Coverage Part will then apply directly to the Loss Payee.

- (4) If we pay the Loss Payee for any loss or damage and deny payment to you because of your acts or because you have failed to comply with the terms of this Coverage Part:
 - (a) The Loss Payee's rights will be transferred to us to the extent of the amount we pay; and
 - **(b)** The Loss Payee's rights to recover the full amount of the Loss Payee's claim will not be impaired.

At our option, we may pay to the Loss Payee the whole principal on the debt plus any accrued interest. In this event, you will pay your remaining debt to us.

- **c.** If we cancel this policy, we will give written notice to the Loss Payee at least:
 - (1) 10 days before the effective date of cancellation if we cancel for your nonpayment of premium; or
 - (2) 30 days before the effective date of cancellation if we cancel for any other reason.
- d. If we elect not to renew this policy, we will give written notice to the Loss Payee at least 10 days before the expiration date of this policy.

3. Contract Of Sale Clause

- a. The Loss Payee shown in the Schedule or in the Declarations is a person or organization you have entered into a contract with for the sale of Covered Property.
- **b.** For Covered Property in which both you and the Loss Payee have an insurable interest, we will:
 - (1) Adjust losses with you; and
 - (2) Pay any claim for loss or damage jointly to you and the Loss Payee, as interests may appear.
- c. The following is added to the Other Insurance Condition:

For Covered Property that is the subject of a contract of sale, the word "you" includes the Loss Payee.

4. Building Owner Loss Payable Clause

- a. The Loss Payee shown in the Schedule or in the Declarations is the owner of the described building in which you are a tenant.
- b. We will adjust losses to the described building with the Loss Payee. Any loss payment made to the Loss Payee will satisfy your claims against us for the owner's property.
- **c.** We will adjust losses to tenants' improvements and betterments with you, unless the lease provides otherwise.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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).

		ertificate does not o R:R: License # 075777		o tne	certi	ificate holder in lieu of su		orsement(s) ☐ Healy Ra				
Car	Isba	d, CA-HUB Internati	ional Insuranc	e Sei	rvice	s Inc.	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942					
		raday Avenue, Suite d, CA 92008	e 200				E-MAIL ADDRESS: healy.ramey@hubinternational.com					004 0042
ou.	.c.a	u, 071 02000					ADDRES	NAIC#				
							INSURE	27154				
INSU	JRED						INSURE					
TIG Real Estate Holdings, LLC a California LLC						ornia LLC	INSURE	RC:				
10240 Flanders Court San Diego, CA 92121						INSURER D :						
		San Diego, CA	A 92121				INSURE	RE:				
							INSURE	RF:				
CO	VER	RAGES	CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C E	IDICA ERTI XCLU	ATED. NOTWITHSTA IFICATE MAY BE ISS JSIONS AND CONDIT	ANDING ANY R SUED OR MAY IONS OF SUCH	EQUI PER POLI	REME TAIN, CIES.	SURANCE LISTED BELOW I ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A DED BY	NY CONTRAC THE POLICI EDUCED BY I	CT OR OTHER IES DESCRIB PAID CLAIMS. POLICY EXP	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	O ALL	O WHICH THIS
INSR LTR A	X	TYPE OF INSURA		INSD	SUBR WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT		1,000,000
^	_		OCCUR	· ·		711008985-0013		10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
		OLAIMO-MADE J	A GOOGIK	X		711000303-0013	10/31/2019	10/31/2020	, , , , , , , , , , , , , , , , , , , ,	\$	10,000	
									MED EXP (Any one person) PERSONAL & ADV INJURY	\$	1,000,000	
	GEN	J N'I_AGGREGATE LIMIT AE	REGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000	
	OL.	POLICY X PRO- JECT							PRODUCTS - COMP/OP AGG	\$	2,000,000	
		OTHER:									\$	
	AUT	TOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO								BODILY INJURY (Per person)	\$	
			SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
		HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
_	L.		-1								\$	45.000.000
Α	X		OCCUR			7440000E 0042		10/31/2019	10/31/2020	EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB	CLAIMS-MADE			711008985-0013		10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	WOE	DED X RETENTION	1\$							PER OTH- STATUTE ER	\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY	Y/N								_	
	OFFI (Mar	PROPRIETOR/PARTNER/EICER/MEMBER EXCLUDED IN NH))?	N/A						E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATION								E.L. DISEASE - EA EMPLOYEE	\$	
	DES	CRIPTION OF OPERATION	NS below							E.L. DISEASE - POLICY LIMIT	Φ	
						o 101, Additional Remarks Schedu ortgagee as specified by c -payment of premium	ile, may be contract	e attached if mor per Form VC	e space is requir G207 with re	ed) spects to 510 S. Pierce A	ve., Lo	ouisville CO
CE	RTIF	FICATE HOLDER					CANC	ELLATION				
		Union Bank, N P.O. Box 3647 Everett WA 9		sors	and/	or assigns	THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE C EREOF, NOTICE WILL LY PROVISIONS.		

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 10/25/2019

LAIDEIGE OF LIKE		INAITOL	1	10/25/2019
THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCE	OT AFFIRMATIVELY OR CE OF INSURANCE DOE	NEGATIVELY A	MEND, EXTEND C	R ALTER THE
GENCY PHONE (A/C, No, Ext): (760) 804-0402	COMPANY			
Carlsbad, CA-HUB International Insurance Services Inc. 525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	Atlantic Specialty Ins.	Co.		
AX A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com				
CODE: SUB CODE:				
GENCY License # 0757776				
NSURED P.C. Specialists, Inc. dba: Technology Integration Group	LOAN NUMBER		POLICY NUMBER 711008985-0013	
10240 Flanders Court San Diego, CA 92121	EFFECTIVE DATE 10/31/2019	EXPIRATION DAT 10/31/2020		D UNTIL ED IF CHECKED
	THIS REPLACES PRIOR EVID	ENCE DATED:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	25 11 011201125
PROPERTY INFORMATION				
OCATION/DESCRIPTION. 460 Villa Park Dr., Richmond VA 23228 (Equipment to be delivered to schools.	,			
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED ON NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF A EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERT SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH	NY CONTRACT OR OTITION, THE INSURANCE AF	HER DOCUMENT FORDED BY THE	WITH RESPECT TO POLICIES DESCRIB	O WHICH THIS ED HEREIN IS
COVERAGE INFORMATION PERILS INSURED BASIC	BROAD X SPECIA	L		
COVERAGE / PERILS / FORMS		AN	OUNT OF INSURANCE	DEDUCTIBLE
Property of Others Coverage-Special Form/ Replacement Cost/Agreed Value			\$25,771,000	1,000
REMARKS (Including Special Conditions)				
pecial Conditions: 0 Days Notice of Cancellation/15 Days Notice for Non-Payment of Premium				
CANCELL ATION				
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANO	CELLED BEFORE THE	EXPIRATION DA	TE THEREOF, NO	TICE WILL BE
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANDELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	CELLED BEFORE THE	EXPIRATION DA	TE THEREOF, NO	TICE WILL BE
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CAND DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. ADDITIONAL INTEREST				
	ADDITIONAL INSURED	LENDER'S LOSS F		TICE WILL BE
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CAND DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. ADDITIONAL INTEREST	ADDITIONAL INSURED			
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CAND DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. ADDITIONAL INTEREST HAME AND ADDRESS Wake County Public School System	ADDITIONAL INSURED	LENDER'S LOSS F		
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CAND DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. ADDITIONAL INTEREST HAME AND ADDRESS Wake County Public School System 5624 Dillard Dr.	ADDITIONAL INSURED MORTGAGEE	LENDER'S LOSS F Equipment		
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CAND DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. ADDITIONAL INTEREST HAME AND ADDRESS Wake County Public School System	ADDITIONAL INSURED MORTGAGEE	LENDER'S LOSS F Equipment		



DATE (MM/DD/YYYY)

	EVIDENCE O)F PRC	PERI	Y INS	UKAN	CE		1	0/25/2019
ADDITIONAL INTEREST	ROPERTY INSURANCE IS ISSUED NAMED BELOW. THIS EVIDENCE DBY THE POLICIES BELOW. THIS UTHORIZED REPRESENTATIVE OR PHONE (A/C, No, Ext): (760) 804-0402	E DOES NO IS EVIDENC	T AFFIRMA CE OF INSUI	TIVELY (OR NEGAT	IVELY AM	END, EXTE	ND O	R ALTER THE
AGENCY Carlsbad, CA-HUB Interna 1525 Faraday Avenue, Sui Carlsbad, CA 92008	COMPANY Atlantic Sp	ecialty In:	s. Co.						
FAX (A/C, No):(760) 804-0942	E-MAIL ADDRESS: healy.ramey@hubinternation	al.com							
CODE: AGENCY CUSTOMER ID #: PCSPECI-02	SUB CODE: 2 License # 0757776		_						
INSURED P.C. Specialis			LOAN NUMBE	R			POLICY NUMB	FR	
dba: Technol	ogy Integration Group		Dealer #2				711008985		
Itex, Inc. 10240 Flande San Diego, C			10/31			ATION DATE 31/2020	CO	NTINUE RMINATI	D UNTIL ED IF CHECKED
			THIS REPLAC	ES PRIOR E	/IDENCE DATE	D:			
PROPERTY INFORMATION	ON								
NOTWITHSTANDING ANY EVIDENCE OF PROPER	RANCE LISTED BELOW HAVE BEEN REQUIREMENT, TERM OR CONDI TY INSURANCE MAY BE ISSUED OR RMS, EXCLUSIONS AND CONDITIONS	ITION OF A R MAY PERT	NY CONTRA AIN, THE INS	CT OR CURANCE	THER DOC AFFORDED	UMENT V BY THE P	VITH RESPE	CT TO	WHICH THIS ED HEREIN IS
COVERAGE INFORMATI	ON PERILS INSURED COVERAGE / PERILS / FG	BASIC	BROAD	X SPEC	CIAL		UNT OF INSURA		DEDUCTIBLE
	pecial Form/Agreed Amount/Replacem	ent Cost					\$1,86	0,000	1,000
REMARKS (Including Sp Special Conditions: 30 Days Notice of Cancellat	ion/15 Days Notice for Non-Payment o	f Premium							
CANCELLATION									
SHOULD ANY OF TH	IE ABOVE DESCRIBED POLICIES DANCE WITH THE POLICY PROVISIO		CELLED BEF	ORE TH	E EXPIRAT	ION DAT	E THEREOF	, NOT	TICE WILL BE
ADDITIONAL INTEREST									
NAME AND ADDRESS			MORTGAG	AL INSURED	LENDE	R'S LOSS PA	/ABLE Z	X LOS	SS PAYEE
	go Capital Finance Corporation Cana tral Parkway West, Suite 1100	ada AISAA	LOAN # Dealer #22	5239					
	ıga, Ontario, L5C 4R3		AUTHORIZED F	EPRESENTA Sieras	ATIVE				



DATE (MM/DD/YYYY)

	EV	IDENCE OF PR	OPERTY INSU	JRANCE	1	0/25/2019
ADDITIONAL INTEREST COVERAGE AFFORDED	NAMED BELOV BY THE POLIC UTHORIZED REP	ANCE IS ISSUED AS A M. V. THIS EVIDENCE DOES N IES BELOW. THIS EVIDEN RESENTATIVE OR PRODUC	NOT AFFIRMATIVELY OF NCE OF INSURANCE DO	R NEGATIVELY AN ES NOT CONSTITU	MEND, EXTEND O	R ALTER THE
GENCY Carlsbad, CA-HUB Internat 525 Faraday Avenue, Suit Carlsbad, CA 92008			COMPANY Atlantic Specialty Ins.	Co.		
AX A/C, No): (760) 804-0942	E-MAIL ADDRESS: healy.ran	ney@hubinternational.com				
CODE:	SUB CO	DDE:				
GENCY CUSTOMER ID #: PCSPECI-02		se # 0757776			T	
NSURED P.C. Specialist dba: Technolo ltex, Inc.	ts, inc. ogy Integration Gi	oup	LOAN NUMBER	I	711008985-0013	
10240 Flander San Diego, CA			10/31/2019	EXPIRATION DATE 10/31/2020	CONTINUE	D UNTIL ED IF CHECKED
Jan 210g0, 071			THIS REPLACES PRIOR EVID			ED IF CHECKED
PROPERTY INFORMATIO)N					
NOTWITHSTANDING ANY	rt, Sán Diego, CA : s, GA 30093 Ontario K2K 2X3 RANCE LISTED E		ANY CONTRACT OR OT	HER DOCUMENT \	WITH RESPECT TO	WHICH THIS
		S AND CONDITIONS OF SUCI				
COVERAGE INFORMATION	ON PE	RILS INSURED BASIC	BROAD X SPECIA	AL		
		COVERAGE / PERILS / FORMS		AMO	UNT OF INSURANCE	DEDUCTIBLE
United States Limits: Blanket Contents & EDP/Sp	pecial Form/Agree	d Amount/Replacement Cost			\$25,771,000	1,000
Canada Limits - in US dolla Blanket Contents & EDP/Sp		d Amount/Replacement Cost			\$1,860,000	1,000
REMARKS (Including Spe Special Conditions: 0 Days Notice of Cancellati	•	for Non-Payment of Premium				
CANCELLATION						
SHOULD ANY OF THE DELIVERED IN ACCORD		CRIBED POLICIES BE CAI POLICY PROVISIONS.	NCELLED BEFORE THE	EXPIRATION DAT	E THEREOF, NO	TICE WILL BE
ADDITIONAL INTEREST						
IAME AND ADDRESS			ADDITIONAL INSURED	LENDER'S LOSS PA	YABLE X LOS	SS PAYEE
			MORTGAGEE LOAN #			
Wells Farg P.O. Box 3		stribution Finance, LLC	LOAN #			
	IT 59107-5703		Authorized REPRESENTATION AND AUTHORIZED REPRESENTATION OF THE PROPERTY OF THE	VE		
			0			

ACORD'

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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).

PRODUCER License # 0757776	CONTACT Healy Ramey	
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B:	
P.C. Specialists, Inc. dba: Technology Integration Group	INSURER C:	
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:	
San Diego, CA 92121	INSURER E:	
	INSURER F:	
COVERAGES CERTIFICATE MUMPER.	DEVICION NUMBER.	

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 S	SUBR	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY			(111117)	(IIIIII)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION\$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
1075 Peachtree LLC, MetLife Real Estate Investments, and Daniel Realty Services, LLC are included as Additional Insured as specified by contract per
VCG207 with respects to operations of the Insured performed on their behalf

CERTIFICATE HOLDER	CANCELLATION

1075 Peachtree, LLC c/o Daniel Realty Services LLC 1075 Peachtree St. NE #1475 Atlanta, GA 30309

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

Acres 16



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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PRODUCER License # 0757776	CONTACT Healy Ramey							
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760)) 804-0942						
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com							
	INSURER(S) AFFORDING COVERAGE	NAIC #						
	INSURER A: Atlantic Specialty Ins. Co.	27154						
INSURED	INSURER B:							
P.C. Specialists, Inc. dba: Technology Integration Group	INSURER C:							
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:							
San Diego, CA 92121	INSURER E:							
	INSURER F:							

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY			(111117)	(IIIIII)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION\$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
1230 Peachtree Associates, LLC and Cousins Properties Inc. and their respective members, principals, beneficiaries, partners, officers, directors, agents, employees, shareholders and lenders are included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf.

CERTIFICATE HOLDER	CANCELLATION

1230 Peachtree Associates LLC c/o Cousins Properties Incorporated
1230 Peachtree St NE, #G30
Atlanta, GA 30309

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

Done Mo



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

tŀ	SUBROGATION IS WAIVED, subjectificate does not confer rights to bucker License # 0757776				ıch end	orsement(s)		- Toquilo un on			
		- 0-	!	- lu-	CONTACT Healy Ramey NAME: PHONE (700) 204 0402						
152	sbad, CA-HUB International Insuranc 5 Faraday Avenue, Suite 200 sbad, CA 92008	e Se	rvice	s inc.	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL (A/C, No): (760) 804-0942						
						INS	SURER(S) AFFO	RDING COVERAGE			NAIC #
					INSURE	RA: Atlantic	Specialty	Ins. Co.			27154
INSURED					INSURE	RB:					
	P.C. Specialists, Inc. DBA: 1	echi	nolog	y Integration Group	INSURE	RC:					
	10240 Flanders Court				INSURER D:						
	San Diego, CA 92121				INSURE	RE:					
					INSURE	RF:					
CO	VERAGES CER	TIFI	CATE	E NUMBER:				REVISION NU	JMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICII DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQU PER	IREMI TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT W BED HEREIN IS	ITH RESPE	ECT TO	O WHICH THIS
INSR LTR	TYPE OF INSURANCE		SUBR				POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY					(MINIO D) 1 1 1 1 1	\(\text{\tin\text{\texi}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\text{\text{\text{\texi}\tint{\text{\titt{\text{\tin\text{\texit}\tint{\text{\text{\tin\tin\titit{\texitit}\\ \tittt{\texititt{\texitit}}\tint{\text{\tintet{\texi{\texi{\texi{\texi}\tex{	EACH OCCURRE	NCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		711008985-0013		10/31/2019	10/31/2020	DAMAGE TO REN PREMISES (Ea od	ITED	\$	1,000,000
	χ zero deductible							MED EXP (Any on		\$	10,000
								PERSONAL & AD	•	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGR	EGATE	\$	2,000,000
	POLICY X PRO-							PRODUCTS - CO	MP/OP AGG	\$	2,000,000
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SING (Ea accident)	LE LIMIT	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAM. (Per accident)	AGE	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRE	NCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$							N DED	ОТИ	\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			406020027 0000		40/24/2040	40/24/2020	X PER STATUTE	OTH- ER		1 000 000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		406038027-0008		10/31/2019	10/31/2020	E.L. EACH ACCID	ENT	\$	1,000,000 1,000,000
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - E	A EMPLOYEE	\$	1,000,000
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	OLICY LIMIT	\$	1,000,000
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Rotary, LLC is named Additional Insur 8 90 days notice of cancellation/15 da				ule, may be	attached if mor m VCG207 re	e space is requi egarding leas	 red) ed premises at	1810 Rota	ary Dr.	, Humble, TX
CE	RTIFICATE HOLDER				CANC	ELLATION					
	1804 Rotary, LLC 1923 Rotary Dr. Humble, TX 77338				SHO THE ACC	ULD ANY OF T EXPIRATION ORDANCE WI	N DATE TH	DESCRIBED POL HEREOF, NOTIC CY PROVISIONS	CE WILL		
					AUTHORIZED REPRESENTATIVE						





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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tŀ	SUBROGATION IS WAIVED, subjection is certificate does not confer rights to				ıch enc	lorsement(s)		require an endorsen	ient.	A statement on
	DUCER License # 0757776					ст Healy Ra				
	lsbad, CA-HUB International Insurand 5 Faraday Avenue, Suite 200	e Se	rvice	s Inc.	PHONE (A/C, No	o, Ext): (/6U) &	304-0402	FAX (A/C, I	lo): (7 6	60) 804-0942
	Isbad, CA 92008				E-MAIL ADDRE	_{ss:} healy.raı	mey@hubir	nternational.com		
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #
					INSURE	R A : Atlantic	Specialty	Ins. Co.		27154
INSU	JRED				INSURE	RB:				
	P.C. Specialists, Inc. dba: To	echn	oloav	/ Integration Group	INSURE	RC:				
	10240 Flanders Court	•••••	9,	,og. ao o. oap	INSURE	RD:				
	San Diego, CA 92121				INSURE					
					INSURE					
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER	:	
IN C E INSR		REQUI PER POLI	IREMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAI THE POLICI REDUCED BY POLICY EFF	CT OR OTHER IES DESCRIB PAID CLAIMS: POLICY EXP	R DOCUMENT WITH RE BED HEREIN IS SUBJEC	SPECT	T TO WHICH THIS
LTR A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	TOLIOT NOMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE	s	1,000,000
	CLAIMS-MADE X OCCUR	X		711008985-0013		10/31/2019	10/31/2020	DAMAGE TO DENITED		1,000,000
	X zero deductible	^		711000303-0013		10/31/2013	10/31/2020			10,000
								MED EXP (Any one person)	\$	1,000,000
	OFAUL ACCORDANTS LIMIT APPLIES DEP							PERSONAL & ADV INJURY	\$ \$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- JECT X LOC							GENERAL AGGREGATE		2,000,000
								PRODUCTS - COMP/OP AG		
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	1,000,000
	X ANY AUTO			711008985-0013		10/31/2019	10/31/2020	(Ea accident)		
	OWNED AUTOS ONLY SCHEDULED AUTOS			7 1 1000300 00 10		10/01/2013	10/01/2020	DODIET INCOTT (FOI POICE		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							BODILY INJURY (Per accid		
	X AUTOS ONLY Coll Ded-\$1,000							(Per accident)	\$	
Α	X UMBRELLA LIAB X OCCUR							FACULOGOUPPENOS	\$	15,000,000
	EXCESS LIAB CLAIMS-MADE			711008985-0013		10/31/2019	10/31/2020	EACH OCCURRENCE	\$	15,000,000
	DED X RETENTION\$	4						AGGREGATE	\$	
Α								X PER OTI		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			406038027-0008		10/31/2019	10/31/2020			1,000,000
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLO	\$ (FF 0	1,000,000
	If yes, describe under									1,000,000
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIN	111 \$	
Cert	CCRIPTION OF OPERATIONS / LOCATIONS / VEHIC ifficate Holders are named Additional In anapolis, IN 46203 90 days notice of c	sure	ds-La	ndlord as specified by Cor	ntract ir	n VCG207 reg	arding lease	red) d premises at 5240 Elr	nwoo	d Ave.,
CE	RTIFICATE HOLDER				CANO	CELLATION				
	5240 Building, LLC 5240 Elmwood Ave. Indianapolis, IN 46203				THE	EXPIRATION	N DATE TH	DESCRIBED POLICIES B HEREOF, NOTICE WIL CY PROVISIONS.		
	maianapono, nt 70200				AUTHO	RIZED REPRESE	NTATIVE			





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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	te does not confer rights to the certificate holder in lieu of su		iii 71 olalomoni on				
PRODUCER Lice	nse # 0757776	CONTACT Healy Ramey					
	HUB International Insurance Services Inc. Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942					
Carlsbad, CA		E-MAIL ADDRESS: healy.ramey@hubinternational.com					
		INSURER(S) AFFORDING COVERAGE	NAIC #				
		INSURER A: Atlantic Specialty Ins. Co.	27154				
INSURED		INSURER B:					
	.C. Specialists, Inc. dba: Technology Integration Group	INSURER C:					
	ntre, BTG, a TIG Company; 0240 Flanders Court	INSURER D:					
-	an Diego, CA 92121	INSURER E :					
		INSURER F:					
COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:					
INDICATED. CERTIFICATE	CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITIO MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOR AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE	N OF ANY CONTRACT OR OTHER DOCUMENT WITH RESP DED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT	ECT TO WHICH THIS				

INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY					,, <u> </u>	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	Х	zero deductible	-					MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	L'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	Х	ANY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	Х	Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$ 0							\$	
Α	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TO THE			406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	OFFI (Man	CER/MEMBER EXCLUDED? datory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α		perty Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Pre	nises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to rented equipment - PO#369831

CERTIFICATE HOLDER	CANCELLATION
A.M. Davis, Inc. 3703 Price Club Blvd Midlothian, VA 23112	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
indictinuit, VA 20112	AUTHORIZED REPRESENTATIVE
	Halvul Chene_





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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).

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD MOICATED. NOTWITHSTANDING ANY REQUIREMENT, TERN OR CONDITION OF ANY CONTRACT OR OTHER POLICIES. LIBRIS SCENIFICATE 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. LIBRIS SHOWN MAY HAVE BEEN REQUIRED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIBRIS SHOWN MAY HAVE BEEN REQUIRED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIBRIS SHOWN MAY HAVE BEEN REQUIRED. A COMMERCIAL OBERRAL LIABILITY A ZERO deductible CERNIA AGGREGATE LIMIT APPLIES PER POLICY IN THE PRESON SHOWN MAY HAVE BEEN REQUIRED. A AUTONOBILE LIABILITY X ANY AUTO OWNER OF THE POLICY PERTAIN SHOWN MAY HAVE BEEN REQUIRED. A CORDINATION OF THE POLICIES SCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS OF THE POLICY PER POLICY EXPONENTIAL THE TERMS. THE POLICY SUBJECT TO ALL THE TERMS. POLICY EXPLICATION OF PORT OF THE POLICY PER POLICY EXPLICIT TO WHICH THIS CERTIFICATE TO WHICH THIS CERTIFICA		nis certificate does not confer rights t	o the	cert	ificate holder in lieu of su					
AC. No. Cett. For John College (Col.) 904-1942 [Joc. No. (170) 904-1942						CONTACT Healy Ra	amey			
Edit			e Se	rvice	s Inc.	PHONE (A/C, No. Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942				
INSURER A: Atlantic Specialty Ins. Co. 27154 INSURER A: Atlantic Specialty Ins. Co. 27154 INSURER A: Atlantic Specialty Ins. Co. 27154 INSURER B: INSUR						E-MAIL ADDRESS: healy.ramey@hubinternational.com				
INSURED P.C. Specialists, Inc. DBA: Technology Integration Group 10240 Flanders Court San Diego, CA 92121 P.C. Specialists, Inc. DBA: Technology Integration Group 10240 Flanders Court San Diego, CA 92121 P.C. Specialists, Inc. DBA: Technology Integration Group 10240 Flanders Court San Diego, CA 92121 P.C. Specialists, Inc. DBA: Technology Integration Group 10240 Flanders Court San Diego, CA 92121 P.C. Specialists, Inc. DBA: Technology Integration Group 10240 Flanders Court 10240 Flanders Court 10240 Flanders Court 10440 Flanders Court 10540 Fla		,								NAIC #
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San Diego, CA 92121 MSURER E :		10240 Flanders Court	ecm	lolog	gy integration Group					
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ACORD 25 (2016/03)

201 W. Sheridan San Antonio, TX 78204

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AUTHORIZED REPRESENTATIVE



ACORD'

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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.

lf th	PORTANT: If the certificate holder SUBROGATION IS WAIVED, subjec is certificate does not confer rights to	t to	the	terms and conditions of	the po	licy, certain p	oolicies may	•		
PROI	DUCER License # 0757776				CONTAC NAME:	CT Healy Ra	mey			
Carl	sbad, CA-HUB International Insurance	Ser	rvice	s Inc.		o, Ext): (760) 8		FAX (A/C, No):	760) 8	804-0942
Carl	Faraday Avenue, Suite 200 sbad, CA 92008				E-MAIL ADDRES	ss: healy.rar	ney@hubin	ternational.com		
						INS	URER(S) AFFOR	DING COVERAGE		NAIC #
					INSURE	R A : Atlantic	Specialty	Ins. Co.		27154
INSU	RED				INSURE	RB:				
	P.C. Specialists, Inc. dba: Te	chno	ology	/ Integration Group	INSURE	RC:				
	10240 Flanders Court				INSURE	RD:				
	San Diego, CA 92121				INSURE	RE:				
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NSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	X		711008985-0013		10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ zero deductible							MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO- X LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:								\$	
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000

ANY AUTO 711008985-0013 10/31/2019 10/31/2020 X BODILY INJURY (Per person) SCHEDULED AUTOS OWNED AUTOS ONLY BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY Coll Ded-\$1,000 Comp Ded-\$1,000 X 15,000,000 X X OCCUR **UMBRELLA LIAB EACH OCCURRENCE** 10/31/2019 10/31/2020 15,000,000 711008985-0013 **EXCESS LIAB CLAIMS-MADE** AGGREGATE 0 DED X RETENTION\$

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

If yes, describe under DESCRIPTION OF OPERATIONS below

406038027-0008

10/31/2019

10/31/2019

10/31/2020

E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT B.L. DISEASE -

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 & VCA201 with respects to operations of the Insured performed on their behalf 90 days notice of cancellation/15 days for non-payment of premium coverage is primary & non-contributory
Re:CES Contract #17-03N-C108-ALL

CERTIFICATE HOLDER	CANCELLATION
Albuquerque Housing Authority 1840 University blvd. S.E. Albuquerque, NM 87016	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Albuquel que, Nin 0/010	Authorized representative

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY OTH-ER

PER STATUTE

ACORD'

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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).

PRODUCER License # 0757776	CONTACT Healy Ramey	
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B:	
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:	
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:	
San Diego, CA 92121	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.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
Α	X c	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χΖ	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L	AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	P	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
	0	OTHER:							\$	
Α	AUTO	MOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		NY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	8	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	_ ^ _ A	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	omp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	Χυ	MBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
	E	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	D	DED X RETENTION\$							\$	
A	WORKE AND EN	ERS COMPENSATION MPLOYERS' LIABILITY						X PER OTH- STATUTE OTH-		
	ANY PR	ROPRIETOR/PARTNER/EXECUTIVE TO THE	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		IN/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, d	describe under RIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Prope	erty Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Premi	ises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holders are named Additional Insureds-Landlord as specified by Contract in VCG207 regarding leased premises at 7616 Los Positas Rd.,
Livermore, CA 94551 GL coverage is primary 90 days notice of cancellation; 15 days notice for non-payment of premium

CERTIFICATE HOLDER	CANCELLATION

Altamont Associates, LLC Reynolds & Brown, a CA Corp 1200 Concord Ave. #200 Concord, CA 94520 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

Detru Chens





CERTIFICATE OF LIABILITY INSURANCE

10/25/2019

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).

PRODUCER License # 0757776		CONTACT Healy Ramey						
Carlsbad, CA-HUB International Insurance Serv 1525 Faraday Avenue, Suite 200	vices Inc.	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0						
Carlsbad, CA 92008		E-MAIL ADDRESS: healy.ramey@hubinternational.com						
		INSURER(S) AFFORDING COVERAGE	NAIC #					
		INSURER A: Atlantic Specialty Ins. Co.						
INSURED		INSURER B:						
P.C. Specialists, Inc. DBA: Techno	ology Integration Group	INSURER C:						
10240 Flanders Court		INSURER D:						
San Diego, CA 92121		INSURER E :						
		INSURER F:						
COVERAGES CERTIFIC	ATE NUMBER:	REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES OF	INSURANCE LISTED BELO	W HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE I	POLICY PERIO					

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 REDUICED BY PAID CLAIMS

		ISIONS AND CONDITIONS OF SUCH								
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				(,,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED AUTOS ONLY SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$							\$	
Α	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y / N	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	N/ A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pro	perty of Others			711008985-0013	10/31/2019	10/31/2020	Limit		25,771,000
DE0		TON OF OPERATIONS / LOCATIONS / VEHIC	. = 0 (4				·			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: Operations of the Insured performed on their behalf Amedisys, Inc. is named Loss Payee with regards to equipment for deployment and advance exchange depot services. Special form coverage with a \$1,000 Property Deductible.

CERTIFICATE HOLDER	CANCELLATION
Amedisys, Inc. 3854 American Way, Ste. A Baton Rouge, LA 70816	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Later Reage, EA 70010	AUTHORIZED REPRESENTATIVE HERE CHEEN CONTROL OF THE PROPERTY



Certificate of Insurance

Producer

R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505

THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.

Named Insured

PC Specialists, Inc. dba: Technology Integration Group TIG Shanghal, Ltd

Insurance Company

Hudson Specialty Insurance Company (a stock company)

Itex, Inc. dba: Technology Integration Group
Technology Integration Group, Inc.
10240 Flanders Court, San Diego, CA 92121
THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.

x	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	GlickStream® 2.0 connected services with CyberInfusion® policy				\$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator ^{sk} content liability policy				\$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$

Description or Comments Professional Liability, internet and Network Liability Insurance with respects to operations of the insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium

Certificate Holder Box

Amedisys, Inc. 3854 American Way, Ste. A Baton Rouge LA 70816

CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.

THIS CERTIFICATE DOES NOT CONFER ANY COVERAGE RIGHTS ON THE CERTIFICATE HOLDER. THE CERTIFICATE HOLDER IS NOT AN ADDITIONAL INSURED UNLESS: (1) THE INSURANCE COMPANY HAS ISSUED AN ENDORSEMENT TO THE POLICY TO EFFECT SUCH COVERAGE, THE CERTIFICATE HOLDER SATISFIES OF THE REQUIREMENTS IN THE POLICY TO QUALIFY AS AN ADDITIONAL INSURED AS DESCRIBED IN THE POLICY'S DEFINITION OF "YOU."

THIS CERTIFICATE NOT ANY CHANGE IN WAY THE INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE NOT DOES CONTRACT CONSTITUTE BETWEEN THE HOLDER AND ANY OTHER PARTY.

Authorized Representative

10/25/2019 Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

		SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on s certificate does not confer rights to the certificate holder in lieu of such endorsement(s).										
PROD	ODUCER License # 0757776						CONTACT Healy Ramey					
	rlsbad, CA-HUB International Insurance Services Inc. 25 Faraday Avenue, Suite 200					PHONE (A/C, No. Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942						
		I, CA 92008					ss: healy.ra	mey@hubir	ternational.com			
							INS	SURER(S) AFFOR	DING COVERAGE		NAIC #	
						INSURE	R A : Atlantic	Specialty	Ins. Co.		27154	
INSURED						INSUR	RB:					
P.C. Specialists, Inc. DBA: Technology Integration Group				INSURER C:								
		10240 Flanders Court				INSURER D:						
		San Diego, CA 92121				INSURER E:						
						INSUR	RF:					
COV	ER.	AGES CER	TIFI	CATE	E NUMBER:				REVISION NUMBER:			
		S TO CERTIFY THAT THE POLICII TED. NOTWITHSTANDING ANY R										
	CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOR EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE								ED HEREIN IS SUBJECT TO	O ALL T	HE TERMS,	
	CLU	SIONS AND CONDITIONS OF SUCH		SUBR		BEEN	POLICY EFF	POLICY EXP				
NSR LTR		TYPE OF INSURANCE		WVD				(MM/DD/YYYY)	LIMITS	i		
Α	X	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	

INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				(111112)	,,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	Х	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	s	2,000,000
		OTHER:							s	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	Х	ANY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	Ť	
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	Х	Comp Ded-\$1,000 X Coll Ded-\$1,000						(i oi dooidont)	\$	
Α	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	s	15,000,000
		DED X RETENTION\$ 0						AGGREGATE	\$	
Α	WOF	KERS COMPENSATION						X PER OTH-	Ψ	
		EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE			406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	OFFI	CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	<u> </u>	1,000,000
	If ves	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		1,000,000
	DES	DITE HON OF OPERATIONS DEIDW						L.L. DISEASE - POLIC I LIMIT	φ	
									l	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf Re:ASB Projector Inventory

CERTIFICATE HOLDER	CANCELLATION
American Savings Bank, F.S.B. Attn: Legal Department P.O. Box 2300	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Honolulu, HI 96804-2300	AUTHORIZED REPRESENTATIVE
	Solve Cienz



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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PRODUCER License # 0757776	CONTACT Healy Ramey						
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942					
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: Atlantic Specialty Ins. Co.	27154					
INSURED	INSURER B:						
P.C. Specialists, Inc. DBA: Technology Integration Group Entre, BTG, a TIG Company;	INSURER C:						
10240 Flanders Court	INSURER D:						
San Diego, CA 92121	INSURER E:						
	INSURER F:						
COVER A CEC.	DEVICION NUMBER.						

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.

	XCLUSIONS AND CONDITIONS OF SUCH F						
INSR LTR		ADDL SI	UBR VVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s
Α	X COMMERCIAL GENERAL LIABILITY			(,	,,	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO- X LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION\$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000
					1		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf

CERTIFICATE HOLDER	CANCELLATION

Amgen, Inc. Attn: Cathy Bashor M/A AC-23B 4000 Nelson Rd. Longmont, CO 80503 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

Den Mon



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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).

PRODUCER License # 0757776	CONTACT Healy Ramey						
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942					
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: Atlantic Specialty Ins. Co.	27154					
INSURED	INSURER B:						
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:						
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:						
San Diego, CA 92121	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.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X c	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χΖ	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L	AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	P	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
	0	OTHER:							\$	
Α	AUTO	MOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		NY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	8	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	_ ^ _ A	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	omp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	Χυ	MBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
	E	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	D	DED X RETENTION\$							\$	
A	WORKE AND EN	ERS COMPENSATION MPLOYERS' LIABILITY						X PER OTH- STATUTE OTH-		
	ANY PR	ROPRIETOR/PARTNER/EXECUTIVE TO THE	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Manda	ER/MEMBER EXCLUDED?	IN/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, d	describe under RIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Prope	erty Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Premi	ises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf

CERTIFICATE HOLDER	CANCELLATION

Amgen, Inc., its directors, officers, employees & agents Attn: A. Georgeson MS 9-1-k One Amgen Center Dr. Thousand Oaks, CA 91320-1799

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

Detru Cliens





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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	nis certificate does not confer rights to DUCER License # 0757776	o the	cert	ificate holder in lieu of su		(- /				
Carlsbad, CA-HUB International Insurance Services Inc.					CONTACT Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942					
1525 Faráday Avenue, Suite 200 Carlsbad, CA 92008					E-MAIL ADDRESS: healy.ramey@hubinternational.com				004-0942	
						INS	URER(S) AFFOR	RDING COVERAGE		NAIC #
					INSURER	A: Atlantic	Specialty	Ins. Co.		27154
INSU	JRED				INSURER	В:				
	P.C. Specialists, Inc. DBA: 1	Techr	nolog	y Integration Group	INSURER	C:				
	10240 Flanders Court		_		INSURER	D:				
	San Diego, CA 92121				INSURER	E:				
					INSURER	F:				
CO	VERAGES CER	TIFI	CATE	NUMBER:				REVISION NUMBER:		
II C	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY FERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF AN	IY CONTRAC	CT OR OTHER ES DESCRIB PAID CLAIMS.	R DOCUMENT WITH RESPE LED HEREIN IS SUBJECT T	CT TO	O WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	(POLICY EFF MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY						,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		711008985-0013	•	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ zero deductible							MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO- OTHER:							PRODUCTS - COMP/OP AGG	\$	2,000,000
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO			711008985-0013	.	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	X Comp Ded-\$1,000 X Coll Ded-\$1,000							(i oi dooidoin)	\$	
Α	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	15,000,000
	EXCESS LIAB CLAIMS-MADE			711008985-0013	•	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	DED X RETENTION\$								\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N / A		406038027-0008	'	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC le, Inc. is named Additional Insured as	LES (ACORE	0 101, Additional Remarks Schedu	ule, may be	attached if mor	e space is requir	ed)	and on	thier behalf
App	ie, inc. is named Additional insured as	speci	illea i	by contract per vCG207 &	CG2037	with respect	s to operatio	ins of the insured perform	ieu oi	i tiller benall.
CE	RTIFICATE HOLDER				CANCE	ELLATION				
	Apple, Inc. One Apple Park Way				THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE C. EREOF, NOTICE WILL CY PROVISIONS.		
	Cupertino, CA 95014				AUTHOD	ZED REDDESE	NTATIVE			
					AUTHORIZED REPRESENTATIVE					

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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this certificate does not come rights to the certificate holder in hea or such chaorsement(s).					
PRODUCER License # 0757776	CONTACT Healy Ramey				
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942			
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com				
	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: Atlantic Specialty Ins. Co.	27154			
INSURED	INSURER B:				
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:				
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:				
San Diego, CA 92121	INSURER E:				
	INSURER F:				
COVERAGES CERTIFICATE NUMBER:	CERTIFICATE NUMBER: REVISION NUMBER:				

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INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY	INCO		(MM), 25, 1111)	(MINI/OD/1111)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	X	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR			10/31/2019	10/31/2020	EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013			AGGREGATE	\$ 15,000,000
	DED X RETENTION\$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	ITY 406038027-0008 10/31/2019 10/31				X PER OTH- STATUTE OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N		10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000		
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf
Project:10-040DJ-SL Interactive Whiteboards and Services on Demand.

CERTIFICATE HOLDER	CANCELLATION
APS Technology - 550 E PO Box 25704 Albuquerque, NM 87125-0704	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

ACORD 25 (2016/03)

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PRODUCER License # 0757776	CONTACT Healy Ramey	
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760)	804-0942
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B:	
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:	
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:	
San Diego, CA 92121	INSURER E:	
	INSURER F:	
	DEVICION NUMBER	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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		HONS AND CONDITIONS OF SUCH								
INSR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X c	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χΖ	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L	AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	P	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
	0	OTHER:							\$	
Α	AUTO	MOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		NY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	8	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	_ ^ _ A	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	omp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	Χυ	MBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
	E	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	D	DED X RETENTION\$							\$	
A	WORKE AND EN	ERS COMPENSATION MPLOYERS' LIABILITY						X PER OTH- STATUTE OTH-		
	ANY PR	ROPRIETOR/PARTNER/EXECUTIVE TO THE	406038027-0008 10/31/2019	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		IN/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, d	describe under RIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Prope	erty Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Premi	ises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf

CERTIFICATE HOLDER	CANCELLATION

ARE-Nexus Centre II, LLC & Alexandria Real Estate Equities, Inc %Senomyx, Inc. 4767 Nexus Centre Dr. San Diego, CA 92121 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

Den Mon





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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th	nis certificate does not confer rights to the confe	to the	cert	ificate holder in lieu of su	f such endorsement(s). CONTACT Healy Ramey NAME:					
Carl	Isbad, CA-HUB International Insurance	ce Se	rvice	s Inc.	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942					
152: Carl	5 Faráday Avenue, Suite 200 Isbad, CA 92008			E-MAIL ADDRESS: healy.ramey@hubinternational.com						
Jui	issuu, on sesso						RDING COVERAGE			NAIC #
					INSURER A : Atlantic					27154
INSL	JRED				INSURER B:	opoolally.				
	P.C. Specialists, Inc. DBA:	olog	v Integration Group	INSURER C :						
	10240 Flanders Court	i ecili	lolog	gy integration Group	INSURER D :					
	San Diego, CA 92121				INSURER E :					
					INSURER F :					
CO	VERAGES CEF	RTIFI	CATE	E NUMBER:			REVISION NUM	IBFR·		
IN C E	HIS IS TO CERTIFY THAT THE POLICI NDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQU PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR . LIMITS SHOWN MAY HAVE	N OF ANY CONTRA DED BY THE POLIC	CT OR OTHER IES DESCRIB	R DOCUMENT WIT	H RESPEC	OT TO	WHICH THIS
NSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS		4 000 000
Α	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTE		5	1,000,000
	CLAIMS-MADE X OCCUR			711008985-0013	10/31/2019	10/31/2020	PREMISES (Ea occu	rrence) \$	5	1,000,000
	χ zero deductible						MED EXP (Any one p	person) \$	5	10,000
							PERSONAL & ADV I	NJURY \$	5	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREG	ATE \$	5	2,000,000
	POLICY X PRO- OTHER:						PRODUCTS - COMP	OP AGG \$		2,000,000
Α	AUTOMOBILE LIABILITY				10/31/2019		COMBINED SINGLE (Ea accident)	LIMIT	5	1,000,000
	X ANY AUTO			711008985-0013		10/31/2020	BODILY INJURY (Pe	r person) \$	6	
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Pe	r accident) \$	5	
	X HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAG (Per accident)	E	6	
	X Comp Ded-\$1,000 X Coll Ded-\$1,000							9	6	
Α	X UMBRELLA LIAB X OCCUR						EACH OCCURRENC	E \$	5	15,000,000
	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	9	6	15,000,000
	DED X RETENTION\$)							6	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDEN	IT \$	6	1,000,000
	(Mandatory in NH)	", "					E.L. DISEASE - EA E	MPLOYEE \$	6	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POL	ICY LIMIT \$	6	1,000,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Operations of the Insured performed or	LES (ACORI	D 101, Additional Remarks Schedu	ıle, may be attached if mor	re space is requi	red)			
16.0	operations of the insured performed of	Deni	111 01	the certificate noider						
CE	RTIFICATE HOLDER				CANCELLATION					
	Armstrong World Industries P.O. Box 3001	s, Inc.			SHOULD ANY OF THE EXPIRATION ACCORDANCE WI	N DATE TH	EREOF. NOTICE			

ACORD 25 (2016/03)

Lancaster, PA 17604

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AUTHORIZED REPRESENTATIVE





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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 this certificate does not confer rights to the certificate holder in lieu of						such endorsement(s).					
PRO	ODUCER License # 0757776				CONTACT Healy Ramey						
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008						PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942					
						ss. healy.rar	ney@hubir	nternational.com			
	,				7,55,1,2			RDING COVERAGE		NAIC#	
					INSURE	R A : Atlantic				27154	
INSL	URED				INSURE		оростану				
	P.C. Specialists, Inc. DBA:	Toobr	oloa	v Integration Group	INSURE						
	10240 Flanders Court	reciii	lolog	y integration Group	INSURE						
	San Diego, CA 92121									+	
					INSURE						
	OVERAGES CE	OTIE!	CATE	NUMBER:	INSURE	жг.		REVISION NUMBER:			
T IN C	THIS IS TO CERTIFY THAT THE POLIC NDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR MA' EXCLUSIONS AND CONDITIONS OF SUCH	IES O REQUI / PER I POLI	F INS IREME TAIN, CIES.	SURANCE LISTED BELOW ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLICI REDUCED BY	TO THE INSUF CT OR OTHEF ES DESCRIB PAID CLAIMS	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT TC	WHICH THIS	
LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	4 000 000	
Α								EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR	X		711008985-0013		10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
	χ zero deductible							MED EXP (Any one person)	\$	10,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY X PRO- JECT X LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:								\$		
Α	AUTOMOBILE LIABILITY				10/31/2019		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
	X ANY AUTO			711008985-0013		10/31/2020	BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$			
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	X Comp Ded-\$1,000 X Coll Ded-\$1,000								\$		
Α	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000		
	EXCESS LIAB CLAIMS-MAD			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000		
	DED X RETENTION\$	ו							\$		
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER OTH-ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		406038027-0008		10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
Asic	SCRIPTION OF OPERATIONS / LOCATIONS / VEHI CS America Corporation is named Addi nalf. 90 days notice of cancellation/15 o	tionaí	Insur	ed as specified by contrac	ile, may b ct per V	e attached if mor CG207 with re	e space is requir espects to op	red) Perations of the Insured p	erform	ied on thier	
CE	ERTIFICATE HOLDER				CANO	CELLATION					
Asics America Corporation 80 Technology Dr. Irvine, CA 92618					SHO THE	OULD ANY OF T	N DATE TH	ESCRIBED POLICIES BE CA IEREOF, NOTICE WILL I Y PROVISIONS.			



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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PRODUCER License # 0757776	CONTACT Healy Ramey						
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942					
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: Atlantic Specialty Ins. Co.	27154					
INSURED	INSURER B:						
P.C. Specialists, Inc. dba: Technology Integration Group	INSURER C:						
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:						
San Diego, CA 92121	INSURER E:						
	INSURER F:						

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR		TYPE OF INSURANCE	ADDL	SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	III	,,,,		(MINITED / 1 1 1 1)	(IIIIII)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$							\$	
Α	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	X	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mar	ICER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pro	perty Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Pre	mises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 attached w/ respects to operations of the Insured performed on their behalf. Primary & Non-Contributory included along with Waiver of Subrogation on GL & W/C 90 days notice of cancellation/15 days for non-payment of premium

CERTIFICATE HOLDER	CANCELLATION

AT&T, Inc. its Affiliates, directors, officers & employees 175 E. Houston Street San Antonio, TX 78205

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

Detru Queni



Certificate of Insurance

Producer

R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505 THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.

Named Insured

PC Specialists, Inc. dba: Technology Integration Group TIG Shanghal, Ltd

ites, inc. dba: Technology Integration Group Technology Integration Group. Inc.

Technology Integration Group, Inc. 10240 Flanders Court, San Diego , CA 92121 Insurance Company

Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038

THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.

х	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$
x	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator sM content liability policy				\$
	BusinessWare® 2.0 . E&O with CyberInfusion® policy			·	\$

Description or Comments

Professional Liability and Internet and Network Liability Insurance - Agreement Number: 20080110.003.C 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium

Certificate Holder Box

AT&T, inc. its Affiliates, directors, officers & employees 175 E. Houston St. San Antonio TX 78205 CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.

THIS CERTIFICATE DOES NOT CONFER ANY COVERAGE RIGHTS ON THE CERTIFICATE HOLDER. THE CERTIFICATE HOLDER IS NOT AN ADDITIONAL INSURED UNLESS: (1) THE INSURANCE COMPANY HAS ISSUED AN ENDORSEMENT TO THE POLICY TO EFFECT SUCH COVERAGE, OR (2) THE CERTIFICATE HOLDER SATISFIES ALL OF THE REQUIREMENTS IN THE POLICY TO QUALIFY AS AN ADDITIONAL INSURED AS DESCRIBED IN THE POLICY'S DEFINITION OF "YOU."

THIS CERTIFICATE DOES NOT CHANGE IN ANY WAY THE INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE DOES CERTIFICATE NOT CONTRACT CONSTITUTE BETWEEN THE HOLDER AND ANY OTHER PARTY.

Authorized Representative

May

<u>10/25/2019</u>

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Atlantic Specialty Ins. Co.	27154				
INSURED	INSURER B:					
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:					
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:					
San Diego, CA 92121	INSURER E:					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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		DITIONS OF SUCH			LIMITS SHOWN MAY HAVE BEEN					
INSR	TYPE OF INS	SURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GEN	ERAL LIABILITY					,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE	X OCCUR	X		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ zero deductib	e						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMI	T APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLICY X PROJECT	X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:								\$	
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO		Х		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY	SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	AUTUS UNLI	NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X Comp Ded-\$1,000 2	Coll Ded-\$1,000							\$	
Α	X UMBRELLA LIAB	X OCCUR						EACH OCCURRENCE	\$	15,000,000
	EXCESS LIAB	CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	DED X RETEN	TION\$)						\$	
A	WORKERS COMPENSATI AND EMPLOYERS' LIABIL	ON JTY						X PER OTH-ER		
	ANY PROPRIETOR/PARTN	ER/EXECUTIVE T	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/ A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERA	TIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Property Away From	n			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Premises				711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Additional Insured included for General Liability and Busienss Auto per VCG207 & VCA201 re:Technology Parts & Supplies 071615-01 90 days notice of cancellation/15 days for non-payment of premium Incls Third Party Crime Coverage-\$1m Limit

CERTIFICATE HOLDER	CANCELLATION
	OANOLLEANON

Atlanta Public Schools Procurement Services 130 Trinity Ave., S.W. 4th Floor Atlanta, GA 30303 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

Den Mon

PCSPECI-02

HRAMEY



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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this certificate does not comer rights to the certificate holder in fled of su	ch endorsement(s).	
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Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B:	
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:	
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:	
San Diego, CA 92121	INSURER E:	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:	

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		HONS AND CONDITIONS OF SUCH								
INSR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X c	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χΖ	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L	AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	P	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
	0	OTHER:							\$	
Α	AUTO	MOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		NY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	8	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	_ ^ _ A	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	omp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	Χυ	MBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
	E	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	D	DED X RETENTION\$							\$	
A	WORKE AND EN	ERS COMPENSATION MPLOYERS' LIABILITY						X PER OTH- STATUTE OTH-		
	ANY PR	ROPRIETOR/PARTNER/EXECUTIVE TO THE	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Manda	ER/MEMBER EXCLUDED?	IN/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, d	describe under RIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Prope	erty Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Premi	ises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf

CERTIFICATE HOLDER	CANCELLATION

Atlanta Public Schools Attn: David Odom, CPPO 130 Trinity Ave, SW Atlanta, GA 30303 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

Den Mo



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com				
	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: Atlantic Specialty Ins. Co.	27154			
INSURED	INSURER B:				
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:				
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:				
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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 INSD	SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY	IIIOD	****		(MINIO D) 1111)	(MIMI/OD/1111)	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ zero deductible						MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO	Х		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	DED X RETENTION\$							\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Property Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Premises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf re:Email and Content Filtering Solution Solicitation #061112-01 90 days notice of cancellation/15 days for non-payment of premium Incls Third Party Crime Coverage-\$1m Limit

CERTIFICATE HOLDER	CANCELLATION

Atlanta Public Schools Procurement Services Dept Attn: Samira J. Robinson 130 Trinity Ave, SW Atlanta, GA 30303-3624 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

Halru Daens



ACORD'

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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).

	officer rights to the certificate ficial in field of s	saon enaorsement(s).		
PRODUCER License # 0757776	3	CONTACT Healy Ramey		
Carlsbad, CA-HUB Internation 1525 Faraday Avenue, Suite		PHONE (A/C, No, Ext): (760) 804-0402	FAX (A/C, No): (760)	804-0942
Carlsbad, CA 92008	200	E-MAIL ADDRESS: healy.ramey@hubinternational.c	om	
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Atlantic Specialty Ins. Co.		27154
INSURED		INSURER B:		
•	s, Inc. DBA: Technology Integration Group	INSURER C:		
Entre, BTG, a T 10240 Flanders		INSURER D:		
San Diego, CA	92121	INSURER E:		
		INSURER F:		
COVERAGES	CERTIFICATE NUMBER:	REVISION NU	MBER:	

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.

		HONS AND CONDITIONS OF SUCH								
INSR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X c	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χΖ	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L	AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	P	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
	0	OTHER:							\$	
Α	AUTO	MOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		NY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	8	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	_ ^ _ A	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	omp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	Χυ	MBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
	E	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	D	DED X RETENTION\$							\$	
A	WORKE AND EN	ERS COMPENSATION MPLOYERS' LIABILITY						X PER OTH- STATUTE OTH-		
	ANY PR	ROPRIETOR/PARTNER/EXECUTIVE TO THE	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Manda	ER/MEMBER EXCLUDED?	IN/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, d	describe under RIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Prope	erty Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Premi	ises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract, per VCG207 with respects to operations of the Insured performed on their behalf

CERTIFICATE HOLDER	CANCELLATION
Aurora Public Schools Attn: Mary Kirschmer 1085 S. Peoria Street	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Aurora, CO 80011	AUTHORIZED REPRESENTATIVE
	Harre Rienz



DATE (MM/DD/YYYY) 10/25/2019

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 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.

thi	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).										
PROD	UCE	R License # 0757776				CONTA NAME:	^{ст} Healy Ra	amey			
		I, CA-HUB International Insurand aday Avenue, Suite 200	e Serv	vices	s Inc.		o, Ext): (760) 8		FAX (A/C, N	o):(760)	804-0942
		I, CA 92008				E-MAIL ADDRE	_{ss:} healy.raı	mey@hubir	nternational.com		
							INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #
						INSURE	R A : Atlantic	Specialty	Ins. Co.		27154
INSUF	RED					INSURE	RB:				
		P.C. Specialists, Inc. DBA: Tentre, BTG, a TIG Company		olog	y Integration Group	INSURE	RC:				
		10240 Flanders Court	,			INSURER D:					
		San Diego, CA 92121				INSURER E:					
						INSURER F:					
COV	/ER	AGES CEF	RTIFIC	ATE	NUMBER:				REVISION NUMBER:		
INI	DICA	S TO CERTIFY THAT THE POLICI TED. NOTWITHSTANDING ANY F FICATE MAY BE ISSUED OR MAY	REQUIR	REME	NT, TERM OR CONDITIO	N OF A	NY CONTRA	CT OR OTHER	R DOCUMENT WITH RES	SPECT TO	WHICH THIS
EX		SIONS AND CONDITIONS OF SUCH	POLIC	IES.	LIMITS SHOWN MAY HAVE				ED TIEREIN IO GODGEO	TTOTALL	THE TERMO,
INSR LTR TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER							POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	Ц	MITS	
Α	X	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			711008985-0013		10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	zero deductible							MED EXP (Any one person)	\$	10,000
			1 1				1	1	1	1	4 000 000

LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s	
Α	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
A	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	X		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$ 0							\$	
Α	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y/N			406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mar	ICER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Avis Budget Group, Inc. and its Subsidiaries, including, but not limited to, Avis Budget Car Rental, LLC, Budget Rent A Car System, Inc., and Budget Truck Rental, LLC are included as Additional Insured & Loss Payee for all vehicles leased, rented or supplied as a substitute or as an additional vehicle to the Named Insured per VCA201. Hired Car Physical Damage limited to \$75,000 with \$1,000 Comp & Coll Ded

CERTIFICATE HOLDER	CANCELLATION

Avis Budget Group, Inc. and its Subsidiaries 4500 S. 129th E Ave #100 P.O. Box 690360 Tulsa, OK 74169-0360

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





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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tł	is certificate does not confer rights t	the	cert	ificate holder in lieu of su	uch end	orsement(s)		require air end		. д	statement on
PRODUCER License # 0757776						CONTACT Healy Ramey					
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200					PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com						804-0942
Car	sbad, CÁ 92008	ADDRES	_{ss:} healy.rai	ney@hubir	nternational.co	<u>m</u>					
			INS	SURER(S) AFFOR	RDING COVERAGE			NAIC #			
					INSURE	RA: Atlantic	Specialty	Ins. Co.			27154
INSU	RED				INSURE	RB:					
	P.C. Specialists, Inc. DBA: 1	echr	olog	y Integration Group	INSURE	RC:					
	10240 Flanders Court				INSURE	RD:					
	San Diego, CA 92121				INSURE	RE:					
					INSURE	RF:					
CO	VERAGES CER	TIFIC	CATE	E NUMBER:				REVISION NUM	IBER:		
IN C E	HIS IS TO CERTIFY THAT THE POLICII DICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	REMI TAIN, CIES.	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR . LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLIC EDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS.	R DOCUMENT WIT	TH RESPE	CT T	O WHICH THIS
NSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENC		\$	1,000,000
	CLAIMS-MADE X OCCUR			711008985-0013		10/31/2019	10/31/2020	DAMAGE TO RENT PREMISES (Ea occu	Interical	\$	1,000,000
	χ zero deductible							MED EXP (Any one	person)	\$	10,000
								PERSONAL & ADV	NJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	SATE	\$	2,000,000
	POLICY X PRO- X LOC OTHER:							PRODUCTS - COMP	P/OP AGG	\$ \$	2,000,000
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE	LIMIT	\$	1,000,000
	X ANY AUTO	711008985-0013		711008985-0013	10/31/2019	10/31/2020	(Ea accident) BODILY INJURY (Pe	er nerson)	\$		
	OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Pe	•			
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAG (Per accident)	E accident	\$		
	X Comp Ded-\$1,000 X Coll Ded-\$1,000							(Fer accident)		\$	
Α	X UMBRELLA LIAB X OCCUR							EACH OCCURRENG	~	\$	15,000,000
	EXCESS LIAB CLAIMS-MADE			711008985-0013		10/31/2019	10/31/2020	AGGREGATE	<u>,,, , , , , , , , , , , , , , , , , , </u>	\$	15,000,000
	DED X RETENTION\$ 0							AGGREGATE		\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER STATUTE	OTH- ER	Ψ	
				406038027-0008		10/31/2019	10/31/2020	E.L. EACH ACCIDE		·	1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A			1.000,200		E.L. DISEAS			¢	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL			1,000,000
	DESCRIPTION OF OPERATIONS BEIOW							L.L. DIGLAGE - FOL	ICT LIMIT	Ψ	
DES	COURTION OF OBERATIONS / LOCATIONS / VEHIC	E9 (/	COPI	D 101 Additional Pamarks School	ulo may be	a attached if mor	o enaco le roqui	od)			
Re:	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Operations of the Insured performed or	beh	alf of	the Certificate Holder	ule, may be	e attacheu ii mor	e space is requir	euj			
<u> </u>	DIFICATE LIGHTER				0410	TI LATION					
UΕ	RTIFICATE HOLDER				CANC	ELLATION					
Azimuth Communications 2801 S. Fair Lane					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Tempe, AZ 85282											

ACORD 25 (2016/03)

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AUTHORIZED REPRESENTATIVE





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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.

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tine continuate acception content inglitte to the continuate metaer in hea of ca	on ondercomonico).				
PRODUCER License # 0757776	CONTACT Healy Ramey				
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 80				
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com				
	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: Atlantic Specialty Ins. Co.	27154			
INSURED	INSURER B:				
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:				
10240 Flanders Court	INSURER D:				
San Diego, CA 92121	INSURER E :				
	INSURER F:				
COVERAGES CERTIFICATE NUMBER.	DEVISION NUMBED:				

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 S	SUBR	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY			(111117)	(IIIIII)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION\$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Battelle - Pacific Northwest National Laboratory (PNNL) is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf - Contract #222056. 90 days notice of cancellation/15 days for non-payment of premium

CERTIFICATE HOLDER	CANCELLATION
Battelle Memorial Institute P.O. Box 999 Richland. WA 99352	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Monand, WA 33332	AUTHORIZED REPRESENTATIVE
1	Harric Cherae





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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tine continuate account to the terminate metaer in near or a	4011 011401 001110111(0)1						
PRODUCER License # 0757776	CONTACT Healy Ramey						
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 80						
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A : Atlantic Specialty Ins. Co.	27154					
INSURED	INSURER B:						
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:						
10240 Flanders Court	INSURER D :						
San Diego, CA 92121	INSURER E :						
	INSURER F:						
COVEDAGES CERTIFICATE NUMBER.	DEVISION NUM	DED.					

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.

		USIONS AND CONDITIONS OF SUCH								
INSF	3	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY					,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GE	EN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AL	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	Х	ANY AUTO	Х	X	711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
	X	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE	X	X	711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$ 0							\$	
Α	WC	DRKERS COMPENSATION D EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	AN'	Y PROPRIETOR/PARTNER/EXECUTIVE TO THE	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yo	es, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pr	operty Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Pr	emises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Battelle Memorial Institute is included as Additional Insured as specified by contract per VCG207 & VCA201 with respects to operations of the Insured performed on their behalf - 90 days notice of cancellation/15 days for non-payment of premium GL & Auto coverage is primary with waiver of subrogation

CERTIFICATE HOLDER	CANCELLATION					
Battelle Memorial Institute P.O. Box 999 Richland, WA 99352-0999	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 Addrew Cienal					





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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	to come ingine to the continuent mental in hou of							
PRODUCER License # 0757	776	CONTACT Healy Ramey						
Carlsbad, CA-HUB Intern 1525 Faraday Avenue, Su	ational Insurance Services Inc.	PHONE (A/C, No, Ext): (760) 804-0402	804-0942					
Carlsbad, CA 92008	III.C 200	E-MAIL ADDRESS: healy.ramey@hubinternation	al.com					
		INSURER(S) AFFORDING COVERA	AGE	NAIC #				
		INSURER A: Atlantic Specialty Ins. Co.		27154				
INSURED		INSURER B:						
•	ists, Inc. DBA: Technology Integration Group a TIG Company;	INSURER C:						
10240 Fland		INSURER D:						
San Diego,	CA 92121	INSURER E :						
		INSURER F:						
COVERAGES	CERTIFICATE NUMBER:	REVISION	NUMBER:					

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INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY			(111117)	(IIIIII)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION\$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf

CERTIFICATE HOLDER	CANCELLATION
Baycare Health System 2985 Drew Street Clearwater, FL 33759	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 HALLE CONTROL OF THE PROPERTY OF TH





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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lf th	IPORTANT: If the certificate holder SUBROGATION IS WAIVED, subject is certificate does not confer rights to	t to	the	terms and conditions of	the po	licy, certain lorsement(s)	policies may			
PRO	DUCER License # 0757776				CONTA NAME:	CT Healy Ra	ımey			
	sbad, CA-HUB International Insurance	e Sei	rvice	s Inc.		o, Ext): (760) 8		FAX (A/C. N	No)·(760)	804-0942
	5 Faraday Avenue, Suite 200 sbad, CA 92008				E-MAIL	ss. healy.ra	ney@hubir	nternational.com	10,10	
	,				,,,,,,,,,			RDING COVERAGE		NAIC #
					INSURF	RA: Atlantic				27154
INSU	RED				INSURE					
	P.C. Specialists, Inc. DBA: To	ochr	oloa	v Integration Group	INSURE					
	10240 Flanders Court	CCIII	iolog	y integration Group	INSURE					
	San Diego, CA 92121				INSURE					
					INSURE					
CO	VERAGES CER	TIFIC	`ATF	NUMBER:	IIIOOIIL			REVISION NUMBER		
	HIS IS TO CERTIFY THAT THE POLICIE				HAVF R	FEN ISSUED				OLICY PERIOD
IN Cl	DICATED. NOTWITHSTANDING ANY RESTRICTED IN MAY RESTRICTED AND BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH IN MAY THE RESTRICTED IN THE RESTRICT OF SUCH IN THE SUCH IN TH	EQUI PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORE	N OF A	NY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RES ED HEREIN IS SUBJEC	SPECT TO	O WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)	L	IMITS	
Α	X COMMERCIAL GENERAL LIABILITY	INOD	****			(MINDED/1111)	(MINI/DD/1111)	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		711008985-0013		10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)		1,000,000
	χ zero deductible	^						MED EXP (Any one person)		10,000
								PERSONAL & ADV INJURY		1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO-							PRODUCTS - COMP/OP AC	Ť	2,000,000
	OTHER:								\$	
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO	Х		711008985-0013		10/31/2019	10/31/2020	BODILY INJURY (Per perso	on) \$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accide	ent) \$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	X Comp Ded-\$1,000 X Coll Ded-\$1,000							,	\$	
Α	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	15,000,000
	EXCESS LIAB CLAIMS-MADE			711008985-0013		10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	DED X RETENTION\$ 0							7.001.207.112	\$	
Α	WORKERS COMPENSATION							X PER OTH	- T	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			406038027-0008		10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLO	Ť	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIN		1,000,000
	DEGOTIF HON OF OF EIGHTIONS DEIGW							L.L. DIOLAGE - FOLIGY LIN	vii 1 D	•

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Beaverton School District is included as Additional Insured as specified by contract per VCG207, CG2037 & VCA201 with respects to operations of the Insured performed on their behalf.

CERTIFICATE HOLDER	CANCELLATION

Beaverton School District Attn: Risk Management 16550 SW Merlo Rd. Beaverton, OR 97003 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

Den Mo



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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ting octanioate accession content rights to the octanioate notaer in hea or sa	ion chaorschicht(s).				
PRODUCER License # 0757776	CONTACT Healy Ramey				
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804				
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com				
	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: Atlantic Specialty Ins. Co.	27154			
INSURED	INSURER B:				
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:				
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:				
San Diego, CA 92121	INSURER E :				
	INSURER F:				
COVERAGES CERTIFICATE NUMBER:	DEVISION NUMBED.				

CERTIFICATE NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL S	UBR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY			(,,	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION \$ 0						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/ A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: Tom Janecek's 7/19/02 Standard Dock License Application/Residential - Dock #027 Certificate holder is named Additional Insured per VCG207 90 days notice of cancellation/15 days for non-payment

CERTIFICATE HOLDER	CANCELLATION
	CANCELLATION

Big Bear Municipal Water District P.O. Box 2863 Big Bear Lake, CA 92315

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





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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PRODUCER License # 0757776	CONTACT Healy Ramey		
Carlsbad, CA-HUB International Insurance Services Inc.		A/C, No): (760) 8	04-0942
1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Atlantic Specialty Ins. Co.		27154
INSURED	INSURER B:		
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:		
10240 Flanders Court	INSURER D :		
San Diego, CA 92121	INSURER E :		
	INSURER F:		1

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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		JSIONS AND CONDITIONS OF SUCH								
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				,,	\	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEI	N'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	Х	X	711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$							\$	
Α	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A	X	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
		ndatory in NH)	IN / A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pro	perty Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Pre	mises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000
				1	1	I .	I.			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
BMR-Pacific Center LP, Biomed Realty, LP and BRE Edison Parent LP and each of their respective lenders, general partners, members, property managers and affiliates are included as Additional Insured as specified by contract per VCG207 & VCA201 with respects to operations of the Insured performed on their behalf Re:Malin Extension TI, 5880 Pacific Center Blvd. Waiver of subrogation applies on each policy and coverage is primary/non-contributory

CERTIFICATE HOLDER	CANCELLATION
BMR-Pacific Center LP 17190 Bernardo Center Dr. San Diego, CA 92128	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Jan Diego, GA 32120	Authorized representative Authorized Representative





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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 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)

ting octanioate accession content rights to the octanioate notaer in hea or sa	ion chaorschicht(s).				
PRODUCER License # 0757776	CONTACT Healy Ramey				
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804				
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com				
	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: Atlantic Specialty Ins. Co.	27154			
INSURED	INSURER B:				
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:				
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:				
San Diego, CA 92121	INSURER E :				
	INSURER F:				
COVERAGES CERTIFICATE NUMBER:	DEVISION NUMBED.				

CERTIFICATE 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 S	UBR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY			(,,	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION \$ 0						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/ A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Board of Regents of the University System of Georgia by and on behalf of Georgia State University Re:Operations of the Insured performed on behalf of Certificate Holder 90 days notice of cancellation/15 days for non-payment

CERTIFICATE HOLDER	CANCELLATION

Board of Regents of the University System of Georgia 1 Park Place South #901 Atlanta, GA 30303

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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.

this	s cei	ROGATION IS WAIVED, subj rtificate does not confer rights				ıch enc	lorsement(s)	j.	require an endorsem	ent. A	statement on
PRODU	JCER	License # 0757776				CONTA NAME:	ст Healy Ra	amey			
		CA-HUB International Insuran day Avenue, Suite 200	ce Sei	vice	s Inc.				FAX (A/C, N	_{o):} (760) 804-0942
		CA 92008				E-MAIL ADDRE	_{ss:} healy.raı	mey@hubir	nternational.com		
							INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #
						INSURE	R A : Atlantic	Specialty	Ins. Co.		27154
INSUR	ED					INSURE	RB:				
P.C. Specialists, Inc. DBA: Technology Integration Group					INSURER C:						
	10240 Flanders Court					INSURER D:					
San Diego, CA 92121						INSURE	RE:				
						INSURE	RF:				
COV	ERA	IGES CE	RTIFIC	CATE	NUMBER:				REVISION NUMBER:		
		TO CERTIFY THAT THE POLICIFIED. NOTWITHSTANDING ANY									
CEI	RTIF	ICATE MAY BE ISSUED OR MA'	Y PER	TAIN,	THE INSURANCE AFFOR	DED BY	THE POLIC	IES DESCRIB			
	CLUS	SIONS AND CONDITIONS OF SUCH				BEEN F					
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	Ш	MITS	
	X	COMMERCIAL GENERAL LIABILITY					,		EACH OCCURRENCE	\$	1,000,000
		CLAIMS MADE V OCCUP			744000005 0040		40/24/2040	40/24/2020	DAMAGE TO RENTED		1.000.000

INSF	1	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				······	,,,,,,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GE	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
A	AU	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	Х		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$)						\$	
Α	WO	RKERS COMPENSATION DEMPLOYERS' LIABILITY						X PER OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE /	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
		ICER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If ye	s, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Board of Regents of the University System of Georgia by and on behalf of Albany State University, its Officers, Members, Agents & Employees are named Additional Insured as specified by contract in Form VCG207 & VCA201 Re:Operations of the Insured performed on behalf of Certificate Holder 90 days notice of cancellation/15 days for non-payment Re:Access Control - West Campus

CERTIFICATE HOLDER	CANCELLATION
Board of Regents of the University System of Georgia by and on behalf of Albany State University 504 College Dr.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Albany, GA 31705	AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY)

10/25/2019

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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 this certificate does not confer rights to the certificate holder				require an endorse	ment. A	statement on
PRODUCER License # 0757776	CONTA NAME:	^{CT} Healy Ra	amey			
Carlsbad, CA-HUB International Insurance Services Inc.	B.1.61.5			FAX (A/C	No): (760)	804-0942
1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008				ternational.com	, -	_
		INS	SURER(S) AFFOR	DING COVERAGE		NAIC #
	INSURI	RA: Atlantic	Specialty	Ins. Co.		27154
INSURED	INSURI	ERB:				
P.C. Specialists, Inc. DBA: Technology Integration	n Group INSURI	INSURER C:				
10240 Flanders Court	INSURI	INSURER D :				
San Diego, CA 92121	INSURI	RE:				
	INSURI	ERF:				
COVERAGES CERTIFICATE NUMBER:				REVISION NUMBE	R:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LI						
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSUR						
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHO				LD TILICLIN IO OODSL	OT TO ALI	- ITIE TERMO,
INSR TYPE OF INSURANCE ADDL SUBR INSD WVD PC	LICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
A X COMMERCIAL GENERAL LIABILITY			į į	EACH OCCURRENCE	•	1,000,000

DAMAGE TO RENTED PREMISES (Ea occurrence) 1,000,000 CLAIMS-MADE | X | OCCUR 10/31/2019 10/31/2020 711008985-0013 zero deductible 10,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: **GENERAL AGGREGATE** POLICY X PRO-2,000,000 X LOC PRODUCTS - COMP/OP AGG \$ OTHER COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** Χ ANY AUTO 711008985-0013 10/31/2019 | 10/31/2020 X BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY Comp Ded-\$1,000 X Coll Ded-\$1,000 15,000,000 X X **UMBRELLA LIAB OCCUR EACH OCCURRENCE** 711008985-0013 10/31/2019 10/31/2020 15,000,000 **EXCESS LIAB** CLAIMS-MADE X X AGGREGATE 0 DED | X | RETENTION \$ OTH-FR WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X PER STATUTE 406038027-0008 10/31/2019 | 10/31/2020 1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Brookfield Office Properties Inc., Brookfield Properties (USA II) LLC as Operator, Brookfield Properties One WFC Co. LLC, Battery Park City Authority, The Commissioner of Transportation for the People of the State of New York, any present and future mortgagee which encumbers any interest in the land or improvements at 200 Liberty Street, New York, New York, and each of their respective affiliates, shareholders, partners (including partners of partners), subsidiaries and related entities, and any successors and assigns of such entities are included as Additional Insured's-Landlord per Form VCG207 & VCA201 with regards to equipment delivery to Brookfield Renewable at 200 Liberty St., 14th FL, New York, NY 10281 Waiver of subrogation applies.

CERTIFICATE HOLDER	CANCELLATION
Brookfield Properties One WFC Co. LLC 200 Liberty St. New York, NY 10281	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 Advis Diene





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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this certificate does not confer rights to the certificate holder in lieu of su	ich endorsement(s).	
PRODUCER License # 0757776	CONTACT Healy Ramey	
Carlsbad, CA-HUB International Insurance Services Inc.	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (76	0) 804-0942
1525 Faráday Avenue, Suite 200 Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B:	
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:	
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:	NAIC # 27154
San Diego, CA 92121	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

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 S	SUBR	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY			(111117)	(IIIIII)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION\$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Brownsburg Community School Corporation is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf

CERTIFICATE HOLDER	CANCELLATION
Brownsburg Community School Corporation 310 Stadium Dr. Brownsburg, IN 46112	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Brownsburg, in 40112	AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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	rights to the certificate holder in field of St			
PRODUCER License # 0757776		CONTACT Healy Ramey		
Carlsbad, CA-HUB International Ir	nsurance Services Inc.	PHONE (A/C, No, Ext): (760) 804-0402	FAX (A/C, No): (760) 8	304-0942
1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008		E-MAIL ADDRESS: healy.ramey@hubinternational.co		
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Atlantic Specialty Ins. Co.		27154
INSURED		INSURER B:		
	DBA: Technology Integration Group	INSURER C:		
Entre, BTG, a TIG Co 10240 Flanders Cour	• • • •	INSURER D:		
San Diego, CA 92121	ĺ	INSURER E :		
		INSURER F:		
COVERAGES	CERTIFICATE NUMBER:	REVISION NUM	/IBER:	

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.

		HONS AND CONDITIONS OF SUCH								
INSR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X c	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χΖ	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L	AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	P	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
	0	OTHER:							\$	
Α	AUTO	MOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		NY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	8	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	_ ^ _ A	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	omp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	Χυ	MBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
	E	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	D	DED X RETENTION\$							\$	
A	WORKE AND EN	ERS COMPENSATION MPLOYERS' LIABILITY						X PER OTH- STATUTE OTH-		
	ANY PR	ROPRIETOR/PARTNER/EXECUTIVE TO THE	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Manda	ER/MEMBER EXCLUDED?	IN/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, d	describe under RIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Prope	erty Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Premi	ises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf

CERTIFICATE HOLDER	CANCELLATION
Cardinal Health 3750 Torrey View Ct. San Diego, CA 92064	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Sail Diego, GA 92004	Authorized representative Halre Diene





CERTIFICATE OF LIABILITY INSURANCE

10/25/2019

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).

PRODUCER License # 0757776	CONTACT Healy Ramey	
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B:	
P.C. Specialists, Inc. DBA: Technology Integration Group Entre, BTG, a TIG Company;	INSURER C:	
10240 Flanders Court	INSURER D:	
San Diego, CA 92121	INSURER E:	
	INSURER F:	
COVER A CEC.	DEVICION NUMBER.	

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	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY				,	(EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	Х	Х	711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$							\$	
Α	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
		PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A	X	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mar	datory in NH)	117.7					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
		perty Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Pre	mises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
CareFusion and its subsidiaries and affiliates are included as Additional Insured as specified by contract per VCG207 & VA201 with respects to operations of the Insured performed on their behalf Crime included-\$150,000 Limit; Third Party Crime included-\$1,000,000 Limit Waiver of Subrogation provided on GL, Auto & WC 90 Days Notice of Cancellation/15 for Non-Payment

CERTIFICATE F	HOLDER	CANCELLATION
375	reFusion 60 Torrey View Court 1 Diego, CA 92130	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Can	1 Diego, GA 32130	Authorized representative
ĺ		Grand



Certificate of Insurance

Producer

R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505

THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.

Named Insured

PC Specialists, Inc. dba: Technology Integration Group

TIG Shanghal, Ltd

Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc.

Insurance Company

Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038

10240 Flanders Court, San Diego, CA 92121 THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.

x	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator ^{sk} content liability policy		·		\$
, • •	BusinessWare® 2.0 E&O with CyberInfusion® policy		·		\$

Professional Liability, internet and Network Liability Insurance with respects to operations of the insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium

Certificate Holder Box

CareFusion and its aubsidiaries and affiliates 3750 Torrey View Court San Diego CA 92130

CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.

THIS CERTIFICATE DOES NOT CONFER ANY COVERAGE RIGHTS ON THE CERTIFICATE HOLDER. THE CERTIFICATE HOLDER IS NOT AN ADDITIONAL INSURED UNLESS: (1) THE INSURANCE COMPANY HAS ISSUED AN ENDORSEMENT TO THE POLICY TO EFFECT SUCH COVERAGE, THE CERTIFICATE HOLDER SATISFIES OF ALL REQUIREMENTS IN THE POLICY TO QUALIFY AS AN ADDITIONAL INSURED AS DESCRIBED IN THE POLICY'S DEFINITION OF "YOU."

THIS CERTIFICATE DOES NOT CHANGE ANY THE IN INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE DOES NOT CONTRACT CONSTITUTE BETWEEN THE HOLDER AND ANY OTHER PARTY.

Authorized Representative

10/25/2019

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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this certificate does not confer rights to the certificate holder in lieu of st	ich endorsement(s).	
PRODUCER License # 0757776	CONTACT Healy Ramey	
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760)	804-0942
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B:	
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:	
10240 Flanders Court	INSURER D:	
San Diego, CA 92121	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 PO	LICY PERIOD

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		JSIONS AND CONDITIONS OF SUCH								
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				······	,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	Х	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	Х	ANY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	•	
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	Х	Comp Ded-\$1,000 X Coll Ded-\$1,000						(1 51 515 515 517)	\$	
Α	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$ 0						7.CO.KLO/KIL	\$	
Α	WOF	KERS COMPENSATION						X PER OTH-ER	Ψ	
	1	EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE			406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	OFF (Mar	CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE		1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		1,000,000
									7	
					T. Control of the Con					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
REDICO Management Inc. (Asset Manager), Ala Moana Property Owner, LLC (Owner), CBRE, Inc. (Managing Agent) and Estate of Bernice Pauahi Bishop
(Ground Lessor) are named as Additional Insured per VCG207 for leased premises of customer - American Savings Bank, 677 Ala Moana Blvd, Honolulu, HI

CERTIFICATE HOLDER	CANCELLATION

CBRE, Inc. Agent for: Ala Moana Property Owner, LLC 677 Ala Moana Blvd., Ste. 611 Honolulu, HI 96813 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

Den Mon



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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and to an out a control of the contr		
PRODUCER License # 0757776	CONTACT Healy Ramey	
Carlsbad, CA-HUB International Insurance Services Inc.	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942
1525 Faráday Avenue, Suite 200 Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B:	
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:	
10240 Flanders Court	INSURER D:	
San Diego, CA 92121	INSURER E:	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:	

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		JSIONS AND CONDITIONS OF SUCH								
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				······	,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	Х	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	Х	ANY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	•	
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	Х	Comp Ded-\$1,000 X Coll Ded-\$1,000						(1 51 515 515 517)	\$	
Α	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$ 0						7.CO.KLO/KIL	\$	
Α	WOF	KERS COMPENSATION						X PER OTH-ER	Ψ	
	1	EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE			406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	OFF (Mar	CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE		1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		1,000,000
									7	
					T. Control of the Con					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
CBRE, Inc. and Sonnenblick Del Rio Norwalk, a Limited Liability Company, Norwalk SEC, LLC a Delaware Limited Liability Company, Norwalk SM 1 – Norwalk SM 20, LLC, a Delaware Limited Liability are named Additional Insured per VCG207 and CG2037 attached as per written contract for all operations performed for Cert Holder. 90 days notice of cancellation/15 days for non-payment of premium

CENTIFICATE HOLDEN	CANCLL	LATION

CBRE, Inc.; Norwalk Government Center 12440 E. Imperial Highway, Ste. 101 Norwalk, CA 90650 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

Detru Chens

CANCELL ATION

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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PRODUCER License # 0757776	CONTACT Healy Ramey	
	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B:	
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:	
10240 Flanders Court	INSURER D:	
San Diego, CA 92121	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY				,	(EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	Х	Х	711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$							\$	
Α	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
		PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A	X	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mar	datory in NH)	117.7					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
		perty Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Pre	mises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
CDW Logistics, Inc. and Affiliates and its and their officers, directors and employees are named as Additional Insured for General Liability and Auto Liability as specified by contract per VCG207 & VCA201 coverage is primary/non-contributory; waiver of subrogation applies to all coverages 90 days notice of cancellation/15 days for non-payment

CERTIFICATE HOLDER	CANCELLATION
CDW Logistics, Inc. and Affiliates 200 North Milwaukee Ave. Vernon Hills. IL 60061	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
VOITION THINS, 12 00001	AUTHORIZED REPRESENTATIVE
	Herry Riens

CANCELL ATION

CEDTIEICATE HOLDED



Certificate of Insurance

Producer

R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505

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Named Insured

PC Specialists, Inc. dba: Technology Integration Group

TIG Shanghal, Ltd

Itex, Inc. dba: Technology Integration Group

Insurance Company

Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038

Technology Integration Group, Inc.
10240 Flanders Court, San Diego, CA 92121
THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.

х	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator ^{sk} content liability policy				\$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$

Description or Comments Professional Liability, internet and Network Liability Insurance with respects to operations of the insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium

Certificate Holder Box

CDW Logistics, Inc and Affiliates 200 North Milwaukee Ave. Vernon Hills IL 60061

CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.

THIS CERTIFICATE DOES NOT CONFER ANY COVERAGE RIGHTS ON THE CERTIFICATE HOLDER. THE CERTIFICATE HOLDER IS NOT AN ADDITIONAL INSURED UNLESS: (1) THE INSURANCE COMPANY HAS ISSUED AN ENDORSEMENT TO THE POLICY TO EFFECT SUCH COVERAGE, THE CERTIFICATE HOLDER SATISFIES ALL OF REQUIREMENTS IN THE POLICY TO QUALIFY AS AN ADDITIONAL INSURED AS DESCRIBED IN THE POLICY'S DEFINITION OF "YOU."

CERTIFICATE NOT THIS CHANGE IN ANY WAY THE INSURANCE PROVIDED THE BY POLICY DESCRIBED HEREIN. THE CERTIFICATE DOES NOT CONTRACT CONSTITUTE A BETWEEN THE HOLDER AND ANY OTHER PARTY.

Authorized Representative

10/25/2019 Date



1,000,000

1,000,000

1,000,000



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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			_							
lf th	PORTANT: If the certificate holder SUBROGATION IS WAIVED, subjectis certificate does not confer rights to	t to	the	terms and conditions of the	he policy, certain	policies may				
PROI	DUCER License # 0757776				CONTACT Healy Ra	amey				
	sbad, CA-HUB International Insurance	e Se	rvice		PHONE (A/C, No, Ext): (760) 8		F	AX No): (7	60) 804-0942	2
	Faraday Avenue, Suite 200 sbad, CA 92008				E-MAIL ADDRESS: healy.rai	mey@hubir	nternational.com	n		
	,						RDING COVERAGE		NAIC	#
					INSURER A : Atlantic	. ,			27154	
INSU	RED				INSURER B :	у оросии.				
	P.C. Specialists, Inc. DBA: To	ochr	oloa		INSURER C :					
	10240 Flanders Court	eciii	lolog		INSURER D :					
	San Diego, CA 92121				INSURER E :					
					INSURER F :					
CO	/ERAGES CER	TIFIC	CATE	NUMBER:			REVISION NUM	BER:		
IN Ce	IIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH I	EQUI PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY CONTRA ED BY THE POLIC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH	RESPEC	T TO WHICH T	HIS
NSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
A	X COMMERCIAL GENERAL LIABILITY				,, ,,	, <i>,</i>	EACH OCCURRENCE		1,00	0,000
	CLAIMS-MADE X OCCUR	X		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTEL PREMISES (Ea occurr		1 00	0,000
	χ zero deductible	•					MED EXP (Any one pe		1	0,000
							PERSONAL & ADV IN		1 00	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGA		2,00	0,000
	POLICY X PRO- X LOC						PRODUCTS - COMP/0		2 00	0,000
	OTHER:							9	i	
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE L (Ea accident)	IMIT	1,00	0,000
	X ANY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per	person) \$	i	
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per			
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)			
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						(. 1. 000.00)	9		
Α	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE		15.00	0,000
	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	- 4	15.00	0,000
	DED X RETENTION\$ 0						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9		
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE	OTH-		
	AND EMPLOYERS' LIABILITY		1			I	SIMIUIE	LLK		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is named Additional Insured-Landlord as specified by contract in Form VCG207 regarding leased premises at 4042 Dean Martin, Las Vegas,
NV 89103

406038027-0008

10/31/2019 10/31/2020

CERTIFICATE HOLDER	CANCELLATION
Centerpoint Management 4660 S. Polaris Ave. Las Vegas, NV 89103	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Las Vegas, IVV 05105	AUTHORIZED REPRESENTATIVE
	Marvine Collas

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

If yes, describe under DESCRIPTION OF OPERATIONS below E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE \$

E.L. DISEASE - POLICY LIMIT





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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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

INSURED P.C Ent 102 Sar COVERAGES THIS IS TO CE INDICATED. N CERTIFICATE N EXCLUSIONS A INSR LTR TY A X COMMERC	IUB International Insurance evenue, Suite 200 2008 C. Specialists, Inc. DBA: Totre, BTG, a TIG Company 10240 Flanders Court an Diego, CA 92121	TIFICES OREQUI	nolog		PHONE (A/C, No, E-MAIL ADDRES: INSURER INSURER INSURER INSURER	INS A: Atlantic B: C: D:	04-0402 ney@hubir	nternational.com	(760)	804-0942 NAIC # 27154		
INSURED P.C Ent 102 Sar COVERAGES THIS IS TO CE INDICATED. N CERTIFICATE N EXCLUSIONS A INSR LTR TY A X COMMERC	C. Specialists, Inc. DBA: Totre, BTG, a TIG Company 1240 Flanders Court an Diego, CA 92121 CERTIFY THAT THE POLICIE NOTWITHSTANDING ANY REMAY BE ISSUED OR MAY AND CONDITIONS OF SUCH	TIFICES OREQUI	nolog		PHONE (A/C, No, E-MAIL ADDRES: INSURER INSURER INSURER INSURER	Ext): (760) 8 S; healy.rar INS A A : Atlantic B B : C C :	604-0402 ney@hubir FURER(S) AFFOR	(A/C, No): nternational.com RDING COVERAGE	(760)	NAIC#		
COVERAGES THIS IS TO CE INDICATED. N CERTIFICATE N EXCLUSIONS A INSR TY A X COMMERCA CLAI	C. Specialists, Inc. DBA: Totre, BTG, a TIG Company 1240 Flanders Court an Diego, CA 92121 CERTIFY THAT THE POLICIE NOTWITHSTANDING ANY REMAY BE ISSUED OR MAY AND CONDITIONS OF SUCH	; ES OREQUI	CATE	y Integration Group	INSURER INSURER INSURER INSURER INSURER	S: healy.rar INS A : Atlantic B B : C C :	ney@hubir :URER(S) AFFOR	nternational.com		NAIC #		
P.C Ent 102 Sar COVERAGES THIS IS TO CE INDICATED. N CERTIFICATE N EXCLUSIONS A INSR TY A X COMMERCAL CLAIR	C. Specialists, Inc. DBA: Totre, BTG, a TIG Company 1240 Flanders Court an Diego, CA 92121 CER CERTIFY THAT THE POLICIE NOTWITHSTANDING ANY RE MAY BE ISSUED OR MAY AND CONDITIONS OF SUCH	; ES OREQUI	CATE	y Integration Group	INSURER INSURER INSURER INSURER	INS A: Atlantic B: C: D:	URER(S) AFFOR	RDING COVERAGE				
COVERAGES THIS IS TO CE INDICATED. N CERTIFICATE MEXCLUSIONS A INSR TY A X COMMERCA CLAIM	ntre, BTG, a TIG Company 1240 Flanders Court an Diego, CA 92121 CER CERTIFY THAT THE POLICIE NOTWITHSTANDING ANY R MAY BE ISSUED OR MAY AND CONDITIONS OF SUCH	; ES OREQUI	CATE	y Integration Group	INSURER INSURER INSURER	A: Atlantic B: C: D:						
COVERAGES THIS IS TO CE INDICATED. N CERTIFICATE MEXCLUSIONS A INSR TY A X COMMERCA CLAIM	ntre, BTG, a TIG Company 1240 Flanders Court an Diego, CA 92121 CER CERTIFY THAT THE POLICIE NOTWITHSTANDING ANY R MAY BE ISSUED OR MAY AND CONDITIONS OF SUCH	; ES OREQUI	CATE	y Integration Group	INSURER INSURER INSURER	B: C:	Эргин					
COVERAGES THIS IS TO CE INDICATED. N CERTIFICATE MEXCLUSIONS A INSR TY A X COMMERCA CLAIM	ntre, BTG, a TIG Company 1240 Flanders Court an Diego, CA 92121 CER CERTIFY THAT THE POLICIE NOTWITHSTANDING ANY R MAY BE ISSUED OR MAY AND CONDITIONS OF SUCH	; ES OREQUI	CATE	y Integration Group	INSURER INSURER INSURER	C:						
COVERAGES THIS IS TO CE INDICATED. N CERTIFICATE N EXCLUSIONS A INSR TY A X COMMERCA CLAIM	D240 Flanders Court an Diego, CA 92121 CER CERTIFY THAT THE POLICIE NOTWITHSTANDING ANY R MAY BE ISSUED OR MAY AND CONDITIONS OF SUCH	TIFICES OREQUI			INSURER	! D :						
COVERAGES THIS IS TO CE INDICATED. N CERTIFICATE N EXCLUSIONS A INSR TY A X COMMERCA CLAII	CERTIFY THAT THE POLICIENOTWITHSTANDING ANY REMAY BE ISSUED OR MAY AND CONDITIONS OF SUCH	ES O EQUI PER			INSURER							
COVERAGES THIS IS TO CE INDICATED. N CERTIFICATE N EXCLUSIONS A INSR TY A X COMMERCA CLAIM	CERTIFY THAT THE POLICIE NOTWITHSTANDING ANY R MAY BE ISSUED OR MAY AND CONDITIONS OF SUCH	ES O EQUI PER				L -						
THIS IS TO CE INDICATED. N CERTIFICATE M EXCLUSIONS A INST TY A X COMMERCA	CERTIFY THAT THE POLICIE NOTWITHSTANDING ANY R MAY BE ISSUED OR MAY AND CONDITIONS OF SUCH	ES O EQUI PER			INSURFR	F:	INSURER F :					
THIS IS TO CE INDICATED. N CERTIFICATE M EXCLUSIONS A INST TY A X COMMERCA	CERTIFY THAT THE POLICIE NOTWITHSTANDING ANY R MAY BE ISSUED OR MAY AND CONDITIONS OF SUCH	ES O EQUI PER		NUMBER:				REVISION NUMBER:				
A X COMMERC	TYPE OF INSURANCE		REME TAIN, CIES.	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF AN DED BY BEEN RI	NY CONTRAC THE POLICI EDUCED BY I	CT OR OTHER ES DESCRIB PAID CLAIMS.	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	ECT TO	WHICH THIS		
CLAII		ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
<u> </u>	RCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000		
χ zero de	AIMS-MADE X OCCUR			711008985-0013		10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000		
	leductible							MED EXP (Any one person)	\$	10,000		
								PERSONAL & ADV INJURY	\$	1,000,000		
GEN'L AGGREC	EGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000			
POLICY OTHER:	3201							PRODUCTS - COMP/OP AGG	\$	2,000,000		
A AUTOMOBILE I	E LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
X ANY AUTO	то			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$				
OWNED AUTOS OF	ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$			
X HIRED AUTOS OF								PROPERTY DAMAGE (Per accident)	\$			
X Comp Ded-	ed-\$1,000 X Coll Ded-\$1,000							, , , , , , , , , , , , , , , , , , , ,	\$			
A X UMBRELL	LLA LIAB X OCCUR							EACH OCCURRENCE	\$	15,000,000		
EXCESS L	CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000			
DED X	X RETENTION \$ 0								\$			
A WORKERS COM AND EMPLOYER	OMPENSATION ERS! LIABILITY							X PER OTH-				
		N / A		406038027-0008		10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000		
	TOR/PARTNER/EXECUTIVE MBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000		
If yes, describe u	e under NOF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000		
A Property Aw	way From			711008985-0013		10/31/2019	10/31/2020	Limit:		200,000		
A Premises				711008985-0013		10/31/2019	10/31/2020	Ded		1,000		
DESCRIPTION OF OP Re:Operations of	PERATIONS / LOCATIONS / VEHIC of the Insured performed on	LES (/	ACORE	o 101, Additional Remarks Schedu Certificate Holder	ıle, may be	attached if more	e space is requir	red)				

ACORD 25 (2016/03)

Centinel Bank of Taos 512 Paseo Del Pueblo Sur

Taos, NM 87571

AUTHORIZED REPRESENTATIVE



1,000,000

200,000

1,000



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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		,									
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PRODUCER License # 0757776						CONTACT Healy Ramey					
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008					NAME: PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804					804-0942	
					E-MAIL	ee. healv.rai	mev@hubii	nternational.com	<u>,. 00) (</u>	50.00.2	
					ADDRE			RDING COVERAGE		NAIC #	
						INCLIDE	R A : Atlantic	` '			27154
INSURED						INSURE		, open,			
		P.C. Specialists, Inc. DBA:	Tachr	aoloo	v Integration Group	INSURE					
		10240 Flanders Court	CCIII	lolog	ly integration Group	INSURE					
		San Diego, CA 92121				INSURE					
						INSURE					
СО	VER	RAGES CEF	RTIFIC	CATE	E NUMBER:				REVISION NUMBER:		-
T IN C	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.							WHICH THIS			
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS			
Α	X	COMMERCIAL GENERAL LIABILITY					,	,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		711008985-0013		10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	zero deductible							MED EXP (Any one person)	\$	10,000
									PERSONAL & ADV INJURY	\$	1,000,000
	GEI	N'L AGGR <u>EGAT</u> E LIMIT AP <u>PLIE</u> S PER:							GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:								\$	
Α	AUT	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X				711008985-0013		10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	X	HIRED X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	X	Comp Ded-\$1,000 X Coll Ded-\$1,000								\$	
Α	X	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019		10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$)							\$	
Α	WOF	RKERS COMPENSATION DEMPLOYERS' LIABILITY							X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	ER/EXECUTIVE TYN 406038027		406038027-0008		10/31/2019	0/31/2019 10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
(Mandatory in NH)				***					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Cisco Systems, Inc. is named Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on thier behalf.

711008985-0013

711008985-0013

CERTIFICATE HOLDER	CANCELLATION
Cisco Systems, Inc. 170 West Tasman Dr. San Jose, CA 95134	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Gail 6036, 0A 33134	AUTHORIZED REPRESENTATIVE
	Herrel Chens

If yes, describe under
DESCRIPTION OF OPERATIONS below

Property Away From

Premises

E.L. DISEASE - POLICY LIMIT

10/31/2019 10/31/2020 Limit:

10/31/2019 10/31/2020 Ded



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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PRODUCER License # 0757776	CONTACT Healy Ramey					
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942				
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Atlantic Specialty Ins. Co.	27154				
INSURED	INSURER B:					
P.C. Specialists, Inc. DBA: Technology Integration Group Entre, BTG, a TIG Company;	INSURER C:					
10240 Flanders Court	INSURER D:					
San Diego, CA 92121	INSURER E:					
	INSURER F:					
COVER A CEC.	DEVICION NUMBER.					

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY	IIIOD	****		(MINIO D) 1111)	(MIMI/OD/1111)	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ zero deductible						MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO	Х		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	DED X RETENTION\$							\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Property Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Premises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf
Bid #2012-63-Barracuda Message Archiver System

CERTIFICATE HOLDER	CANCELLATION

Citrus County School Board Attn: Purchasing Dept. 1007 W. Main St. Bldg 200 Inverness, FL 34450 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

Mar NO



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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tine continuate accenter come, righte to the continuate fields, in hea of ca	on ondercomonico).						
PRODUCER License # 0757776	CONTACT Healy Ramey						
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942					
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: Atlantic Specialty Ins. Co.	27154					
INSURED	INSURER B:						
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:						
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:						
San Diego, CA 92121	INSURER E:						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER.	DEVISION NUMBED:						

CERTIFICATE 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		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY	IIIOD	****		(MINIO D) 1111)	(MIMI/OD/1111)	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ zero deductible						MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO	Х		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	DED X RETENTION\$							\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Property Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Premises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The City and County of Broomfield, its officers, board members, agents, employees and volunteers acting within the scope of their duties for the City and County of Broomfield shall be named as Additional Insured as specified by contract per VCG207 & VCA201 with respects to operations of the Insured performed on their behalf Re:Remote Network Assessment Project

CERTIFICATE HOLDER	CANCELLATION
City and County of Broomfield One DesCombes Dr. Broomfield, CO 80020-2495	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
brooming, oo ooozo-2433	Authorized Representative Adher Courage



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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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).

PRODUCER License # 0757776	CONTACT Healy Ramey						
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942					
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: Atlantic Specialty Ins. Co.	27154					
INSURED	INSURER B:						
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:						
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:						
San Diego, CA 92121	INSURER E:						
	INSURER F:						

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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	XCLUSIONS AND CONDITIONS OF SUCH F								
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY				<u> </u>	\	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ zero deductible						MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO- X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO	Χ		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	DED X RETENTION\$							\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	X	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Property Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Premises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000
-				1					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City and County of San Francisco, its Officers, Agents and Employees are named as Additional Insured as specified by contract per VCG207 & VCA201 with respects to operations of the Insured performed on their behalf coverage is primary & non-contributory Waiver of Subrogation applies to Workers
Compensation 90 Days Notice of Cancellation/15 Days for Non-Payment

CERTIFICATE HOLDER	CANCELLATION
	CANCELLATION

City and County of San Francisco, Office of Contract Admin, 1 Dr. Carlton B. Goodlett Pl. City Hall Rm 430 San Francisco, CA 94102 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

Den Mico

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT - CALIFORNIA

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.

(The following "attached clause" need be completed only when this endorsement is issued subsequent to preparation of the policy.)

This endorsement, effective on 10/31/19

at 12:01 A.M. standard time, forms a part of

(DATE)

Policy No. 406038027-0008

Endorsement No.

hice him

of the

ATLANTIC SPECIALTY INSURANCE

(NAME OF INSURANCE COMPANY)

issued to P.C. SPECIALISTS, INC.

Premium (if any) \$ included

Authorized Representative

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be otherwise due on such remuneration.

% of the California workers' compensation premium

Schedule

Person or Organization

Job Description

City and County of San Francisco, its Officers, Agents and Employees



Certificate of Insurance

Producer

R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505

THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.

Named Insured

PC Specialists, inc. dba: Technology integration Group TiG Shanghal, Ltd

Itex, Inc. dba: Technology Integration Group Technology integration Group, inc. 10240 Flanders Court, San Diego, CA 92121

Insurance Company

Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038

THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.

x	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator sM content liability policy				\$
	BusinessWare® 2.0 E&O with CyberInfusion® policy		·		\$

Description or Comments Professional Liability, internet and Network Liability insurance with respects to operations of the insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium

Certificate Holder Box

City and County of San Francisco, Office of Contract Admin, 1 Dr. Cariton B. Goodlett Pl, City Hall Rm 430 San Francisco CA 94102

CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.

THIS CERTIFICATE DOES NOT CONFER ANY COVERAGE RIGHTS ON THE CERTIFICATE HOLDER. THE CERTIFICATE HOLDER IS NOT AN ADDITIONAL INSURED UNLESS: (1) THE INSURANCE COMPANY HAS ISSUED AN ENDORSEMENT TO THE POLICY TO EFFECT SUCH COVERAGE, THE CERTIFICATE HOLDER SATISFIES ALL OF THE REQUIREMENTS IN THE POLICY TO QUALIFY AS AN ADDITIONAL INSURED AS DESCRIBED IN THE POLICY'S DEFINITION OF "YOU."

THIS CERTIFICATE NOT CHANGE WAY IN ANY THE INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE NOT CERTIFICATE DOES CONTRACT CONSTITUTE BETWEEN THE HOLDER AND ANY OTHER PARTY.

Authorized Representative

10/25/2019 Date





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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tl	nis certificate does not confer rights to	the	cert	ificate holder in lieu of su	uch endorsement(s)).	require air endorsemer	п. д	natement on
PRO	DUCER License # 0757776				CONTACT Healy Ra	amey			
Car	Isbad, CA-HUB International Insurance	e Se	rvice	s Inc.	PHONE (A/C, No, Ext): (760) 8		FAX (A/C No):	(760)	804-0942
152 Car	5 Faraday Avenue, Suite 200 Isbad, CA 92008				E-MAIL ADDRESS: healy.rai	mey@hubir	nternational.com	·/	
	,						RDING COVERAGE		NAIC #
					INSURER A : Atlantic				27154
INSI	JRED				INSURER B:	оробину			27104
									-
	P.C. Specialists, Inc. DBA: T 10240 Flanders Court	ecnr	10100	gy integration Group	INSURER C :				+
	San Diego, CA 92121				INSURER D :				
					INSURER E :				
	VED 4 0 E O	T.F.		E NUMBER	INSURER F :		DEVICION NUMBER		
				E NUMBER:	LIANE DEEN LOOLIED		REVISION NUMBER:		OLIOV PEDIOD
	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R								
С	ERTIFICATE MAY BE ISSUED OR MAY	PER	TAIN,	, THE INSURANCE AFFOR	DED BY THE POLIC	IES DESCRIB			
E NSR	XCLUSIONS AND CONDITIONS OF SUCH				BEEN REDUCED BY POLICY EFF	PAID CLAIMS			
<u>LTR</u>		INSD	SUBR WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	rs	4 000 000
Α	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
	CLAIMS-MADE X OCCUR			711008985-0013	10/31/2019	10/31/2020	PREMISES (Ea occurrence)	\$	1,000,000
	χ zero deductible						MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	DED X RETENTION\$ 0							\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH-		
				406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	s	1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		1,000,000
	BEOOKII HON OF OF EKATIONO BEIOW						E.E. DIOLAGE - I GLIGIT LIMIT	Ψ	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	FS (ACORI	□ 101 Additional Remarks Schedu	lle may be attached if mo	re snace is requi	ed)		
₹e:	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI Operations of the Insured performed on	beh	alf of	certificate holder.	are, may be attached it mo	re space is requi	ou,		
_									
CE	RTIFICATE HOLDER				CANCELLATION				
					SHOULD ANY OF	THE ABOVE D	ESCRIPED DOLLOISE DE C	ANCE	I ED BEFORE
							ESCRIBED POLICIES BE C IEREOF, NOTICE WILL		
	City of Adairsville 116 Public Square				ACCORDANCE W			_	
	Adairsville, GA 30103								
	•				AUTHORIZED REPRESE	NTATIVE			



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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PRODUCER License # 0757776	CONTACT Healy Ramey						
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942					
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: Atlantic Specialty Ins. Co.	27154					
INSURED	INSURER B:						
P.C. Specialists, Inc. DBA: Technology Integration Group Entre, BTG, a TIG Company;	INSURER C:						
10240 Flanders Court	INSURER D:						
San Diego, CA 92121	INSURER E:						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER:	DEVICION NUMBER.						

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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	XCLUSIONS AND CONDITIONS OF SUCH F								
INSR LTR		ADDL S	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY				,,	\	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
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	POLICY X PRO- X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO	Х		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	DED X RETENTION\$							\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH- STATUTE OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Property Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Premises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000
					1	I.			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 & VCA201 with respects to operations of the Insured performed on their behalf 90 days notice of cancellation/15 days for non-payment

CERTIFICATE HOLDER	CANCELLATION
	OANOLLEANON

City of Albuquerque Risk Manager, Dept of Finance and Adminstrative Services P.O. Box 470 Albuquerque, NM 87103 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

Den Mon





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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ting certificate does not come rights to the certificate holder in fied of se	ich chaorsement(s).					
PRODUCER License # 0757776	CONTACT Healy Ramey					
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942				
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Atlantic Specialty Ins. Co.	27154				
INSURED	INSURER B:					
P.C. Specialists, Inc. DBA: Technology Integration Group Entre, BTG, a TIG Company;	INSURER C:					
10240 Flanders Court	INSURER D:					
San Diego, CA 92121	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		ADDI	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	X COMMERCIAL GENERAL LIABI		1112		(MINUSER TETT	(MINIOS)	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCC	CUR X		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ zero deductible						MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES I	PER:					GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO-	.oc					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	OWNED SCHED AUTOS ONLY	ULED					BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-O' AUTOS	WNED ONLY					PROPERTY DAMAGE (Per accident)	\$	
	X Comp Ded-\$1,000 X Coll Ded	-\$1,000						\$	
Α	X UMBRELLA LIAB X OCC	CUR					EACH OCCURRENCE	\$	15,000,000
	EXCESS LIAB CLA	MMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	DED X RETENTION\$	0						\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUT	TIVE Y/N N/A	X	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	w					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Property Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Premises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf-RFP#11-104 for Citywide Toner Cartridges 90 Days Notice of Cancellation/15 Days Notice for Non-Payment of Premium Waiver of Subrogation applies on Workers Compensation

CERTIFICATE HOLDER	CANCELLATION
City of Alpharetta 2970 Webb Bridge Rd. Alpharetta, GA 30009	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Apriaretta, GA 30003	Authorized Representative Advantage Authorized Representative



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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).

tine continuate accenter come, righte to the continuate fields, in hea of ca	on ondercomonico).					
PRODUCER License # 0757776	CONTACT Healy Ramey					
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942				
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Atlantic Specialty Ins. Co.	27154				
INSURED	INSURER B:					
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:					
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:					
San Diego, CA 92121	INSURER E:					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER.	DEVISION NUMBED:					

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY				,	(EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO		Х	711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	Comp Ded-\$1,000 X Coll Ded-\$1,000						·	\$	
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$ 0							\$	
Α	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mar	ICER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pro	perty Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Pre	mises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 & VCA201 with respects to operations of the Insured performed on their behalf 90 days notice of cancellation/15 days for non-payment of premium coverage is primary & non-contributory Re:FC No. 6013-Comprehensive Office Equipment Assessment

CERTIFICATE HOLDER	 CANCELLATION
	·

City of Atlanta Attn: Risk Management 68 Mitchell St. #9100 Atlanta, GA 30303 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

Age No.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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PRODUCER License # 0757776	CONTACT Healy Ramey				
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200		_{lo):} (760) 804-0942			
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com				
	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: Atlantic Specialty Ins. Co.	27154			
INSURED	INSURER B:				
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:				
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:				
San Diego, CA 92121	INSURER E:				
	INSURER F:				
COVER A CEC.	DEVICION NUMBER				

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY				,	(EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO		Х	711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	Comp Ded-\$1,000 X Coll Ded-\$1,000						·	\$	
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$ 0							\$	
Α	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mar	ICER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pro	perty Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Pre	mises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 & VCA201 with respects to operations of the Insured performed on their behalf 90 days notice of cancellation/15 days for non-payment of premium coverage is primary & non-contributory Re:FC-7234-Co-Op Agreement for CCTV Services

CERTIFICATE HOLDER	CANCELLATION
City of Atlanta Attn: Risk Management 68 Mitchell St. #9100	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Atlanta, GA 30303	AUTHORIZED REPRESENTATIVE
	\mathcal{M} . \mathcal{M}

ACORD 25 (2016/03)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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this certificate does not confer rights to the certificate holder in lieu of su	uch endorsement(s).	
PRODUCER License # 0757776	CONTACT Healy Ramey	
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B:	
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:	
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:	
San Diego, CA 92121	INSURER E:	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITIO CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOR	N OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO	WHICH THIS

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

	XCLUSIONS AND CONDITIONS OF SUCH F							
INSR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs
Α	X COMMERCIAL GENERAL LIABILITY				,	,	EACH OCCURRENCE	s 1,000,000
	CLAIMS-MADE X OCCUR	Х	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible						MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		X	711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000							\$
Α	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION \$ 0							\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE T/ N	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	1,000,000
	(Mandatory in NH)	N / A					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	
Α	Property Away From			711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises			711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 & CG2026 attached with respects to operations of the Insured performed on their behalf re:FC-7034-G, On Call IT Services Primary wording included & Waiver of Sub on GL & Auto

CERTIFICATE HOLDER	CANCELLATION
City of Atlanta 68 Mitchell St Atlanta, GA 30303	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Adama, GA 30303	Authorized Representative Authorized Representative

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
SCHEDULE
Name Of Additional Insured Person(s) Or Organization(s)

City of Atlanta 68 Mitchell St. SW Atlanta, GA 30303

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – **Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury, "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- **B.** In connection with your premises owned by or rented to you.



Certificate of Insurance

Producer

R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505

THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.

Named Insured

PC Specialists, Inc. dba: Technology Integration Group

TIG Shanghal, Ltd

Insurance Company

Hudson Specialty Insurance Company (a stock company)

tiex, Inc. dba: Technology Integration Group
Technology Integration Group, Inc.
10240 Flanders Court, San Diego, CA 92121
THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.

х	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator sM content liability policy			,	\$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$

Description or Comments Professional Liability, internet and Network Liability Insurance with respects to operations of the insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium Re:FC-7034-G, On Call IT Services

Certificate Holder Box

City of Atlanta Enterprise Risk Management 68 Mitchell St. #9100 Atlanta GA 30303

CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS REPRESENTATIVES WILL NOT BE LIABLE IN ANY AND WAY FOR FAILURE TO MAIL SUCH NOTICE.

THIS CERTIFICATE DOES NOT CONFER ANY COVERAGE RIGHTS ON THE CERTIFICATE HOLDER. THE CERTIFICATE HOLDER IS NOT AN ADDITIONAL INSURED UNLESS: (1) THE INSURANCE COMPANY HAS ISSUED AN ENDORSEMENT TO THE POLICY TO EFFECT SUCH COVERAGE, SATISFIES CERTIFICATE HOLDER ALL OF THE THE REQUIREMENTS IN THE POLICY TO QUALIFY AS AN ADDITIONAL INSURED AS DESCRIBED IN THE POLICY'S DEFINITION OF "YOU."

NOT THIS CERTIFICATE DOES ANY CHANGE IN WAY THE INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE NOT CERTIFICATE DOES CONSTITUTE CONTRACT BETWEEN THE HOLDER AND ANY OTHER PARTY.

Authorized Representative

10/25/2019

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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PRODUCER License # 0757776	CONTACT Healy Ramey	
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B:	
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:	
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:	
San Diego, CA 92121	INSURER E:	
	INSURER F:	
COVERAGES CERTIFICATE MUMPER.	DEVICION NUMBER.	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY				,	(EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO		Х	711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	Comp Ded-\$1,000 X Coll Ded-\$1,000						·	\$	
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$ 0							\$	
Α	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mar	ICER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pro	perty Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Pre	mises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 & VCA201 with respects to operations of the Insured performed on their behalf 90 days notice of cancellation/15 days for non-payment of premium coverage is primary & non-contributory. Project: Opentext Renewal for CoA DIT

CERTIFICATE HOLDER	CANCELLATION

City of Atlanta Attn: Risk Management 68 Mitchell Street, Ste 9100 Atlanta, GA 30303 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

Den Mon



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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 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).

PRODUCER License # 0757776	CONTACT Healy Ramey	
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B:	
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:	
10240 Flanders Court	INSURER D:	
San Diego, CA 92121	INSURER E :	
	INSURER F:	
COVERAGES CERTIFICATE MUMPER.	DEVICION NUMBER.	

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.

		USIONS AND CONDITIONS OF SUCH								
INSF	3	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY					,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GE	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AU	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	Х	X	711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$ 0							\$	
Α	WO	RKERS COMPENSATION DEMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE / / N	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Ma	FICER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If ye	es, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pro	pperty Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Pre	emises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207, CG2037 & VCA201 with respects to operations of the Insured performed on their behalf 90 days notice of cancellation/15 days for non-payment of premium coverage is primary & non-contributory Re: Hardware Procurement and support

CERTIFICATE HOLDER	CANCELLATION
	OANOLLEANON

City of Atlanta **Enterprise Risk Management** 68 Mitchell St., Ste. 9100 Atlanta, GA 30303

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.



Certificate of Insurance

Producer

R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91605

THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.

Named Insured

PC Specialists, Inc. dba: Technology Integration Group TIG Shanghal, Ltd Itex, Inc. dba: Technology Integration Group

Technology Integration Group, Inc.

10240 Flanders Court, San Diego, CA 92121

Insurance Company

Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038

THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.

x	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$ \$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator sM content liability policy				\$
	BusinessWare® 2.0 E&O with CyberInfusion® policy			· · · · · · · · · · · · · · · · · · ·	\$

Professional Liability, internet and Network Liability insurance with respects to operations of the insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium Re: Hardware Procurement and support

Certificate Holder Box

City of Atlanta Enterprise Risk Management 68 Mitchell St. #9100 Atlanta GA 30303 CANCELLATION: IF THE POLICY DESCRIBED IN THIS CANCELLED BY THE INSURANCE CERTIFICATE IS COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.

THIS CERTIFICATE DOES NOT CONFER ANY COVERAGE RIGHTS ON THE THE CERTIFICATE HOLDER IS NOT CERTIFICATE HOLDER. AN ADDITIONAL INSURED UNLESS: (1) THE INSURANCE COMPANY HAS ISSUED AN ENDORSEMENT TO THE POLICY TO EFFECT SUCH COVERAGE, SATISFIES CERTIFICATE HOLDER THE ALL ΩF THE REQUIREMENTS IN THE POLICY TO QUALIFY AS AN ADDITIONAL INSURED AS DESCRIBED IN THE POLICY'S DEFINITION OF "YOU."

THIS CERTIFICATE DOES NOT CHANGE ANY WAY THE ĮΝ INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE NOT DOES CONTRACT CONSTITUTE BETWEEN THE HOLDER AND ANY OTHER PARTY.

Authorized Representative

10/25/2019

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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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).

tine continuate acception control rights to the continuate holder in hea of ca	on ondercomonico).					
PRODUCER License # 0757776	CONTACT Healy Ramey					
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942				
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Atlantic Specialty Ins. Co.	27154				
INSURED	INSURER B:					
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:					
10240 Flanders Court	INSURER D:					
San Diego, CA 92121	INSURER E :					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER.	DEVISION NUMBED.					

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	SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A		COMMERCIAL GENERAL LIABILITY	IIIOD	*****		(IIIIII)	(MINI/OD/1111)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'I	L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUTO	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		ANY AUTO	Х	Х	711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION \$ 0							\$	
Α	WORK AND E	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
		PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mand	datory in NH)	117.7					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, DESC	describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α		perty Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Prem	nises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207, CG2037 & VCA201 with respects to operations of the Insured performed on their behalf 90 days notice of cancellation/15 days for non-payment of premium coverage is primary & non-contributory Re:FC-9192, Enterprise Content Management System (ECMS) Support and Maintenance

CERTIFICATE HOLDER	CANCELLATION

City of Atlanta Enterprise Risk Management 68 Mitchell St., Ste. 9100 Atlanta, GA 30303 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

Acres 16



Certificate of Insurance

Producer

R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505

THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.

Named Insured

PC Specialists, Inc. dba: Technology Integration Group TIG Shanghal, Ltd Itex, Inc. dba: Technology Integration Group

Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121

Insurance Company

Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038

THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.

х	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator sM content liability policy				\$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$

Description or Comments Professional Liability, internet and Network Liability Insurance with respects to operations of the insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium Re:FC-9192, Enterprise Content Management System (ECMS) Support and Maintenance

Certificate Holder Box

City of Atlanta Enterprise Risk Management 68 Mitchell St. #9100 Atlanta GA 30303

CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL $30\,$ DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.

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NOT THIS CERTIFICATE CHANGE ANY WAY THE IN PROVIDED INSURANCE BY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE DOES NOT CONTRACT CONSTITUTE BETWEEN THE HOLDER AND ANY OTHER PARTY.

Authorized Representative

10/25/2019

Date





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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PRODUCER License # 0757776	CONTACT Healy Ramey		
	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 80		
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com		
	INSURER(S) AFFORDING COVERAGE	NAIC #	
	INSURER A: Atlantic Specialty Ins. Co.	27154	
INSURED	INSURER B:		
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:		
10240 Flanders Court	INSURER D:		
San Diego, CA 92121	INSURER E:		
	INSURER F:		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY	IIIOD	****		(MINIO D) 1111)	(MIMI/OD/1111)	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ zero deductible						MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO	Х		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	DED X RETENTION\$							\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Property Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Premises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 & VCA201 with respects to operations of the Insured performed on their behalf 90 days notice of cancellation/15 days for non-payment of premium coverage is primary & non-contributory Re:

CERTIFICATE HOLDER	CANCELLATION
City of Atlanta 68 Mitchell St., Ste. 9100 Atlanta, GA 30303	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Attanta, GA 39303	Authorized Representative Addrew Rosense



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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PRODUCER License # 0757776	CONTACT Healy Ramey					
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760)) 804-0942				
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Atlantic Specialty Ins. Co.	27154				
INSURED	INSURER B:					
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:					
10240 Flanders Court	INSURER D:					
San Diego, CA 92121	INSURER E:					
	INSURER F:					
COVED A CEC.	DEVICION NUMBER					

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	SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A		COMMERCIAL GENERAL LIABILITY	IIIOD	*****		(IIIIII)	(MINI/OD/1111)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'I	L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUTO	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		ANY AUTO	Х	Х	711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION \$ 0							\$	
Α	WORK AND E	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
		PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mand	datory in NH)	117.7					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, DESC	describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α		perty Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Prem	nises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 & CG2026 attached with respects to operations of the Insured performed on their behalf re:FC-6013, Citywide Printers & office Equipment Agreement. Primary wording included & Waiver of Sub on GL & Auto

CERTIFICATE HOLDER	CANCELLATION

City of Atlanta **Enterprise Risk Management** 68 Mitchell St., Ste. 9100 Atlanta, GA 30303

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
SCHEDULE
Name Of Additional Insured Person(s) Or Organization(s)

City of Atlanta 68 Mitchell St. SW Atlanta, GA 30303

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – **Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury, "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- **B.** In connection with your premises owned by or rented to you.



1,000,000



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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.										
lf th	IPORTANT: If the certificate holde SUBROGATION IS WAIVED, subje- is certificate does not confer rights t	ct to	the	terms and conditions of the first terms are the first terms and conditions of the first terms are	he pol ch end	icy, certain ¡ orsement(s)	policies may	NAL INSURED provision require an endorsement	s or be	endorsed. atement on
PRO	DUCER License # 0757776				CONTAC	T Healy Ra	ımey			
	sbad, CA-HUB International Insuranc	e Sei	vices			, Ext): (760) 8		FAX (A/C, No)·(760) 8	304-0942
	5 Faraday Avenue, Suite 200 sbad, CA 92008				E-MAIL	ss. healy.rar	ney@hubir	nternational.com	,	
	•							RDING COVERAGE		NAIC #
					INSURF		Specialty			27154
INSU	RED				INSURE			-		
	P.C. Specialists, Inc. DBA: 1	echr	oloa		INSURE					
	10240 Flanders Court	20111	g		INSURE					
	San Diego, CA 92121				INSURE					
					INSURE					
CO	VERAGES CER	TIFIC	CATE	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.							WHICH THIS			
NSR LTR		ADDL	SUBR WVD		SEEN R	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD			(IVIIVI/DU/11111)	(INIINI/UU/TTYY)	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	X		711008985-0013		10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ zero deductible	^					, 	MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO- X LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							TRODUCTO - GOIVII /OI- AGG	\$	
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	s.	1,000,000
	X ANY AUTO	Х		711008985-0013		10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS							•	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	X Comp Ded-\$1,000 X Coll Ded-\$1,000							(I doordony	\$	
Α	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	15,000,000
	EXCESS LIAB CLAIMS-MADE			711008985-0013		10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	DED X RETENTION\$ 0	1							\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER OTH-ER	•	
	ANY PROPRIETOR/PARTNER/EXECUTIVE 7/N			406038027-0008		10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	EXCLUDED? N/A						E.L. DISEASE - EA EMPLOYEE		1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) the City of Beaverton, its officials, employees and agents are included as Additional Insured as specified by contract per VCG207, CG2037 & VCA201 with respects to operations of the Insured performed on their behalf.

CERTIFICATE HOLDER	CANCELLATION
City of Beaverton The Beaverton Building 12725 SW Millikan Way	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Beaverton, OR 97005	Authorized representative

If yes, describe under DESCRIPTION OF OPERATIONS below

E.L. DISEASE - EA EMPLOYEE \$

E.L. DISEASE - POLICY LIMIT



Certificate of Insurance

Producer

R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91606

THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.

Named Insured

PC Specialists, inc. dba: Technology Integration Group TiG Shanghal, Ltd Itex, inc. dba: Technology Integration Group

Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121

Insurance Company

Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038

THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.

х	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$
x	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator ^{aM} content liability policy				\$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$

Bescription or Comments Professional Liability, internet and Network Liability insurance with respects to operations of the insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium

Certificate Holder Box

City of Beaverton The Beaverton Building 12725 SW Millikan Way Beaverton OR 97005

CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.

THIS CERTIFICATE DOES NOT CONFER ANY COVERAGE RIGHTS ON THE CERTIFICATE HOLDER. THE CERTIFICATE HOLDER IS NOT AN ADDITIONAL INSURED UNLESS: (1) THE INSURANCE COMPANY HAS ISSUED AN ENDORSEMENT TO THE POLICY TO EFFECT SUCH COVERAGE, OR (2) THE CERTIFICATE HOLDER SATISFIES ALL OF THE REQUIREMENTS IN THE POLICY TO QUALIFY AS AN ADDITIONAL INSURED AS DESCRIBED IN THE POLICY'S DEFINITION OF "YOU."

NOT THIS CERTIFICATE THE CHANGE IN ANY WAY INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE NOT DOES CONTRACT CONSTITUTE Α BETWEEN THE HOLDER AND ANY OTHER PARTY.

Authorized Representative

10/25/2019

Date





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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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 come rights to the certificate holder in hea of	i such chuorsement(s).	
PRODUCER License # 0757776	CONTACT Healy Ramey	
Carlsbad, CA-HUB International Insurance Services Inc.	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760)	760) 804-0942
1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B:	
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:	
10240 Flanders Court	INSURER D:	
San Diego, CA 92121	INSURER E :	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER:	PEVISION NUMBER	

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INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY			(111117)	(IIIIII)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION\$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf coverage is primary & non-contributory 90 days notice for cancellation/15 days notice for non-payment of premium

CERTIFICATE HOLDER	CANCELLATION
City of Carlsbad 2560 Orion Way Carlsbad. CA 92010	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Galisbau, GA 92010	Authorized Representative Halle Dienat



Certificate of Insurance

Producer

R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505

THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.

Named Insured

PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd Itex, Inc. dba: Technology Integration Group

Technology Integration Group, Inc. 10240 Flanders Court, San Diego , CA 92121

Insurance Company

Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038

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х	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator sM content liability policy				\$
	BusinessWare® 2.0 E&O with CyberInfusion® policy		·		\$

Description or Comments Professional Liability, internet and Network Liability insurance with respects to operations of the insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium

Certificate Holder Box

City of Carlsbad 2560 Orlon Way Carlsbad CA 92010 CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.

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NOT THIS CERTIFICATE DOES ANY WAY THE CHANGE IN INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE DOES NOT CONSTITUTE CONTRACT BETWEEN THE HOLDER AND ANY OTHER PARTY.

Authorized Representative

10/25/2019

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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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).

PRODUCER License # 0757776	CONTACT Healy Ramey	
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B:	
P.C. Specialists, Inc. DBA: Technology Integration Group Entre, BTG, a TIG Company;	INSURER C:	
10240 Flanders Court	INSURER D:	
San Diego, CA 92121	INSURER E:	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER:	DEVICION NUMBER.	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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		USIONS AND CONDITIONS OF SUCH								
INSR		TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				(111119 2 2) 1 1 1 1 1	,,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GE	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AU	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	X		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$							\$	
Α	WO	RKERS COMPENSATION DEMPLOYERS' LIABILITY						X PER OTH-		
	AN	PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Ma	ricer/member excluded?	IN/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If ye	es, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pro	pperty Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Pre	emises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf coverage is primary & non-contributory 90 days notice for cancellation/15 days notice for non-payment of premium

CERTIFICATE HOLDER	CANCELLATION

City of Carlsbad its officials, employees and volunteers 1635 Faraday Ave. Carlsbad, CA 92008 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

Age Mo





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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 this certificate does not confer rights to the certificate holder in lieu of PRODUCER License # 0757776						such endorsement(s).					
		۰ ۵۰	n/ico	e Inc	CONTACT Healy Ramey NAME: PHONE (700) 004 0400						
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008					PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0402 E-MAIL ADDRESS: healy.ramey@hubinternational.com					804-0942	
						INS	URER(S) AFFOR	RDING COVERAGE		NAIC #	
					INSURER	A: Atlantic	Specialty	Ins. Co.		27154	
INSURED						В:					
	P.C. Specialists, Inc. DBA: T	echn	olog	y Integration Group	INSURER	C:					
	10240 Flanders Court				INSURER	D:					
	San Diego, CA 92121				INSURER	E:					
					INSURER	F:					
				NUMBER:				REVISION NUMBER:			
IN C E	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R EERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REMI TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF AN DED BY BEEN RI	IY CONTRAC THE POLICI EDUCED BY I	CT OR OTHER ES DESCRIB PAID CLAIMS.	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT TO O ALL	O WHICH THIS	
LTR A	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT		1,000,000	
^	CLAIMS-MADE X OCCUR	v		711008985-0013		10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
	X zero deductible	X		711000303-0013		10/31/2019	10/31/2020		\$	10,000	
								MED EXP (Any one person)	\$ \$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ \$	2,000,000	
	POLICY X PRO- X LOC OTHER:							PRODUCTS - COMP/OP AGG	\$	2,000,000	
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X ANY AUTO			711008985-0013		10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$			
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	X Comp Ded-\$1,000 X Coll Ded-\$1,000							,	\$		
Α	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	15,000,000	
	EXCESS LIAB CLAIMS-MADE			711008985-0013		10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000	
	DED X RETENTION\$ 0								\$		
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER OTH-ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	X	406038027-0008		10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN / A						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
DES City	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC of Corvallis and its officers, agents and ired performed on thier behalf. Waiver	LES (# I emp of Sul	ACORI Noye brog	101, Additional Remarks Schedues are named Additional Ination applies to Workers C	ule, may be nsured as compens	attached if more s specified b ation.	e space is requir yy contract pe	ed) er VCG207 with respects t	o ope	rations of the	
CE	RTIFICATE HOLDER				CANC	ELLATION					
	City of Corvallis 501 SW Madison Ave. Corvallis, OR 97339				SHOU THE	LD ANY OF 1	N DATE TH	ESCRIBED POLICIES BE CA IEREOF, NOTICE WILL I Y PROVISIONS.			
	-, -, -				AUTHOR	ZED REPRESEI	NTATIVE				



Certificate of Insurance

Producer

R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505

THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.

Named Insured

PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd Itex, Inc. dba: Technology Integration Group

Technology Integration Group, Inc.

Insurance Company

Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038

10240 Flanders Court, San Diego, CA 92121 THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.

Х	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Llability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy	,			\$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator sM content liability policy				\$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$

Description or Comments Professional Liability, internet and Network Liability insurance with respects to operations of the insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium

Certificate Holder Box

City of Corvailis 501 SW Madison Ave. Corvaills OR 97339

CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.

THIS CERTIFICATE DOES NOT CONFER ANY COVERAGE RIGHTS ON THE CERTIFICATE HOLDER. THE CERTIFICATE HOLDER IS NOT AN ADDITIONAL INSURED UNLESS: (1) THE INSURANCE COMPANY HAS ISSUED AN ENDORSEMENT TO THE POLICY TO EFFECT SUCH COVERAGE, OR (2) THE CERTIFICATE HOLDER SATISFIES ALL OF THE REQUIREMENTS IN THE POLICY TO QUALIFY AS AN ADDITIONAL INSURED AS DESCRIBED IN THE POLICY'S DEFINITION OF "YOU."

THIS CERTIFICATE NOT ANY WAY CHANGE IN THE INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE DOES NOT CONTRACT CONSTITUTE Α BETWEEN THE HOLDER AND ANY OTHER PARTY.

Authorized Representative

10/25/2019

Date





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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lf th	SUI	RTANT: If the certificate holde BROGATION IS WAIVED, subject ertificate does not confer rights to	ct to	the	terms and conditions of t	he po	licy, certain ¡	policies may			
PROD	UCE	ER License # 0757776				CONTAC	ст Healy Ra	ımey			
		d, CA-HUB International Insuranc raday Avenue, Suite 200 d, CA 92008	e Sei	rvice	s Inc.	PHONE (A/C, No, Ext): (760) 804-0402 E-MAIL ADDRESS: healy.ramey@hubinternational.com					
Jarıs	spa	a, CA 92008			-	ADDRE					
					-			, ,	DING COVERAGE		NAIC#
						INSURE	R A : Atlantic	Specialty	ns. Co.		27154
INSUI	RED					INSURE	RB:				
		P.C. Specialists, Inc. DBA: T	echn	olog	y Integration Group	INSURE	RC:				
		10240 Flanders Court				INSURE	RD:				
		San Diego, CA 92121				INSURE	RE:				
						INSURE	RF:				
CO	/ER	RAGES CER	TIFIC	CATE	NUMBER:	REVISION NUMBER:					
IN CE	DIC/	IS TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R IFICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	EQUI PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORD	OF A	NY CONTRAC	CT OR OTHER	DOCUMENT WITH RESPEC	T TO	WHICH THIS
NSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS		
Α	Χ	COMMERCIAL GENERAL LIABILITY					· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	EACH OCCURRENCE \$	i	1,000,000
		CLAIMS-MADE X OCCUR	Х		711008985-0013		10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence) \$		1,000,000
	Х	zero deductible							MED EXP (Any one person) \$		10,000
									PERSONAL & ADV INJURY \$		1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$		2,000,000
	JLI	POLICY X PRO- JECT X LOC							PRODUCTS - COMP/OP AGG \$		2,000,000
		OTHER:							2		

COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** X ANY AUTO 711008985-0013 10/31/2019 | 10/31/2020 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY Coll Ded-\$1,000 Comp Ded-\$1,000 X 15,000,000 X X **UMBRELLA LIAB OCCUR EACH OCCURRENCE** 15,000,000 711008985-0013 10/31/2019 10/31/2020 **EXCESS LIAB CLAIMS-MADE** AGGREGATE 0 DED | X | RETENTION \$ OTH-ER WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X PER STATUTE 406038027-0008 10/31/2019 | 10/31/2020 1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf.
Waiver of Subrogation applies on Workers Compensation policy on a blanket basis 90 days notice of cancellation/15 for non-payment of premium
Re:Maintenance and Support Agreement

CERTIFICATE HOLDER	CANCELLATION
City of Encinitas 505 South Vulcan Ave. Encinitas, CA 92024	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 Halru Cierae



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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PRODUCER License # 0757776	CONTACT Healy Ramey				
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200		(760) 804-0942			
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com				
	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: Atlantic Specialty Ins. Co.	27154			
INSURED	INSURER B:				
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:				
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:				
San Diego, CA 92121	INSURER E:				
	INSURER F:				
COVER A CEC.	DEVICION NUMBER				

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY			(111117)	(IIIIII)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION\$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is named Additional Insured with respects to operations of the Insured performed on their behalf. Al Form #CG2026 attached 90 days notice of cancellation/15 days notice for non-payment of premium

CERTIFICATE HOLDER	CANCELLATION
	OANOLLEANON

City of Escondido City Clerks Office Attn: Melody Smith 201 N. Broadway Escondido, CA 92025 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

Den Mo

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)

City of Escondido 201 N. Broadway Escondido, CA 92025

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II _**Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury, "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- **A.** In the performance of your ongoing operations; or
- **B.** In connection with your premises owned by or rented to you.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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PRODUCER License # 0757776 CONTROL OF THE CONTROL O					
CONTACT Healy Ramey					
PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942				
E-MAIL ADDRESS: healy.ramey@hubinternational.com					
INSURER(S) AFFORDING COVERAGE	NAIC #				
INSURER A: Atlantic Specialty Ins. Co.	27154				
INSURER B:					
INSURER C:					
INSURER D:					
INSURER E:					
INSURER F:					
REVISION NUMBER:					
	CONTACT Healy Ramey NAME: PHONE (A/C, No, Ext): (760) 804-0402 E-MAIL ADDRESS: healy.ramey@hubinternational.com INSURER(S) AFFORDING COVERAGE INSURER A : Atlantic Specialty Ins. Co. INSURER B : INSURER C : INSURER D : INSURER C : INSURER F :				

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		HONS AND CONDITIONS OF SUCH								
INSR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X c	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χΖ	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L	AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	P	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
	0	OTHER:							\$	
Α	AUTO	MOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		NY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	8	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	_ ^ _ A	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	omp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	Χυ	MBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
	E	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	D	DED X RETENTION\$							\$	
A	WORKE AND EN	ERS COMPENSATION MPLOYERS' LIABILITY						X PER OTH- STATUTE OTH-		
	ANY PR	ROPRIETOR/PARTNER/EXECUTIVE TO THE	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Manda	ER/MEMBER EXCLUDED?	IN/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, d	describe under RIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Prope	erty Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Premi	ises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf
RFP No (14024) (Camera System) 90 days notice of cancellation; 15 days non-payment of premium

CERTIFICATE HOLDER	CANCELLATION
City of Gainesville 757 Queen City Pkwy, SW Gainesville. GA 30501	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Jamesville, GA 30001	Authorized Representative Active Cierae



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tine continuate account to the rights to the continuate helds in hea of ca	on ondercomonicoji	
PRODUCER License # 0757776	CONTACT Healy Ramey	
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B:	
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:	
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:	
San Diego, CA 92121	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY			(111117)	(IIIIII)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION\$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder, its officers, employees & agents are named Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf - Contract #S3XM8550. General Liability protection is primary & non-contributory.

CERTIFICATE HOLDER	CANCELLATION
	OANOLLEANON

City of Philadelphia One Park Way, 1515 Arch St. 14th Floor Philadelphia, PA 19102 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

Den Mon



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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 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).

PRODUCER License # 0757776	CONTACT Healy Ramey	
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B:	
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:	
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:	
San Diego, CA 92121	INSURER E:	
	INSURER F:	
COVERAGES CERTIFICATE MUMPER.	DEVICION NUMBER.	

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 S	SUBR	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY			(111117)	(IIIIII)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION\$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder, its officers, employees & agents are named Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf - Contract #030682. General Liability protection is primary & non-contributory.

CERTIFICATE HOLDER	CANCELLATION
	OANOLLEANON

City of Philadelphia One Park Way, 1515 Arch St. 14th Floor Philadelphia, PA 19102

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

PROD	DUCER License # 0757776				CONTACT Healy Ramey						
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200					PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com						
	sbad, CÁ 92008				E-MAIL ADDRESS: hea	ıly.raı	ney@hubin	ternational.cor	n		
						INS	SURER(S) AFFOR	DING COVERAGE			NAIC #
					INSURER A : At	lantic	Specialty I	lns. Co.			27154
INSUF	RED				INSURER B:						
	P.C. Specialists, Inc. DBA: Te	chn	olog	y Integration Group	INSURER C:						
	10240 Flanders Court				INSURER D :						
	San Diego, CA 92121				INSURER E :						
					INSURER F:						
COV	/ERAGES CERT	TFIC	ATE	NUMBER:				REVISION NUME	BER:		
INI CE	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F ICLUSIONS AND CONDITIONS OF SUCH P	QUIF PERT POLIC	REME AIN, SIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORE	N OF ANY CO DED BY THE I BEEN REDUCE	NTRA POLIC ED BY	CT OR OTHER IES DESCRIBI PAID CLAIMS.	DOCUMENT WITH	RESPE	CT TO	O WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR WVD	POLICY NUMBER	POLICY (MM/DD/	Y EFF /YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	S	
Α	X COMMERCIAL GENERAL LIABILITY				'			EACH OCCURRENCE		\$	1,000,000
	CLAIMS-MADE X OCCUR	Χ		711008985-0013	10/31/	/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurr	ence)	\$	1,000,000
	χ zero deductible							MED EXP (Any one pe		\$	10,000
								PERSONAL & ADV IN	JURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA	TE	\$	2,000,000
	POLICY X PRO- JECT X LOC							PRODUCTS - COMP/0	OP AGG	\$	2,000,000
	OTHER:									\$	
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE L (Ea accident)	IMIT	\$	1,000,000
	X ANY AUTO	Х		711008985-0013	10/31/	/2019	10/31/2020	BODILY INJURY (Per	person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per	accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)		\$	
Ī	X Comp Ded-\$1,000 X Coll Ded-\$1,000							, , , , , ,		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE		\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
Ī	DED RETENTION \$									\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER STATUTE	OTH- ER	•	
	ANY PROPRIETOR/PARTNER/EXECUTIVE			406038027-0008	10/31/	/2019	10/31/2020	E.L. EACH ACCIDENT		\$	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EN			1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC		\$	1,000,000
	2200 1101.01 01 2							2.2. 21027.02 1 0210		•	
City o	RIPTION OF OPERATIONS/LOCATIONS/VEHICLE of Philadelphia, its officers, employees & ations of the Insured performed on their ary & non-contributory. 90 days notice of the insured performed on their ary & non-contributory.	& age	ents a alf - (are named Additional Insu Contract #16-0248-Mainten	red as specific ance and Sup	ed by port f	contract per \	VCG207 & VCA201			
	NTIFICATE LIGITORS										

CERTIFICATE HOLDER

City of Philadelphia Office of Risk Management One Parkway, 1515 Arch St., 14th Floor Philadelphia, PA 19102

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.



DATE (MM/DD/YYYY) 10/25/2019

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 THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRO	DUCER License # 0757776			CONTACT Healy Ra	amey			
Carl	sbad, CA-HUB International Insurance	vices Inc.	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-094					
1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008				E-MAIL healy.ra	mey@hubir	nternational.com		
	•				RDING COVERAGE		NAIC #	
				INSURER A : Atlantic	•			27154
INSU	IRED			INSURER B :				
	P.C. Specialists, Inc. DBA: Te	echn	ology Integration Group	INSURER C :				
	10240 Flanders Court		ology mogration croup	INSURER D :				
	San Diego, CA 92121			INSURER E :				
				INSURER F:				
CO	VERAGES CERT	ΓIFIC	ATE NUMBER:			REVISION NUMBER:		
IN C E	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH F	EQUIF PERT POLIC	REMENT, TERM OR CONDITION TAIN, THE INSURANCE AFFOR CIES. LIMITS SHOWN MAY HAVE	N OF ANY CONTRA DED BY THE POLIC BEEN REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS.	R DOCUMENT WITH RESF ED HEREIN IS SUBJECT	ECT T	O WHICH THIS
INSR LTR		ADDL S	SUBR WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	TS	
Α	X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	X	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ zero deductible					MED EXP (Any one person)	\$	10,000
						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO- X LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:					COMPINIED CIVIOLE LIMIT	\$	
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS					BODILY INJURY (Per accident) \$	
	X HIRED AUTOS ONLY AUTOS ONLY CALL DO SALE					PROPERTY DAMAGE (Per accident)	\$	
_	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$	45 000 000
Α	X UMBRELLA LIAB X OCCUR		744000005 0040	40/24/2040	40/24/2020	EACH OCCURRENCE	\$	15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	DED X RETENTION \$ 0					▼ PER OTH-	\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		40000007 0000	40/24/2040	40/24/2020	X PER OTH- STATUTE ER		4 000 000
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYE	E \$	1,000,000
	DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
oper	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL City of Philadelphia, it's officers, employ rations of the Insured performed on thier on-contributory.							

CERTIFICATE HOLDER

CANCELLATION

City of Philadelphia 1401 JFK Boulevard - Procurement Department Room 120 Philadelphia, PA 19102

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ACORD'

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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tins certificate does not comer rights to the certificate notice in hea or st	ich endorsement(s).	
PRODUCER License # 0757776	CONTACT Healy Ramey	
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B:	
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:	
10240 Flanders Court	INSURER D:	
San Diego, CA 92121	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		TYPE OF INSURANCE	ADDL	SUBR		POLICY EFF	POLICY EXP	LIMIT	·e	
A	х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	FOLICT NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	Х	Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$							\$	
Α	WOR	RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mar	CER/MEMBER EXCLUDED?	IN/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The City of Philadelphia, it's officers, employees and agents are included as additional insured as specified by contract per VCG207 with respects to operations of the Insured performed on thier behalf. Re: Juniper Switches Bid No. B1905451, Contract No. 19-6907

CERTIFICATE HOLDER	CANCELLATION

City of Philadelphia 1401 J.F.K. Boulevard - Procurement Dept. Room 120 Municipal Services Building Philadelphia, PA 19102 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

Helre Diens

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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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 su	ch endorsement(s).						
PRODUCER License # 0757776 CONTACT Healy Ramey							
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 80						
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.co						
	INSURER(S) AFFORDING COVERAGE		NAIC #				
	INSURER A: Atlantic Specialty Ins. Co.	27	154				
INSURED	INSURER B:						
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:						
10240 Flanders Court	INSURER D:						
San Diego, CA 92121	INSURER E :						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER:	REVISION NUM	MBER:					
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.							
INOD ADDI OUDD	DOLLOV EEE DOLLOV EVD						

INS	R	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	$\overline{}$	X COMMERCIAL GENERAL LIABILITY				······	,,,,,,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
		χ zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	١	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		X ANY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
		X Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	١.	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
	ſ	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	ſ	DED X RETENTION\$ 0							\$	
Α	\	WORKERS COMPENSATION AND EMPLOYERS LIABILITY						X PER OTH-		
	- 1.	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
		OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The City of Philadelphia, it's officers, employees and agents are included as additional insured as specified by contract per VCG207 with respects to operations of the Insured performed on thier behalf. Contract No. 193971

CERTIFICATE HOLDER	CANCELLATION

City of Philadelphia 1401 JFK Boulevard - Procurement Department Room 120 Philadelphia, PA 19102

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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).

PRODUCER License # 0757776	CONTACT Healy Ramey					
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200		(760) 804-0942				
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Atlantic Specialty Ins. Co.	27154				
INSURED	INSURER B:					
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:					
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:					
San Diego, CA 92121	INSURER E:					
	INSURER F:					
COVER A CEC.	DEVICION NUMBER					

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 S	UBR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY			(,,	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION \$ 0						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/ A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf Includes Customer Owned Equipment-\$25,671,000 Blanket Limit with \$1,000 Deductible at 2 Manchester Rd, Richmond, VA 90 days notice of cancellation/15 days notice for non-payment of premium

CERTIFICATE HOLDER	CANCELLATION
City of Richmond Attn: Tammy Whippie 900 E. Broad Street	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Richmond, VA 23219	Authorized representative Authorized Representative
	0



CERTIFICATE OF LIABILITY INSURANCE

10/25/2019

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PRODUCER License # 0757776	CONTACT Healy Ramey					
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942				
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Atlantic Specialty Ins. Co.	27154				
INSURED	INSURER B:					
P.C. Specialists, Inc. DBA: Technology Integration Group Entre, BTG, a TIG Company;	INSURER C:					
10240 Flanders Court	INSURER D:					
San Diego, CA 92121	INSURER E:					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER:	DEVICION NUMBER.					

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY EFF	POLICY EXP (MM/DD/YYYY)		
A	X COMMERCIAL GENERAL LIABILITY	INCO		(MM), 25, 1111)	(MINI/OD/1111)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR			10/31/2019	10/31/2020	EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013			AGGREGATE	\$ 15,000,000
	DED X RETENTION\$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Richmond is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf
Re:Contract No. 14000021583 - Information Technology - RSS (RFP N13006-1) 90 days notice of cancellation/15 days for non-payment of premium

CERTIFICATE HOLDER	CANCELLATION

City of Richmond c/o Creative Insurance Concepts Inc. 8012 Midlothian Turnpike #202 Richmond, VA 23235-5291 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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ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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PRODUCER License # 0757776	CONTACT Healy Ramey						
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942					
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: Atlantic Specialty Ins. Co.	27154					
INSURED	INSURER B:						
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:						
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:						
San Diego, CA 92121	INSURER E:						
	INSURER F:						

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR	INSR TYPE OF INSURANCE			SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
Α	X c	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χΖ	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L	AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	P	POLICY X PRO- X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	c	OTHER:							\$	
Α	AUTO	MOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		ANY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	L C	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	_ ^ _ A	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X C	comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	Χu	JMBRELLA LIAB X OCCUR		711008985-0013		10/31/2019	10/31/2020	EACH OCCURRENCE	\$	15,000,000
	E	EXCESS LIAB CLAIMS-MADE			711008985-0013			AGGREGATE	\$	15,000,000
		DED X RETENTION\$							\$	
A	WORK!	ERS COMPENSATION MPLOYERS' LIABILITY						X PER OTH- STATUTE OTH-		
	ANY PE	NY PROPRIETOR/PARTNER/EXECUTIVE			406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	If yes, o	describe under RIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Property Away From				711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	A Premises				711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Richmond is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf
Re:Contract No. 14000021583 - Information Technology - RSS (RFP 13006L) 90 days notice of cancellation/15 days for non-payment of premium

CERTIFICATE HOLDER	CANCELLATION
	CANCELLATION

City of Richmond c/o Creative Insurance Concepts Inc. 8012 Midlothian Turnpike #202 North Chesterfield, VA 23235-5232 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

Acres 16



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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PRODUCER License # 0757776	CONTACT Healy Ramey	
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (76	60) 804-0942
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B:	
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:	
10240 Flanders Court	INSURER D:	
San Diego, CA 92121	INSURER E:	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER.	DEVICION NUMBER.	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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	KCLU				LIMITS SHOWN MAY HAVE BEEN F					
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				,		EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	Х		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$							\$	
Α	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TO THE PROPRIETOR PARTNER PROPRIETOR PARTNER PROPRIETOR PARTNER PROPRIETOR PARTNER PROPRIETOR PARTNER PAR	N/A	X	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
		datory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	i, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of San Diego, its elected officials, officers, employees, agents and representatives are included as Additional Insured as specified by contract per CG2026
& VCA211 attached with respects to operations of the Insured performed on their behalf Coverage is primary & non-contributory per VCG207 attached and
Waiver of Subrogation applies on W/C

CERTIFICATE HOLDER	CANCELLATION

City of San Diego Purchasing & Contracting Dept 1200 third Ave., Ste. 200 San Diego, CA 92101-4195 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

Den Mo

POLICY NUMBER: 711008985-0013

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
City of San Diego and its respective officials, officers, employees, agents and representatives
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- **B.** In connection with your premises owned by or rented to you.

ADDITIONAL INSURED - AUTOMATIC STATUS

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM BUSINESS AUTO COVERAGE FORM MOTOR CARRIER COVERAGE FORM

WHO IS AN INSURED (Section II – LIABILITY COVERAGE – Subsection A.1. in the Business Auto and Motor Carrier Coverage Forms, and Subsection D.2. of Section I – Covered Autos Coverages in the Auto Dealers Coverage Form, is amended to include as an insured any person or organization for whom you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy, but only to the extent that person or organization qualifies as an insured under WHO IS AN INSURED for covered autos liability coverage.

Any coverage provided hereunder shall be excess over any other valid and collectible insurance available to the additional insured whether primary, excess, contingent or on any other basis unless a written contract or agreement specifically requires that this insurance be primary in which case any other insurance available to the additional insured shall be considered excess and non-contributing.

City of San Diego and its respective elected officials, officers employees, agents and representatives

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT - CALIFORNIA

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.

(The following "attached clause" need be completed only when this endorsement is issued subsequent to preparation of the policy.)

This endorsement, effective on 10/31/19 at 12:01 A.M. standard time, forms a part of

(DATE)

Policy No. 406038027-0008

Endorsement No.

hile him

of the

ATLANTIC SPECIALTY INSURANCE

(NAME OF INSURANCE COMPANY)

issued to P.C. SPECIALISTS, INC.

Premium (if any) \$ included

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be otherwise due on such remuneration.

% of the California workers' compensation premium

Schedule

Person or Organization

Job Description

City of San Diego



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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PRODUCER License # 0757776	CONTACT Healy Ramey				
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942			
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com				
	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: Atlantic Specialty Ins. Co.	27154			
INSURED	INSURER B:				
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:				
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:				
San Diego, CA 92121	INSURER E:				
	INSURER F:				
COVERAGES CERTIFICATE MUMPER.	DEVICION NUMBER.				

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	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY				,	(EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	Х	Х	711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$							\$	
Α	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
		PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A	X	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mar	datory in NH)	117.7					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
		perty Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Pre	mises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The City, its officials, employees, and agents are included as Additional Insured as specified by contract per VCG207, CG2037 & VCA201 with respects to operations of the Insured performed on their behalf coverage is primary & waiver of subrogation included 90 days notice of cancellation/15 days for non-payment

CERTIFICATE HOLDER	CANCELLATION
City of San Jose Risk & Insurance 200 E. Santa Clara St.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
San Jose, CA 95113	AUTHORIZED REPRESENTATIVE
1	Hetre Diene

CANCELL ATION

CEDTIEICATE HOLDED



Producer

R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505

THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.

Named Insured

PC Specialists, inc. dba: Technology Integration Group TIG Shanghal, Ltd

Itex, Inc. dba: Technology Integration Group

Insurance Company

Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038

Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121

THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.

х	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator ^{sh} content liability policy				\$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$

Description or Comments Professional Liability, internet and Network Liability insurance with respects to operations of the insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium

Certificate Holder Box

City of San Jose - Finance Department Attn: Risk Manager 200 E. Santa Clara St., 14th Fl San Jose CA 951131905

CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.

THIS CERTIFICATE DOES NOT CONFER ANY COVERAGE RIGHTS ON THE CERTIFICATE HOLDER. THE CERTIFICATE HOLDER IS NOT AN ADDITIONAL INSURED UNLESS: (1) THE INSURANCE COMPANY HAS ISSUED AN ENDORSEMENT TO THE POLICY TO EFFECT SUCH COVERAGE, OR (2) THE CERTIFICATE HOLDER SATISFIES ALL OF THE REQUIREMENTS IN THE POLICY TO QUALIFY AS AN ADDITIONAL INSURED AS DESCRIBED IN THE POLICY'S DEFINITION OF "YOU."

THIS CERTIFICATE DOES NOT CHANGE ΙN ANY WAY THE INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE NOT DOES CONSTITUTE CONTRACT BETWEEN THE HOLDER AND ANY OTHER PARTY.

Authorized Representative

10/25/2019



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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 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

	s not confer rights to the certificate holder in lieu of su	ıch endorsement(s).			
PRODUCER License #	0757776	CONTACT Healy Ramey			
Carlsbad, CA-HUB In 1525 Faraday Avenue	ternational Insurance Services Inc.	PHONE (A/C, No, Ext): (760) 804-0402	FAX (A/C, No): (760) 8	304-0942	
Carlsbad, CA 92008		E-MAIL ADDRESS: healy.ramey@hubinternational.com			
		INSURER(S) AFFORDING COVERAGE		NAIC #	
		INSURER A: Atlantic Specialty Ins. Co.		27154	
INSURED P.C. Specialists, Inc. DBA: Technology Integration Group		INSURER B:			
		INSURER C:			
	landers Court	INSURER D:			
San Die	go, CA 92121	INSURER E :			
		INSURER F:			
COVERAGES	CERTIFICATE NUMBER:	REVISION NUM	VIBER:		
INDICATED. NOTW	TY THAT THE POLICIES OF INSURANCE LISTED BELOW THASTANDING ANY REQUIREMENT, TERM OR CONDITION BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOR	N OF ANY CONTRACT OR OTHER DOCUMENT WI	TH RESPECT TO	WHICH THIS	

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE REEN REDUCED BY PAID OF AIMS

INSR		TYPE OF INSURANCE	ADDL	SUBR		POLICY EFF	POLICY EXP	LIMIT	·s	
A	Х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICT NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE	s	1,000,000
		CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	Х		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$ 0							\$	
Α	WOR	RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mar	CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Tigard its officers, employees, agents and representatives are included as Additional Insured as specified by contract per VCG207, CG2037 & VCA201 with respects to operations of the Insured performed on their behalf Coverage is primary & non-contributory re: information technology on-call services

CERTIFICATE HOLDER	CANCELLATION

City of Tigard Attn: Contracts and Purchasing Office 13125 SW Hall Blvd. Tigard, OR 97223

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



Producer

R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505

THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.

Named Insured

PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd

Itex, Inc. dba: Technology Integration Group

Technology Integration Group, Inc. 10240 Flanders Court, San Diego , CA 92121 Insurance Company

Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038

THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.

x	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator sM content liability policy				\$
	BusinessWare® 2.0 E&O with CyberInfusion® policy	,			\$

Description or Comments Professional Liability, internet and Network Liability insurance with respects to operations of the insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium

Certificate Holder Box

City of Tigard Attn: Contracts and Purchasing Office 13125 SW Hall Bivd. Tigard OR 97223

CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.

THIS CERTIFICATE DOES NOT CONFER ANY COVERAGE RIGHTS ON THE THE CERTIFICATE HOLDER IS NOT CERTIFICATE HOLDER. AN ADDITIONAL INSURED UNLESS: (1) THE INSURANCE COMPANY HAS ISSUED AN ENDORSEMENT TO THE POLICY TO EFFECT SUCH COVERAGE, OR (2) THE CERTIFICATE HOLDER SATISFIES ALL OF THE REQUIREMENTS IN THE POLICY TO QUALIFY AS AN ADDITIONAL INSURED AS DESCRIBED IN THE POLICY'S DEFINITION OF "YOU."

CERTIFICATE DOES NOT THIS THE CHANGE IN ANY WAY INSURANCE PROVIDED ΒY THE POLICY DESCRIBED HEREIN. THE NOT CERTIFICATE DOES CONSTITUTE CONTRACT BETWEEN THE HOLDER AND ANY OTHER PARTY.

Authorized Representative

10/25/2019 Date





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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PROI	DUCE	:R License # 07577	776				CONTA	CT Healy Ra	amey			
Carl	sba	d, CA-HUB Interna	ational Insurai	ice Se	rvice	s Inc.				FAX	Nav. (76	0) 804-0942
1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008					E-MAIL ADDRE	.,						
		a, 0710 <u>-</u> 000					ADDKL			RDING COVERAGE		NAIC #
							INSURI	R A : Atlantic				27154
INSU	RED						INSURI					
		P.C. Speciali	ete Inc DRA	Tech	nolon	y Integration Group	INSURI					
		10240 Flande		10011	lolog	y megration oroup	INSURI					
		San Diego, C	CA 92121				INSURI					
							INSURI					
CO	VER	AGES	CE	RTIFI	CATE	NUMBER:				REVISION NUMBER	<u>:</u>	
			AT THE POLIC	CIES C	F INS	SURANCE LISTED BELOW			TO THE INSU	RED NAMED ABOVE FO	R THE	
						ENT, TERM OR CONDITION THE INSURANCE AFFORM						
				H POLI	CIES.	LIMITS SHOWN MAY HAVE				LD TIEREIN IS SOBJE		LL THE TERMS,
INSR LTR		TYPE OF INSUI	RANCE	ADDI	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	I	IMITS	
Α	X	COMMERCIAL GENER	RAL LIABILITY					,	,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE	X OCCUR	X		711008985-0013		10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000
	X	zero deductible		_						MED EXP (Any one person		10,000
				_					PERSONAL & ADV INJUR	/ \$	1,000,000	
	GEN	N'L AGGREGATE LIMIT A	APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO-	X LOC							PRODUCTS - COMP/OP A	GG \$	2,000,000
		OTHER:									\$	
Α	-	OMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	Х	ANY AUTO] schedilled			711008985-0013		10/31/2019	10/31/2020	BODILY INJURY (Per person	on) \$	
		OWNED AUTOS ONLY	SCHEDULED AUTOS							BODILY INJURY (Per accid	ent) \$	
	X	HIRED AUTOS ONLY Comp Ded-\$1,000	NON-OWNED AUTOS ONLY Coll Ded-\$1,000							PROPERTY DAMAGE (Per accident)	\$	
Α.	X	ΙΛ									\$	45 000 000
Α	Х	UMBRELLA LIAB	X OCCUR	_		744000005 0042		10/31/2019	10/21/2020	EACH OCCURRENCE	\$	15,000,000 15,000,000
		EXCESS LIAB	CLAIMS-MAI	0 0		711008985-0013		10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
Α	WOE	DED X RETENTION		U						X PER OT ER	\$ H-	
		RKERS COMPENSATION EMPLOYERS' LIABILITY		N		406038027-0008		10/31/2019	10/31/2020			1,000,000
	OFF	PROPRIETOR/PARTNER ICER/MEMBER EXCLUDE Idatory in NH)	R/EXECUTIVE ED?	N/A		100000021 0000		10/01/2013	10/01/2020	E.L. EACH ACCIDENT	\$	1,000,000
	If yes	s, describe under								E.L. DISEASE - EA EMPLO		1,000,000
	DES	CRIPTION OF OPERATION	ONS below							E.L. DISEASE - POLICY LI	MIT \$	1,000,000
DECC	יסוסי	TION OF OBERATIONS /	LOCATIONS (VEU	ICLES (ACORE	2 101 Additional Remarks Sales de	ıla ma:-!	a attached if	o angga la re!-	l ad		
City	of V	ancouver is include	ed as Addition	al Insi	red a	D 101, Additional Remarks Schedus specified by contract pe	r VCG2	07 & VCA201	with respect	s to operations of the	Insured	d nerformed on

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIE

City of Vancouver P.O. Box 1995 Vancouver, WA 98668-1995 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

Detre Diene





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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).

	not como: ngmo to mo commouto neido: m ned cr	ouon onuo: oomoni(o):		
PRODUCER License # 0	757776	CONTACT Healy Ramey		
Carlsbad, CA-HUB Into 1525 Faraday Avenue,	ernational Insurance Services Inc.	PHONE (A/C, No, Ext): (760) 804-0402	FAX (A/C, No): (760)	804-0942
Carlsbad, CA 92008	Suite 200	E-MAIL ADDRESS: healy.ramey@hubinternation	al.com	
		INSURER(S) AFFORDING COVERA	\GE	NAIC #
		INSURER A: Atlantic Specialty Ins. Co.		27154
INSURED		INSURER B:		
P.C. Spec	cialists, Inc. DBA: Technology Integration Group	INSURER C:		
	inders Court	INSURER D:		
San Dieg	o, CA 92121	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	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	TOLIOT NOMBLIX	(MIM/DD/YYYY)	(MIM/DD/YYYY)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	х	х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	Х	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	J'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	Х	ANY AUTO		х	711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY		_ ^				BODILY INJURY (Per accident)	·	
	х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	х	Comp Ded-\$1,000 X Coll Ded-\$1,000						(i ei accident)	\$	
Α	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTIONS 0						AGGILGATE	\$	
Α	WOR	KERS COMPENSATION						X PER OTH-	Ψ	
		EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE		Х	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	OFFI	CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	_	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below								1,000,000
	DES	CRIPTION OF OPERATIONS DEIOW						E.L. DISEASE - POLICY LIMIT	Φ	• •

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of West Covina, its officers, officials, employees and volunteers are named Additional Insured as specified by contract per VCG207 and CG2037 with respects to operations of the Insured performed on thier behalf. primary coverage applies per VCG207. Waiver of subrogation applies to GL & Auto per VCG2017 & VCA201 attached and it's blanket on the Workers Compensation. 90 days notice of cancellation/15 days for non-payment of premium

CERTIFICATE HOLDER	CANCELLATION
City of West Covina 1444 West Garvey Ave. South West Covina. CA 91790	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
riose sorma, on orroo	AUTHORIZED REPRESENTATIVE
	Harri Ciens



Producer

R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505

THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.

Named Insured

PC Specialists, Inc. dba: Technology Integration Group TIG Shanghal, Ltd

Itex, Inc. dba: Technology Integration Group

Technology Integration Group, Inc. 10240 Flanders Court, San Diego , CA 92121

Insurance Company

Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038

THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.

х	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EAGH GLITCH \$7,000,000 AGGREGATE
	Disseminator ^{BM} content liability policy				\$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$

Description or Comments Professional Liability, internet and Network Liability Insurance with respects to operations of the insured performed on behalf of Certificate Holder Walver of Subrogation applies. 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium

Certificate Holder Box

City of West Covina 1444 West Garvey Ave. South West Covina CA 91790

CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE

THIS CERTIFICATE DOES NOT CONFER ANY COVERAGE RIGHTS ON THE CERTIFICATE HOLDER. THE CERTIFICATE HOLDER IS NOT AN ADDITIONAL INSURED UNLESS: (1) THE INSURANCE COMPANY HAS ISSUED AN ENDORSEMENT TO THE POLICY TO EFFECT SUCH COVERAGE, CERTIFICATE HOLDER SATISFIES ALL OF THE REQUIREMENTS IN THE POLICY TO QUALIFY AS AN ADDITIONAL INSURED AS DESCRIBED IN THE POLICY'S DEFINITION OF "YOU."

NOT THIS CERTIFICATE DOES CHANGE ANY WAY THE IN INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE DOES NOT CONTRACT CONSTITUTE BETWEEN THE HOLDER AND ANY OTHER PARTY.

Authorized Representative

10/25/2019



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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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).

PRODUCER License # 0757776	CONTACT Healy Ramey					
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942				
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Atlantic Specialty Ins. Co.	27154				
INSURED	INSURER B:					
P.C. Specialists, Inc. DBA: Technology Integration Group Entre, BTG, a TIG Company;	INSURER C:					
10240 Flanders Court	INSURER D:					
San Diego, CA 92121	INSURER E:					
	INSURER F:					
COVER A CEC.	DEVICION NUMBER.					

<u>COVERAGES</u> 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 INSD	SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	,,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Χ		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ zero deductible						MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO	Χ		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	DED X RETENTION\$							\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	X	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Property Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Premises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Cobb County and its officers, officials, employees and volunteers are included as Additional Insured as specified by contract per VCG207 & VCA201 with respects to operations of the Insured performed on their behalf with waiver of subrogation on WC 90 days notice for cancellation/15 days for non-payment of premium Re:Equipment listed on Attachment A-D

CERTIFICATE HOLDER	CANCELLATION
Cobb County Purchasing Department 100 Cherokee St. Marietta. GA 30090	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
marietta, OA 30030	AUTHORIZED REPRESENTATIVE
	Herry Riene



Producer

R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505

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Named Insured

PC Specialists, inc. dba: Technology Integration Group TIG Shanghal, Ltd Itex, inc. dba: Technology Integration Group

Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121

Insurance Company

Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038

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х	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator ^{s M} content liability policy				\$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$

Description or Comments Professional Liability, internet and Network Liability Insurance with respects to operations of the insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium Re:Equipment listed on Attachment A-D Walver of Subrogation applies.

Certificate Holder Box

Cobb County Purchasing Department 100 Cherokee St. Marietta GA 30090

CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.

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Authorized Representative

10/25/2019



DATE (MM/DD/YYYY) 10/25/2019

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this certificate does not confer rights to the certificate holder in lieu of su	ch endorsement(s).					
PRODUCER License # 0757776	CONTACT Healy Ramey					
Carlsbad, CA-HUB International Insurance Services Inc.	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942					
1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Atlantic Specialty Ins. Co.	27154				
INSURED	INSURER B:					
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:					
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:					
San Diego, CA 92121	INSURER E:					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW						
INDICATED. NOTWITHSTANDING ANY REQUIREMENT. TERM OR CONDITIO	N OF ANY CONTRACTOR OTHER DOCUMENT WITH RESP	ECT 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	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	\	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	X	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	Х	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$ 0							\$	
Α	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TIME	NI / A	X	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED? datory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pro	perty Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Pre	mises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Colorado State Board of Land Commissioners, Cassidy Turley are included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf Re:relocation of equipment for Promethean Waiver of subrogation applies to GL & WC

CERTIFICATE HOLDER	CANCELLATION
Colorado State Land Board c/o Cassidy Turley 600 Grant St. #204 Denver, CO 80203	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Deliver, 00 00200	Authorized Representative Adher Coent





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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	nis certificate does not confer rights t	o the	cert	ificate holder in lieu of su						
	DUCER License # 0757776				CONTACT Healy Ramey					
Carlsbad, CA-HUB International Insurance Services Inc. 525 Faraday Avenue, Suite 200 Carlsbad, CA 92008					PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942					
					E-MAIL ADDRESS: healy.ra					
					IN	SURER(S) AFFOR	RDING COVERAGE		NAIC #	
					INSURER A : Atlanti	c Specialty	Ins. Co.		27154	
NSU	JRED				INSURER B :					
	P.C. Specialists, Inc. DBA: 1	Гесhr	าดไดด	v Integration Group	INSURER C :					
	10240 Flanders Court		iolog	,, mogration oroup	INSURER D :					
	San Diego, CA 92121				INSURER E :					
					INSURER F:					
CO	VERAGES CER	RTIFIC	CATE	E NUMBER:			REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICI NDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQUI PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF ANY CONTRA DED BY THE POLIC BEEN REDUCED BY	CT OR OTHER CIES DESCRIB PAID CLAIMS.	R DOCUMENT WITH RESPE	CT TO	O WHICH THIS	
NSR TR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	<u>; </u>		
Α	X COMMERCIAL GENERAL LIABILITY							\$	1,000,000	
	CLAIMS-MADE X OCCUR	X		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
	χ zero deductible						MED EXP (Any one person)	\$	10,000	
							PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000	
	POLICY X PRO- OTHER:							\$ \$	2,000,000	
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT	\$	1,000,000	
	X ANY AUTO			711008985-0013	10/31/2019	10/31/2020	\	\$		
	OWNED SCHEDULED AUTOS ONLY							\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE	\$		
	X Comp Ded-\$1,000 X Coll Ded-\$1,000							\$		
Α	X UMBRELLA LIAB X OCCUR							\$	15,000,000	
	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020		\$	15,000,000	
	DED X RETENTION\$)						\$		
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH-ER	-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE			406038027-0008	10/31/2019	10/31/2020		\$	1,000,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE		1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							\$	1,000,000	
	Descriment of the Environce Science						E.E. BIOLINGE TO CLOT EINIT	Ψ		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	D 101. Additional Remarks Sched	ule, may be attached if mo	re space is requir	ed)			
olu	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC umbus Technical College is named Add	ition	al Ins	ured per VCG207 with res	pects to operations	of the Insured	performed on thier behalf	f.		
CE	RTIFICATE HOLDER				CANCELLATION					
							ESCRIBED POLICIES BE CA			
	Columbus Technical Colleg	е			ACCORDANCE W		EREOF, NOTICE WILL E Y PROVISIONS.	E D	ELIVERED IN	

ACORD 25 (2016/03)

928 Manchester Expressway Columbus, GA 31904

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AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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PRODUCER License # 0757776	CONTACT Healy Ramey					
Carlsbad, CA-HUB International Insurance Services Inc.		0) 804-0942				
1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Atlantic Specialty Ins. Co.	27154				
INSURED	INSURER B:					
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:					
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:					
San Diego, CA 92121	INSURER E:					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR		ADDI	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	X COMMERCIAL GENERAL LIABI		1112		(MINUSER TETT	(MINIOS)	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCC	CUR X		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ zero deductible						MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES I	PER:					GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO-	.oc					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	OWNED SCHED AUTOS ONLY	ULED					BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-O' AUTOS	WNED ONLY					PROPERTY DAMAGE (Per accident)	\$	
	X Comp Ded-\$1,000 X Coll Ded	-\$1,000						\$	
Α	X UMBRELLA LIAB X OCC	CUR					EACH OCCURRENCE	\$	15,000,000
	EXCESS LIAB CLA	MMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	DED X RETENTION\$	0						\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUT	TIVE Y/N N/A	X	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	w					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Property Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Premises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
CES and CES Member are included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf RFP Number:2012-027 Technology Products and Services Waiver of Subrogation applies on WC Punitive Damages are not covered by these policies

CERTIFICATE HOLDER	CANCELLATION

Cooperative Educational Services 4216 Balloon Park Rd. NE Albuquerque, NM 87109-5801 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

Detre Diene



Producer

R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505

THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.

Named Insured

PC Specialists, Inc. dba: Technology Integration Group TIG Shanghal, Ltd

itex, Inc. dba: Technology Integration Group

Insurance Company

Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038

Technology Integration Group, Inc.

10240 Flanders Court, San Diego, CA 92121

THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.

x	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator sM content liability policy				\$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$

Description or Comments Professional Liability, Internet and Network Liability Insurance with respects to operations of the insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium Re:RFP Number: 2012-027 Technology Products and Services

Certificate Holder Box

Cooperative Educational Services 4216 Balloon Park Rd. NE Albuquerque NM 871095801

CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.

THIS CERTIFICATE DOES NOT CONFER ANY COVERAGE RIGHTS ON THE CERTIFICATE HOLDER. THE CERTIFICATE HOLDER IS NOT ΑN ADDITIONAL INSURED UNLESS: (1) THE INSURANCE COMPANY HAS ISSUED AN ENDORSEMENT TO THE POLICY TO EFFECT SUCH COVERAGE, CERTIFICATE HOLDER SATISFIES ALL OF THE REQUIREMENTS IN THE POLICY TO QUALIFY AS AN ADDITIONAL INSURED AS DESCRIBED IN THE POLICY'S DEFINITION OF "YOU."

NOT THIS CERTIFICATE DOES WAY THE CHANGE IN ANY INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE NOT DOES CONSTITUTE CONTRACT BETWEEN THE HOLDER AND ANY OTHER PARTY.

Authorized Representative

10/25/2019





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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)

	does not come rights to the certificate notat	in nea or saon endorsement(s).						
PRODUCER Licens	se # 0757776	CONTACT Healy Ramey	CONTACT Healy Ramey					
Carlsbad, CA-HU	B International Insurance Services Inc.		0) 804-0942					
Carlsbad, CA 92		E-MAIL ADDRESS: healy.ramey@hubinternational.com						
		INSURER(S) AFFORDING COVERAGE	NAIC #					
		INSURER A: Atlantic Specialty Ins. Co.	27154					
INSURED		INSURER B:						
P.C	. Specialists, Inc. DBA: Technology Integratio	n Group INSURER C:						
	40 Flanders Court	INSURER D:						
Sar	n Diego, CA 92121	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	SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY		2		,,	,,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	Χ	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	Х	Comp Ded-\$1,000 X Coll Ded-\$1,000						·	\$	
Α	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$ 0							\$	
Α	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TIME	N/A	Х	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Man	CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
CES and CES Member are included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf Waiver of Subrogation applies on WC Punitive Damages are not covered by these policies

CERTIFICATE HOLDER	CANCELLATION
Cooperative Educational Services 4216 Balloon Park Road NE Albuquerque, NM 87109-5801	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Albuquerque, Nill of 103-3001	AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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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).

PRODUCER License # 0757776	CONTACT Healy Ramey	
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (76	60) 804-0942
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B:	
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:	
10240 Flanders Court	INSURER D:	
San Diego, CA 92121	INSURER E:	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER.	DEVICION NUMBER.	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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					LIMITS SHOWN MAY HAVE BEEN F					
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				,		EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$							\$	
Α	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TO THE PROPRIETOR PARTNER PROPRIETOR PARTNER PROPRIETOR PARTNER PROPRIETOR PARTNER PROPRIETOR PARTNER PAR	N/A	X	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
		datory in NH)	II, A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	i, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
1										

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Core Realty Holdings Management, Inc. F/B/O Airport Alamo, LLC are named Additional Insured-Landlord as specified by contract in Form VCG207 & VCA201
regarding leased premises at 12961 Park Central, San Antonio, TX 78216 waiver of subrogation applies to Workers Comp 90 days notice of cancellation/15
days for non-payment

CERTIFICATE HOLDER	CANCELLATION
	CANCELLATION

Core Realty Holdings Management, Inc. F/B/O Airport Alamo, LLC PO Box 781865 San Antonio, TX 78278

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

Den Mo



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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PRODUCER License # 0757776	CONTACT Healy Ramey					
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760)	804-0942				
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Atlantic Specialty Ins. Co.	27154				
INSURED	INSURER B:					
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:					
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:					
San Diego, CA 92121	INSURER E:					
	INSURER F:					
	DEVICION NUMBER					

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 S	SUBR	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY			(111117)	(IIIIII)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION\$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf
90 day notice of cancellation/15 days for non-payment of premium re:PC Maintenance Services Master Agreenment #I104290

CERTIFICATE HOLDER	CANCELLATION

County of Los Angeles Internal Services Department 1100 N Eastern Ave. Los Angeles, CA 90063 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

Den Mon



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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PRODUCER License # 0757776	CONTACT Healy Ramey	
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B:	
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:	
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:	
San Diego, CA 92121	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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		HONS AND CONDITIONS OF SUCH								
INSR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X c	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χΖ	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L	AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	P	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
	0	OTHER:							\$	
Α	AUTO	MOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		NY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	8	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	_ ^ _ A	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	omp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	Χυ	MBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
	E	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	D	DED X RETENTION\$							\$	
A	WORKE AND EN	ERS COMPENSATION MPLOYERS' LIABILITY						X PER OTH- STATUTE OTH-		
	ANY PR	ROPRIETOR/PARTNER/EXECUTIVE TO THE	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Manda	ER/MEMBER EXCLUDED?	IN/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, d	describe under RIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Prope	erty Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Premi	ises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
County of Los Angeles, its special districts, its officials, officers & employees are included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf. RFB-IS-14201348/MA-IS-1540004-1 90 Days Notice of Cancellation/15 for Non-Payment

CERTIFICATE HOLDER	CANCELLATION

County of Los Angeles Internal Services Department 1100 N. Eastern Ave. RM #G115 Los Angeles, CA 90063 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

Detru Quene



Producer

R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505 THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.

Named Insured

PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd

Hex, Inc. dba: Technology Integration Group
Technology Integration Group

Technology Integration Group, Inc. 10240 Flanders Court, San Diego , CA 92121 Insurance Company

Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038

THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.

х	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Pollcy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy			·	\$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator sM content liability policy				\$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$ \$

Description or Comments
Professional Liability, internet and Network Liability insurance with respects to operations of the insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium Re: RFQ-IS-14201348/MA-IS-1540004-1

Certificate Holder Box

County of Los Angeles Internal Services Department 1100 N. Eastern Ave. RM #G115 Los Angeles CA 90063 CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.

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Authorized Representative

10/25/2019

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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).

PRODUCER License # 0757776	CONTACT Healy Ramey					
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942				
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Atlantic Specialty Ins. Co.	27154				
INSURED	INSURER B:					
P.C. Specialists, Inc. DBA: Technology Integration Group Entre, BTG, a TIG Company;	INSURER C:					
10240 Flanders Court	INSURER D:					
San Diego, CA 92121	INSURER E:					
	INSURER F:					
COVER A CEC.	DEVICION NUMBER.					

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 S	SUBR	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY			(111117)	(IIIIII)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION\$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
County of Los Angeles, its special districts, its officials, officers & employees are included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf. RFB-IS-14201338/MA-IS-1540005-1 90 Days Notice of Cancellation/15 for Non-Payment

CERTIFICATE HOLDER	CANCELLATION

County of Los Angeles Internal Services Department 1100 N. Eastern Ave. RM #G115 Los Angeles, CA 90063 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

Mar NO



Producer

R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91605

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Named Insured

PC Specialists, Inc. dba: Technology Integration Group

TIG Shanghal, Ltd

Itex, Inc. dba: Technology Integration Group

Insurance Company

Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038

Technology Integration Group, Inc.
10240 Flanders Court, San Diego, CA 92121
THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.

х	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator sM content liability policy				\$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$

Professional Liability, Internet and Network Liability Insurance with respects to operations of the insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium Re: RFQ-IS-14201338/MA-IS-1540005-1

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Authorized Representative

10/25/2019



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PRODUCER License # 0757776	CONTACT Healy Ramey					
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760)	804-0942				
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A : Atlantic Specialty Ins. Co.	27154				
INSURED	INSURER B:					
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:					
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:					
San Diego, CA 92121	INSURER E:					
	INSURER F:					
	DEVICION NUMBER					

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY			(111117)	(IIIIII)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION\$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
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CERTIFICATE HOLDER	CANCELLATION

County of Los Angeles Internal Services Department 1100 N. Eastern Ave. RM #G115 Los Angeles, CA 90063 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

Acres 16



Producer

R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505

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Named Insured

PC Specialists, inc. dba: Technology Integration Group TIG Shanghal, Ltd

Itex, Inc. dba: Technology Integration Group

Insurance Company

Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038

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X	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator ^{am} content liability policy				\$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$

Description or Comments Professional Liability, internet and Network Liability Insurance with respects to operations of the insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium Re: RFQ-IS-14201256/MA-IS-1540006-1

Certificate Holder Box

County of Los Angeles Internal Services Department 1100 N. Eastern Ave. RM #G115 Los Angeles CA 90063

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Authorized Representative

10/25/2019



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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PRODUCER License # 0757776	CONTACT Healy Ramey							
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942						
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com							
	INSURER(S) AFFORDING COVERAGE	NAIC #						
	INSURER A: Atlantic Specialty Ins. Co.	27154						
INSURED	INSURER B:							
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:							
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:							
San Diego, CA 92121	INSURER E:							
	INSURER F:							

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY			(111117)	(IIIIII)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION\$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
County of Los Angeles, its special districts, its officials, officers & employees are included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf. RFB-IS-14201346/MA-IS-1540007-1 90 Days Notice of Cancellation/15 for Non-Payment

CERTIFICATE HOLDER	CANCELLATION
OLIVIII IOATE HOLDEN	OANOLLLATION

County of Los Angeles Internal Services Department 1100 N. Eastern Ave. RM #G115 Los Angeles, CA 90063 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

Detru Quene



Producer

R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91605

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Named Insured

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10240 Flanders Court, San Diego, CA 92121

Insurance Company

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х	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Pollcy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator sM content liability policy				\$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$ \$

Description or Comments Professional Liability, Internet and Network Liability Insurance with respects to operations of the insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium Re: RFQ-IS-14201346/MA-IS-1540007-1

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DATE (MM/DD/YYYY) 10/25/2019

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PRODUCER License # 0757776	CONTACT Healy Ramey							
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942						
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com							
	INSURER(S) AFFORDING COVERAGE	NAIC #						
	INSURER A: Atlantic Specialty Ins. Co.	27154						
INSURED	INSURER B:							
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:							
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:							
San Diego, CA 92121	INSURER E:							
	INSURER F:							

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X c	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χΖ	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L	AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	P	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
	0	OTHER:							\$	
Α	AUTO	MOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		NY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	8	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	_ ^ _ A	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	omp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	Χυ	MBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
	E	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	D	DED X RETENTION\$							\$	
A	WORKE AND EN	ERS COMPENSATION MPLOYERS' LIABILITY						X PER OTH- STATUTE OTH-		
	ANY PR	ROPRIETOR/PARTNER/EXECUTIVE TO THE	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Manda	ER/MEMBER EXCLUDED?	IN/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, d	describe under RIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Prope	erty Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Premi	ises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
County of Los Angeles, its special districts, its officials, officers & employees are included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf. RFB-IS-14201336/MA-IS-1540008-1 90 Days Notice of Cancellation/15 for Non-Payment

CERTIFICATE HOLDER	CANCELLATION

County of Los Angeles Internal Services Department 1100 N. Eastern Ave. RM #G115 Los Angeles, CA 90063 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

Detru Quene



Producer

R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505

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Named Insured

PC Specialists, Inc. dba: Technology Integration Group TIG Shanghal, Ltd

Itex, Inc. dba: Technology Integration Group

Insurance Company

Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038

Itex, Inc. dba: technology integration Group
Technology Integration Group, Inc.
Technology Integration Group, Inc.
10240 Flanders Court, San Diego, CA 92121
THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS
THE POLICY WAS ISSUED TO THE NAMED CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.

All-1-04 0 0 0	1		Date	at Policy Inception
ClickStream® 2.0 connected services with CyberInfusion® policy				\$
HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
Disseminator sM content liability policy				\$
BusinessWare® 2.0 E&O with CyberInfusion® policy				\$.
	HyperDrive® 2.0 technology services with CyberInfusion® policy Disseminator sM content liability policy BusinessWare® 2.0	HyperDrive® 2.0 technology services with CyberInfusion® policy Disseminator® content liability policy BusinessWare® 2.0	HyperDrive® 2.0 technology services with CyberInfusion® policy Disseminator® content liability policy BusinessWare® 2.0	HyperDrive® 2.0 technology services with CyberInfusion® policy EMT 11160 13 10/31/2019 10/31/2020 Disseminator® content liability policy BusinessWare® 2.0

Description or Comments Professional Liability, internet and Network Liability Insurance with respects to operations of the Insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium Re: RFQ-IS-14201336/MA-IS-1540008-1

Certificate Holder Box

County of Los Angeles Internal Services Department 1100 N. Eastern Ave. RM #G115 Los Angeles CA 90063

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CERTIFICATE DOES NOT THIS ANY WAY THE CHANGE IN INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE NOT DOES CONTRACT CONSTITUTE BETWEEN THE HOLDER AND ANY OTHER PARTY.

Authorized Representative

10/25/2019



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Atlantic Specialty Ins. Co.	27154				
INSURED	INSURER B:					
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:					
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:					
San Diego, CA 92121	INSURER E :					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY			(111117)	(IIIIII)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION\$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
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AUTHORIZED REPRESENTATIVE

Detru Ciene



Producer

R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505

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Named Insured

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Insurance Company

Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038

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x	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$.
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator sM content liability policy	-			\$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$

Description or Comments Professional Liability, internet and Network Liability insurance with respects to operations of the insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium Re: RFQ-IS-14201254/MA-IS-1540009-1

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Authorized Representative

10/25/2019



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Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: Atlantic Specialty Ins. Co.	27154					
INSURED	INSURER B:						
P.C. Specialists, Inc. DBA: Technology Integration Group Entre, BTG, a TIG Company;	INSURER C:						
10240 Flanders Court	INSURER D:						
San Diego, CA 92121	INSURER E:						
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COVER A CEC.	DEVICION NUMBER.						

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY			(111117)	(IIIIII)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION\$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

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CERTIFICATE HOLDER	CANCELLATION

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AUTHORIZED REPRESENTATIVE

Den Mo



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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A	X COMMERCIAL GENERAL LIABILITY			(111117)	(IIIIII)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
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	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION\$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
County of Los Angeles and its Agemts are included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf. RFP-IS-10255020

CERTIFICATE HOLDER	CANCELLATION
OLIVIII IOATE HOLDEN	OANOLLLATION

County of Los Angeles Internal Services Department Administrative Offices 1100 N. Eastern Ave. Los Angeles, CA 90063 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

Detru Cieni



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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).

PRODUCER License # 0757776	CONTACT Healy Ramey						
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942					
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: Atlantic Specialty Ins. Co.	27154					
INSURED	INSURER B:						
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:						
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:						
San Diego, CA 92121	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.

		HONS AND CONDITIONS OF SUCH								
INSR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X c	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χΖ	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L	AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	P	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
	0	OTHER:							\$	
Α	AUTO	MOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		NY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	8	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	_ ^ _ A	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	omp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	Χυ	MBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
	E	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	D	DED X RETENTION\$							\$	
A	WORKE AND EN	ERS COMPENSATION MPLOYERS' LIABILITY						X PER OTH- STATUTE OTH-		
	ANY PR	ROPRIETOR/PARTNER/EXECUTIVE TO THE	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Manda	ER/MEMBER EXCLUDED?	IN/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, d	describe under RIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Prope	erty Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Premi	ises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
County of Los Angeles, its special districts, its officials, officers & employees are included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf. RFQ-IS-14260426/MA-IS-1440180 90 Days Notice of Cancellation/15 for Non-Payment

CERTIFICATE HOLDER	CANCELLATION

County of Los Angeles Internal Services Department 1100 N. Eastern Ave. RM #G115 Los Angeles, CA 90063 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

Acres 16



Producer

R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505

THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.

Named Insured

PC Specialists, Inc. dba: Technology Integration Group

TIG Shanghal, Ltd

ltex, Inc. dba: Technology Integration Group

Technology integration Group, Inc.

10240 Flanders Court, San Diego , CA 92121

Insurance Company

Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038

THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.

X	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy			TO THE PARTY TO TH	\$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator sM content liability policy				\$
	BualnessWare® 2.0 E&O with CyberInfusion® policy				\$

Professional Liability, internet and Network Liability insurance with respects to operations of the insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium Re: RFQ-IS-14260426/MA-IS-1440180

Certificate Holder Box

County of Los Angeles Internal Services Department 1100 N. Eastern Ave. RM #G115 Los Angeles CA 90063

CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.

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THIS CERTIFICATE DOES NOT ANY THE CHANGE IN WAY INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE NOT CERTIFICATE DOES CONTRACT CONSTITUTE BETWEEN THE HOLDER AND ANY OTHER PARTY.

Authorized Representative

10/25/2019





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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tine continuate account to the terminate metaer in near or a	4011 011401 001110111(0)1	
PRODUCER License # 0757776	CONTACT Healy Ramey	
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200		A/C, No): (760) 804-0942
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com	n
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B:	
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:	
10240 Flanders Court	INSURER D:	
San Diego, CA 92121	INSURER E:	
	INSURER F:	
COVEDAGES CERTIFICATE NUMBER.	DEVISION NUM	DED.

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR		TYPE OF INSURANCE	ADDL	SUBR		POLICY EFF	POLICY EXP	LIMIT	·e	
A	х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	FOLICT NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	Х	Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$							\$	
Α	WOR	RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mar	CER/MEMBER EXCLUDED?	IN/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
County of Los Angeles its special districts, ots officials, officers and employees are included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf. RFB-IS-18200169-Monitor-Lenovo-CCPP X, RFB-IS-18200165-Laptop/Tablet-Lenovo-CCPP X
& RFB-IS-18200161-Computer-Lenovo-CCPP X coverage is primary & non-contributing 90 days notice of cancellation/15 days for non-payment

CERTIFICATE HOLDER	CANCELLATION

County of Los Angeles Internal Services Department 1100 North Eastern Ave. Los Angeles, CA 90063 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

Den Mo



Certificate of Insurance

Producer

R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505

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Named Insured

PC Specialists, Inc. dba: Technology Integration Group

TIG Shanghai, Ltd

Itex, Inc. dba: Technology Integration Group

Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121

Insurance Company

Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038

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х	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
-	Disseminator sM content liability policy				\$
	BusinessWare® 2.0 E&O with CyberInfusion® policy	:			\$

Professional Liability, internet and Network Liability insurance with respects to operations of the insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium Re: RFB-IS-18200169-Monitor-Lenovo-CCPP X, RFB-IS-18200165-Laptop/Tablet-Lenovo-CCPP X & RFB-IS-18200161-Computer-Lenovo-

Certificate Holder Box

County of Los Angeles Internal Services Department 1100 North Eastern Ave. Los Angeles CA 90063

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Authorized Representative

10/25/2019

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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tine continuate accenter come, righte to the continuate fields, in hea of ca	on ondercomonico).	
PRODUCER License # 0757776	CONTACT Healy Ramey	
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B:	
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:	
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:	
San Diego, CA 92121	INSURER E:	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER.	DEVISION NUMBED:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				,,	,,,,,,,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	Х	ANY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	Х	Comp Ded-\$1,000 X Coll Ded-\$1,000						,	\$	
Α	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$ 0							\$	
Α	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TO THE PROPRIETOR PARTNER PROPRIETOR PARTNER PROPRIETOR PARTNER PROPRIETOR PARTNER PROPRIETOR PARTNER PROPRIETOR PARTNER			406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	OFFI (Man	CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
County of Santa Clara, and members of the Board of Supervisors of the County of Santa Clara, and the officers, agent and employees of the County of Santa
Clara, individually & collectively are named Additional Insured as specified by contract per CG2026 attached with respects to operations of Insured
performend on their behalf.

CERTIFICATE HOLDER	CANCELLATION

County of Santa Clara Ref. #1029030 Insurance Compliance PO Box 100085-ZB Duluth, GA 30096 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

Acres 16

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)

County of Santa Clara, and members of the Board of Supervisors of The County of Santa Clara, and the officers, agent and employees of the County of Santa Clara, individually & collectively

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II _**Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury, "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- **A.** In the performance of your ongoing operations; or
- **B.** In connection with your premises owned by or rented to you.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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PRODUCER License # 0757776	CONTACT Healy Ramey	
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B:	
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:	
10240 Flanders Court	INSURER D:	
San Diego, CA 92121	INSURER E :	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER.	DEVISION NUMBED.	

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	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	TOLIOT NOMBLIX	(MIM/DD/YYYY)	(MIM/DD/YYYY)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	х	х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	Х	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	J'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	Х	ANY AUTO		x	711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY		_ ^				BODILY INJURY (Per accident)	·	
	х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	х	Comp Ded-\$1,000 X Coll Ded-\$1,000						(i ei accident)	\$	
Α	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTIONS 0						AGGILGATE	\$	
Α	WOR	KERS COMPENSATION						X PER OTH-	Ψ	
		EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE		Х	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	OFFI	CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	_	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below								1,000,000
	DES	CRIPTION OF OPERATIONS DEIOW						E.L. DISEASE - POLICY LIMIT	Φ	• •

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Covendis and Atlanta Public Schools (APS) are included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf. Primary & Non-Contributory under General Liability is included. Waiver of Subrogation applies to all policies. 90 days notice of cancellation/15 days for non-payment of premium

CERTIFICATE HOLDER	CANCELLATION
OLIVIII IOATE HOLDEN	OANOLLLATION

Covendis and Atlanta Public Schools (APS) 200 Walker Street, Ste. B Atlanta, GA 30313 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

Den Mo



ACORD'

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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).

	ignis to the certificate holder in hed of su	ch endorsement(s).		
PRODUCER License # 0757776		CONTACT Healy Ramey		
Carlsbad, CA-HUB International In: 1525 Faraday Avenue, Suite 200	surance Services Inc.	PHONE (A/C, No, Ext): (760) 804-0402	FAX (A/C, No): (760) 8	304-0942
Carlsbad, CA 92008		E-MAIL ADDRESS: healy.ramey@hubinternational.co	om	
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Atlantic Specialty Ins. Co.		27154
INSURED		INSURER B:		
	DBA: Technology Integration Group	INSURER C:		
Entre, BTG, a TIG Cor 10240 Flanders Court		INSURER D:		
San Diego, CA 92121		INSURER E:		
		INSURER F:		
COVERAGES	CERTIFICATE NUMBER:	REVISION NUM	IBER:	

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.

	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
Х	COMMERCIAL GENERAL LIABILITY				,,	,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
X	zero deductible						MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Х	ANY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY						` '	\$	
Х							PROPERTY DAMAGE (Per accident)	\$	
Х	Comp Ded-\$1,000 X Coll Ded-\$1,000						,	\$	
Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
	EXCESS LIAB CLAIMS-MADE	X		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	DED X RETENTION\$ 0							\$	
WOR	KERS COMPENSATION						X PER OTH-		
ANY	PROPRIETOR/PARTNER/EXECUTIVE Y / N			406038027-0008	10/31/2019	10/31/2020		\$	1,000,000
OFFI (Man	CER/MEMBER EXCLUDED? datory in NH)	N/A						\$	1,000,000
									1,000,000
								*	
	GEN AUT X X X X WORAND ANY OFFICIAL 19 yes	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X ZERO dEDUCTIBLE GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY X COMPO Ded-\$1,000 X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION\$ OCCUR WORKERS COMPENSATION WORKERS COMPENSATION	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X ZERO deductible GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY X Comp Ded-\$1,000 X UMBRELLA LIAB EXCESS LIAB DED X RETENTION\$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY WORKERS COMPENSATION AND EMPLOYERS' LIABILITY N/A OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X ZERO deductible GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY X Comp Ded-\$1,000 X HIRED AUTOS ONLY X COIL DEd-\$1,000 X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X ZERO deductible GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PROT X LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY X AUTOS ONLY X Comp Ded-\$1,000 X Coll Ded-\$1,000 X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE X T11008985-0013 DED X RETENTION\$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR PASTING AUTOS ONLY ANY PROPRIETOR PASTING AUTOS ONLY X OFFICER/MEMBER EXCLUDED? WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR PASTINGRE/EXECUTIVE OFFICER/MEMBER EXCLUDED? IT VIS A GREETING AUTOS ONLY AUTOS ONL	Type of insurance INSD WVD POLICY NUMBER (MM/DD/YYYY) X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X X Zero deductible	TYPE OF INSURANCE INSD WYD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X ZERO deductible GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY X MON-OWNED AUTOS ONLY X COMP Ded-\$1,000 X COID bed-\$1,000 X COID bed-\$1,000 X COID bed-\$1,000 X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) I 10/31/2019 10/31/2019 10/31/2020 10/31/2019 10/31/2020	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X ZERO dEductible GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY X Comp Ded-\$1,000 X UMBRELLA LIAB X COCUR EXCESS LIAB CLAIMS-MADE CLAIMS-MADE N/A 711008985-0013 10/31/2019	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X ZERO dEductible GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO: OTHER: AUTOMOBILE LIABILITY ANY PROPERTY DAMAGE X COMP DEd-\$1,000 X UMBRELLA LIAB X COCUR X PROPERTY DAMAGE CLAIMS-MADE X NON-QWINED AUTOS ONLY X COMP Ded-\$1,000 X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE X T11008985-0013 10/31/2019 10/31/2019 10/31/2019 10/31/2019 10/31/2020 EACH OCCURRENCE S DAMAGE TO RENTED PREMISES (Ea occurrence) S MED EXY (Any one person) S GENERAL AGGREGATE S PRODUCTS - COMP/OP AGG S PRODUCTS - COMP/OP AGG S COMBINED SINGLE LIMIT (Ea accident) S BODILY INJURY (Per person) S BODILY INJURY (Per person) S BODILY INJURY (Per accident) S PROPERTY DAMAGE (Per accident) S CHEDULED AUTOS ONLY X OCMP Ded-\$1,000 X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 0 WORKERS COMPENSATION N PROPRIETOR/PARTNER/EXECUTIVE OWNORD CHARACTER OF THE ACCIDENT S STATUTE ER AUTOSANCH AUTOSANC

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Covendis and State of Georgia are included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf 90 days notice of cancellation/15 days for non-payment of premium

CERTIFICATE HOLDER	CANCELLATION

Covendis and State of Georgia 200 Walker St. SW, Ste. B Atlanta, GA 30313 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

Den Mon



Certificate of Insurance

Producer

R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505 THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.

Named Insured

PC Specialists, Inc. dba: Technology Integration Group

TIG Shanghal, Ltd

Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc. Insurance Company

Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038

THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.

x	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator SM content liability policy	·	-		\$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$

Description or Comments Professional Liability, internet and Network Liability insurance with respects to operations of the insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium

Certificate Holder Box

Covendis and State of Georgia 200 Walker St. SW, Ste. B Atlanta GA 30313 CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.

THIS CERTIFICATE DOES NOT CONFER ANY COVERAGE RIGHTS ON THE CERTIFICATE HOLDER. THE CERTIFICATE HOLDER IS NOT AN ADDITIONAL INSURED UNLESS: (1) THE INSURANCE COMPANY HAS ISSUED AN ENDORSEMENT TO THE POLICY TO EFFECT SUCH COVERAGE, OR (2) THE CERTIFICATE HOLDER SATISFIES ALL OF THE REQUIREMENTS IN THE POLICY TO QUALIFY AS AN ADDITIONAL INSURED AS DESCRIBED IN THE POLICY'S DEFINITION OF "YOU."

CERTIFICATE NOT THIS CHANGE IN ANY WAY THE INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE NOT CERTIFICATE DOES CONTRACT CONSTITUTE BETWEEN THE HOLDER AND ANY OTHER PARTY.

Authorized Representative

10/25/2019

Date 🦠

<u>HRAMEY</u>



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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).

PRODUCER License # 0757776	CONTACT Healy Ramey					
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (76	0) 804-0942				
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Atlantic Specialty Ins. Co.	27154				
INSURED	INSURER B:					
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:					
10240 Flanders Court	INSURER D:					
San Diego, CA 92121	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	SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	INOD	****		(mm/DD/1111)	(MINIOS)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	Х	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	Х	Х	711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	Х	Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$ 0							\$	
Α	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	X	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Man	CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
L										

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
California Resources Corporation ("CRC Services, LLC and its Affiliate(s), its and their joint venturers, joint interest owners, co-owners, co-lessees, contractors of any tier (other than the Contractor Group), partners, if any, and their respective directors, officers, employees, agents, subcontractors and representatives, and any heirs, successors, and assigns of any of the above and 1. When Work is performed by Contractor for Thums Long Beach Company pursuant to this Agreement, the definition of "Company Group" shall also include Thums Long Beach Company, the City of Long Beach, the Long Beach Unit and their officers, agents, and employees. 2. When Work is performed by Contractor for Tidelands Oil Production Company pursuant to this Agreement, the definition of "Company Group" shall also include the Tidelands Oil Production Company, the City of Long Beach, the State of California, and the participants in the West Wilmington Field and their officers, agents, and employees. 3. SEE ATTACHED ACORD 101

CERTIFICATE HOLDER	CANCELLATION
CRC Services, LLC and its Affiliate(s) c/o Supply Chain 11109 River Run Blvd.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Bakersfield, CA 93311	AUTHORIZED REPRESENTATIVE
	Harrie Cheras

of 1

Page

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

AGENCY Lic	ense # 0757770	NAMED INSURED	
Carlsbad, CA-HUB International Insurance Services In	ıc.	P.C. Specialists, Inc. DBA: Technology Integration Group 10240 Flanders Court	
POLICY NUMBER		San Diego, CA 92121	
SEE PAGE 1			
CARRIER	NAIC CODE		
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SFF PAGF 1	

ADDITIONAL REMARKS THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance **Description of Operations/Locations/Vehicles:** When Work is performed by Contractor for California Resources Production Corporation or California Resources Long Beach, Inc. pursuant to this Agreement, the definition of "Company Group" shall also include California Resources Production Corporation or California Resources Long Beach, Inc., respectively, and their respective officers, agents, and employees") are named as Additional Insured per VCG207 & VCA201 with respects to operations of the Insured performed on their behalf coverage is primary & non-contributory per VCG207 & contractual liability included per CG0001 Waiver of Subrogation applies

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT - CALIFORNIA

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.

(The following "attached clause" need be completed only when this endorsement is issued subsequent to preparation of the policy.)

This endorsement, effective on 10/31/19 at 12:01 A.M. standard time, forms a part of

(DATE)

Policy No. 406038027-0008

Endorsement No.

hile him

of the

ATLANTIC SPECIALTY INSURANCE

(NAME OF INSURANCE COMPANY)

issued to P.C. SPECIALISTS, INC.

Premium (if any) \$ included

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be otherwise due on such remuneration.

% of the California workers' compensation premium

Schedule

Person or Organization

Job Description

CRC Services, LLC and its Affiliates



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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 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).

PRODUCER License # 0757776	CONTACT Healy Ramey				
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942			
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com				
	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: Atlantic Specialty Ins. Co.	27154			
INSURED	INSURER B:				
P.C. Specialists, Inc. DBA: Technology Integration Group Entre, BTG, a TIG Company;	INSURER C:				
10240 Flanders Court	INSURER D:				
San Diego, CA 92121	INSURER E:				
	INSURER F:				
COVERAGES DEVICION NUMBER.					

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 INSD	SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY	IIIOD	****		(MINIO D) 1111)	(MIMI/OD/1111)	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ zero deductible						MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO	Х		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	DED X RETENTION\$							\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Property Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Premises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 & VCA201 with respects to operations of the Insured performed on their behalf coverage is primary & non-contributory 90 days notice of cancellation/15 days for non-payment

CERTIFICATE HOLDER	CANCELLATION
	CANCELLATION

CUMMINS, Inc. Attn: Corp Risk Mgmt Dept 500 Jackson Street

Mail Code: 60805 Columbus, IN 60805

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



DATE (MM/DD/YYYY) 10/25/2019

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).

this certificate does not confer rights to the certificate holder in lieu of	such endorsement(s).					
PRODUCER License # 0757776	CONTACT Healy Ramey					
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760)	804-0942				
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Atlantic Specialty Ins. Co.	27154				
INSURED	INSURER B:					
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:					
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:					
San Diego, CA 92121	INSURER E:					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOV	W HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE PO					

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.

		HONS AND CONDITIONS OF SUCH								
INSR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X c	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χΖ	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L	AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	P	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
	0	OTHER:							\$	
Α	AUTO	MOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		NY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	8	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	A	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	omp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	Χυ	MBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
	E	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	D	DED X RETENTION\$							\$	
A	WORKE AND EN	ERS COMPENSATION MPLOYERS' LIABILITY						X PER OTH- STATUTE OTH-		
	ANY PR	ROPRIETOR/PARTNER/EXECUTIVE TO THE	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Manda	ER/MEMBER EXCLUDED?	IN/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, d	describe under RIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Prope	erty Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Premi	ises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The Certificate Holder is named Loss Payee & Additional Insured-Leased Equipment as specified by contract per VCG207 with respects to leased Sharp Copiers. \$25,671,000 Contents/Special Form/\$1,000 Ded.

CERTIFICATE HOLDER	CANCELLATION
De Lage Landen Financial Services 111 Old Eagle School Rd. Wayne, PA 19087	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Wayne, 1 A 13007	AUTHORIZED REPRESENTATIVE HAULUGIAL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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.

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tine continuate accenter come, righte to the continuate fields, in hea of ca	on ondercomonico).							
PRODUCER License # 0757776	CONTACT Healy Ramey							
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942						
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com							
	INSURER(S) AFFORDING COVERAGE	NAIC #						
	INSURER A: Atlantic Specialty Ins. Co.	27154						
INSURED	INSURER B:							
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:							
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:							
San Diego, CA 92121	INSURER E:							
	INSURER F:							
COVERAGES CERTIFICATE NUMBER.	DEVISION NUMBED:							

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.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.										
INSR	TYPE OF INS	SURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	X COMMERCIAL GEN	ERAL LIABILITY					,	EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE	X OCCUR	X		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
	χ zero deductib	e						MED EXP (Any one person)	\$	10,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMI	T APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000	
	POLICY X PROJECT	X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:								\$		
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X ANY AUTO		Х		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY	SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$		
	AUTUS UNLI	NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
	X Comp Ded-\$1,000 2	Coll Ded-\$1,000							\$		
Α	X UMBRELLA LIAB	X OCCUR						EACH OCCURRENCE	\$	15,000,000	
	EXCESS LIAB	CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000	
	DED X RETEN	TION\$)						\$		
A	WORKERS COMPENSATI AND EMPLOYERS' LIABIL	ON JTY						X PER OTH-ER			
	ANY PROPRIETOR/PARTN	ER/EXECUTIVE T	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000	
	OFFICER/MEMBER EXCLU (Mandatory in NH)	IDED?	N/ A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERA	TIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
Α	Property Away From	n			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000	
Α	Premises				711008985-0013	10/31/2019	10/31/2020	Ded		1,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 & VCA201 with respects to operations of the Insured performed on their behalf 90 Days Notice of Cancellation/15 Days for Non-Payment Re:Bid #15-131 Catalog Discount-Audio Visual Equipment, Suplies & Accessories

CERTIFICATE HOLDER	CANCELLATION
OLIVIII IOATE HOLDEN	OANOLLLATION

DeKalb County School District Attn: Purchasing Dept. 1701 Mountain Industrial Blvd. Stone Mountain, GA 30083

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

 Ω Ω





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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 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

	onfer rights to the certificate holder in lieu of	such endorsement(s).								
PRODUCER License # 075777	6	CONTACT Healy Ramey								
		PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942								
Carlsbad, CA 92008	200	E-MAIL ADDRESS: healy.ramey@hubinternational.com								
		INSURER(S) AFFORDING COVERAGE NAIC #								
		INSURER A: Atlantic Specialty Ins. Co.	27154							
INSURED		INSURER B:								
P.C. Specialist	s, Inc. DBA: Technology Integration Group	INSURER C:								
		INSURER D:								
San Diego, CA	92121	INSURER E:								
		INSURER F:								
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008 INSURED P.C. Specialists, Inc. DBA: Technology Integration Grant 10240 Flanders Court San Diego, CA 92121 COVERAGES THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED		REVISION NUMBER:								
		W HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE PO ION, OF ANY, CONTRACT OR OTHER DOCUMENT WITH RESPECT TO								

CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,

		JSIONS AND CONDITIONS OF SUCH								
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				,,	\	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEI	N'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	Х	X	711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE	X	X	711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$							\$	
Α	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	X	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mar	ndatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
				1			l .			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 & VCA201 with respects to operations of the Insured performed on their behalf Re:BD1785-Chromebooks primary wording & waiver of subrogation applies

CERTIFICATE HOLDER	CANCELLATION
Denver Public Schools Purchasing Department 780 Grant St. Denver, CO 80203	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

ACORD 25 (2016/03)

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Certificate of Insurance

Producer

R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505

THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.

Named Insured

PC Specialists, inc. dba: Technology Integration Group TIG Shanghal, Ltd Itex, inc. dba: Technology Integration Group

Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121

Insurance Company

Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038

THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.

х	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$
х	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator ^{aM} content liability policy				\$.
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$

Professional Liability, internet and Network Liability Insurance with respects to operations of the insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium Certificate holder is named Additional insured and Walver of Subrogation included Re:BD1785-Chromebooks

Certificate Holder Box

Denver Public Schools Purchasing Department 780 Grant St. Denver CO 80203

CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.

THIS CERTIFICATE DOES NOT CONFER ANY COVERAGE RIGHTS ON THE CERTIFICATE HOLDER. THE CERTIFICATE HOLDER IS NOT AN ADDITIONAL INSURED UNLESS: (1) THE INSURANCE COMPANY HAS ISSUED AN ENDORSEMENT TO THE POLICY TO EFFECT SUCH COVERAGE, OR (2) THE CERTIFICATE HOLDER SATISFIES ALL OF THE REQUIREMENTS IN THE POLICY TO QUALIFY AS AN ADDITIONAL INSURED AS DESCRIBED IN THE POLICY'S DEFINITION OF "YOU."

THIS CERTIFICATE DOES ANY THE CHANGE WAY ΙN PROVIDED INSURANCE BY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE DOES NOT CONTRACT CONSTITUTE BETWEEN THE HOLDER AND ANY OTHER PARTY.

Authorized Representative

10/25/2019

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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tine continuate accenter come, righte to the continuate fields, in hea of ca	on ondercomonico).							
PRODUCER License # 0757776	CONTACT Healy Ramey							
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942						
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com							
	INSURER(S) AFFORDING COVERAGE	NAIC #						
	INSURER A: Atlantic Specialty Ins. Co.	27154						
INSURED	INSURER B:							
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:							
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:							
San Diego, CA 92121	INSURER E:							
	INSURER F:							
COVERAGES CERTIFICATE NUMBER.	DEVISION NUMBED:							

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR		TYPE OF INSURANCE	ADDL	SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A		COMMERCIAL GENERAL LIABILITY	IIIOD	****		(IIIIII)	(MINI/OD/1111)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'I	L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUTO	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		ANY AUTO	Х	Х	711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION \$ 0							\$	
Α	WORK AND E	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
		PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mand	datory in NH)	117.7					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, DESC	describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α		perty Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Prem	nises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
State of Texas & DIR are included as Additional Insureds as specified by contract per VCG207 & VCA 201 with respects to operations of the Insured performed on their behalf - DIR Contract No. DIR-SDD-1373 Waiver of Subrogation provided on GL & Auto

CERTIFICATE HOLDER	CANCELLATION

Department of Information Resources 300 West 15 St., Ste. 1300 Austin, TX 78701 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

Age No.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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 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.

lf th	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).										
PROD	RODUCER License # 0757776						^{CT} Healy Ra	amey			
		d, CA-HUB International Insurance	e Sei	vice	s Inc.	PHONE (A/C. No	Fxt): (760) 8	304-0402	FAX (A/C, No):	(760)	804-0942
Carl	sba	raday Avenue, Suite 200 d, CA 92008				E-MAIL ADDRE	ss. healy.ra	mey@hubir	nternational.com	-	
							INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #
						INSURE	R A : Atlantic	Specialty	Ins. Co.		27154
INSUI	RED					INSURE	RB:				
		P.C. Specialists, Inc. DBA: 1	echn	olog	y Integration Group	INSURE	RC:				
		10240 Flanders Court				INSURER D:					
		San Diego, CA 92121				INSURER E:					
						INSURER F:					
CO	/ER	RAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN	DIC	IS TO CERTIFY THAT THE POLICII ATED. NOTWITHSTANDING ANY R IFICATE MAY BE ISSUED OR MAY	EQUI	REMI	ENT, TERM OR CONDITION	N OF A	ANY CONTRA	CT OR OTHER	R DOCUMENT WITH RESPE	CT TC	WHICH THIS
	CLL	USIONS AND CONDITIONS OF SUCH				BEEN F					,
NSR TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER							POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	X	Х	711008985-0013		10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	zero deductible							MED EXP (Any one person)	\$	10,000
							1				1 000 000

INS	SR TYPE OF INSURANCE			SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	-	X COMMERCIAL GENERAL LIABILITY				,	, ,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	X	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
		χ zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	١.	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		X ANY AUTO	Х	X	711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
		X Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	١.	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
	Ī	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$ 0							\$	
Α	,	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH-		
	- 1.	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	X	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
		OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
	T									

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Dole Packaged Foods, LLC, its parent corporation and any subsidiaries, officers, directors, employees and agents are named Additional Insured as specified by contract per VCG207 & VCA201 waiver of subrogation applies to all coverages 90 days notice of cancellation/15 days for non-payment

CERTIFICATE HOLDER	CANCELLATION
Dole Packaged Foods, LLC 3059 Townsgate Rd., Ste. 400 Westlake Village, CA 91631	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Westlake Village, CA 31031	AUTHORIZED REPRESENTATIVE HERE CENTER OF THE PROPERTY OF THE



Certificate of Insurance

Producer

R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505

THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.

Named Insured

PC Specialists, Inc. dba: Technology Integration Group

TIG Shanghal, Ltd

Insurance Company

Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038

Itex, Inc. dba: Technology Integration Group Technology integration Group, inc. 10240 FLANDERS COURT

SAN DIEGO CA 92121
THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.

x	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$
x	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator sM content liability policy				\$
	BusinessWare 2.0 E&O with CyberInfusion® policy				\$

Description or Comments Professional Liability, internet and Network Liability Insurance with respects to operations of the insured performed on behalf of Certificate Holder Dole Packaged Foods, LLC, included as additional insured with waiver of subrogation coverage and 30 Days Notice of Canc ellation; 10 Days Notice for Non-Payment of Premium

Certificate Holder Box

Dole Packaged Foods, LLC 3059 Townsgate Rd., Ste. 400 Westlake VIIIage CA 91631

CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.

THIS CERTIFICATE DOES NOT CONFER ANY COVERAGE RIGHTS ON THE CERTIFICATE HOLDER. THE CERTIFICATE HOLDER IS NOT AN ADDITIONAL INSURED UNLESS: (1) THE INSURANCE COMPANY HAS ISSUED AN ENDORSEMENT TO THE POLICY TO EFFECT SUCH COVERAGE, THE CERTIFICATE HOLDER SATISFIES OF ALL REQUIREMENTS IN THE POLICY TO QUALIFY AS AN ADDITIONAL INSURED AS DESCRIBED IN THE POLICY'S DEFINITION OF "YOU."

THIS CERTIFICATE WAY CHANGE ANY THE IN INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE NOT DOES CONTRACT CONSTITUTE BETWEEN THE HOLDER AND ANY OTHER PARTY.

Authorized Representative

<u> 10/25/2019</u>

Date

CERTIFICATE OF LIABILITY INSURANCE

CERTIF

DATE (MM/DD/YYYY) 10/25/2019

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and doranted adde not do not righte to the doranted notation in new or dustrion and content (o).				
PRODUCER License # 0757776	CONTACT Healy Ramey			
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942		
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com			
	INSURER(S) AFFORDING COVERAGE	NAIC #		
	INSURER A: Atlantic Specialty Ins. Co.	27154		
INSURED	INSURER B:			
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:			
10240 Flanders Court	INSURER D:			
San Diego, CA 92121	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.

		SIONS AND CONDITIONS OF SUCH								
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	L'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$							\$	
Α	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED? datory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Bus	iness Income			711008985-0013	10/31/2019	10/31/2020	Blanket Limit		5,557,250
	1									

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Douglas Emmett 2010, LLC dba Bishop Square, Douglas Emmett, Inc., Douglas Emmett Management, Inc., Douglas Emmett Properties, LP, Douglas Emmett Management Hawaii, LLC are named Additional Insured-Lessor of Premises for leased premises at 1003 Bishop St., Pauahi Tower, Suite 1250, Honolulu, HI 96813

CERTIFICATE HOLDER	CANCELLATIO

Douglas Emmett 2010, LLC c/o Douglas Emmett Management Hawaii, LLC 1003 Bishop St., Ste. 440 Honolulu, HI 96813 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

 $\sim 1 \sim 100$





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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this	certificate does not confer rights					nay require an en	uorsemer	it. A Sta	tement on
PRODU	ICER License # 0757776			CONTACT Healy	/ Ramey				
	oad, CA-HUB International Insuran Faraday Avenue, Suite 200	ce Services	s Inc.	PHONE (A/C, No, Ext): (76	0) 804-0402	2	FAX (A/C, No):	(760) 8	04-0942
	pad, CA 92008				ıbinternational.c				
					INSURER(S) AI	FFORDING COVERAGE			NAIC #
				INSURER A : Atla	ntic Specia	lty Ins. Co.		2	27154
INSURE				INSURER B:					
	P.C. Specialists, Inc. DBA: Technology Integration Group		INSURER C:						
	Entre, BTG, a TIG Company 10240 Flanders Court	y;		INSURER D :					
	San Diego, CA 92121			INSURER E :					
				INSURER F:					
COVE	ERAGES CE	RTIFICATE	NUMBER:			REVISION NU	MBER:		
	S IS TO CERTIFY THAT THE POLIC								
	ICATED. NOTWITHSTANDING ANY RTIFICATE MAY BE ISSUED OR MA'								
EXC	CLUSIONS AND CONDITIONS OF SUCH	H POLICIES.	LIMITS SHOWN MAY HAVE						,
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD		POLICY E (MM/DD/Y)	FF POLICY E		LIMIT	s	
		1 1		1.	. 1 .			1	4 000 000

1.000.000 X COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 1,000,000 CLAIMS-MADE | X | OCCUR 711008985-0013 10/31/2019 10/31/2020 zero deductible 10,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE POLICY X PRO-2,000,000 X LOC PRODUCTS - COMP/OP AGG \$ OTHER COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** Χ 711008985-0013 10/31/2019 10/31/2020 ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY Coll Ded-\$1,000 Comp Ded-\$1,000 X 15,000,000 Χ Χ **UMBRELLA LIAB OCCUR EACH OCCURRENCE** 10/31/2019 10/31/2020 15,000,000 711008985-0013 **EXCESS LIAB CLAIMS-MADE** AGGREGATE 0 DED | X | RETENTION \$ OTH-ER WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X PER STATUTE 406038027-0008 10/31/2019 | 10/31/2020 1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under
DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT 711008985-0013 10/31/2019 10/31/2020 Limit: 200,000 Property Away From 711008985-0013 10/31/2019 10/31/2020 Ded 1,000 Premises

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Re:software purchase

CERTIFICATE HOLDER	CANCELLATION
DynCorp International 5700 N. Harbor City Blvd. Melbourne. FL 32940	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Melbourne, i E 32940	AUTHORIZED REPRESENTATIVE
	Letre Diene



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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PRODUCER License # 0757776	CONTACT Healy Ramey			
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942		
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com			
	INSURER(S) AFFORDING COVERAGE	NAIC #		
	INSURER A: Atlantic Specialty Ins. Co.	27154		
INSURED	INSURER B:			
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:			
10240 Flanders Court	INSURER D:			
San Diego, CA 92121	INSURER E:			
	INSURER F:			

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000 1,000,000
	Х	zero deductible	X	X	711000905-0015	10/31/2019	10/31/2020	PREMISES (Ea occurrence) MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						COMPINIED ONIOLE LIMIT	\$	4 202 202
Α		OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO OWNED SCHEDULED	X	X	711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		AUTOS ONLY AUTOS						BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	Х	HIRED AUTOS ONLY Comp Ded-\$1,000 V Coll Ded-\$1,000						(Per accident)	\$	
	Х								\$	45.000.000
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE		X	711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
_		DED X RETENTION \$ 0							\$	
Α	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTINER/EXECUTIVE	N/A	X	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	", A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pro	perty Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Pre	mises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
EDF Renewables, Inc., any parent company, any subsidiary company, any entity controlling, controlled by or under common control of any such entity, and their respective owners, shareholders, partners, members, divisions, officers, directors, employees, trustees, representatives and agents, all of their respective successors and assigns, and any other entities required in the contract documents as additional insureds on GL, Excess & Auto per VCG207, CG2037 & VCA201. Waiver of Subrogation included for GL, Auto & WC and primary/non-contributory included on GL & Auto 90 Days Notice of Cancellation/15 Days for Non-Payment of Premium

Re: IT Software Installation

CERTIFICATE HOLDER	CANCELLATION
EDF Renewables, Inc. Attn: Risk Management 15445 Innovation Drive	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
San Diego, CA 92128	Authorized representative
	6. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10



Certificate of Insurance

Producer

R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505

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Named Insured

PC Specialists, Inc. dba: Technology Integration Group

TIG Shanghal, Ltd

Itex, Inc. dba: Technology Integration Group

Insurance Company

Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038

THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.

x	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator sM content liability policy				\$
	BusinessWare® 2.0 E&O with CyberInfusion® policy	-		``	\$

Description or Comments Professional Liability, internet and Network Liability Insurance with respects to operations of the insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium Project: IT Software Installation

Certificate Holder Box

EDF Renewable Energy, Inc. Attn: Risk Management 15445 Innovation Drive San Diego CA 92128

CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.

THIS CERTIFICATE DOES NOT CONFER ANY COVERAGE RIGHTS ON THE THE CERTIFICATE HOLDER IS NOT CERTIFICATE HOLDER. AN ADDITIONAL INSURED UNLESS: (1) THE INSURANCE COMPANY HAS ISSUED AN ENDORSEMENT TO THE POLICY TO EFFECT SUCH COVERAGE, CERTIFICATE HOLDER SATISFIES ALL OF THE REQUIREMENTS IN THE POLICY TO QUALIFY AS AN ADDITIONAL INSURED AS DESCRIBED IN THE POLICY'S DEFINITION OF "YOU."

THIS CERTIFICATE DOES NOT THE CHANGE ANY WAY IN INSURANCE PROVIDED RY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE DOES NOT CONTRACT CONSTITUTE BETWEEN THE HOLDER AND ANY OTHER PARTY.

Authorized Representative

10/25/2019

Date





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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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).

this certificate does not confer rights to the certificate holder in lieu of s	uch endorsement(s).			
PRODUCER License # 0757776	CONTACT Healy Ramey			
Carlsbad, CA-HUB International Insurance Services Inc.	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No):(760) 804-0942		
1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com			
	INSURER(S) AFFORDING COVERAGE	NAIC #		
	INSURER A: Atlantic Specialty Ins. Co.	27154		
INSURED	INSURER B:			
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:			
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:			
San Diego, CA 92121	INSURER E:			
	INSURER F:			
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION	/ HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR TI ON OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPE			

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.

		CLUSIONS AND CONDITIONS OF SUCH								
INS	R∣	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A		X COMMERCIAL GENERAL LIABILITY				,	,,,,,,,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	2	χ zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	F	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	2	X ANY AUTO	Х		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	2	AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	2	X Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	. [2	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$							\$	
Α	W	VORKERS COMPENSATION ND EMPLOYERS' LIABILITY						X PER OTH-ER		
	A	NY PROPRIETOR/PARTNER/EXECUTIVE // N	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(1)	PFICER/MEMBER EXCLUDED? Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	lf D	yes, describe under ESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	P	roperty Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	P	remises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is named additional insured and loss payee for all vehicles leased, hired or rented from certificate holder \$1,000 comp/coll deds

CERTIFICATE HOLDER	CANCELLATION
Enterprise Rent-A-Car Co. 6330 Marindustry Drive San Diego, CA 92121	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Sail Diego, CA 32121	AUTHORIZED REPRESENTATIVE
	Herre Riene





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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PRODUCER License # 0757776 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008				s Inc.	CONTACT Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 E-MAIL ADDRESS: healy.ramey@hubinternational.com						
Car	Isba	id, CA 92008				ADDRE					
								•	RDING COVERAGE		NAIC#
							R A : Atlantic	Specialty	ins. Co.		27154
INSU	IRED					INSURE					
		P.C. Specialists, Inc. DBA: 10240 Flanders Court	Гесhr	nolog	y Integration Group	INSURE					
		San Diego, CA 92121				INSURE	R D :				
						INSURE					
						INSURE	RF:				
T IN C E	HIS I IDICA ERTI XCLU	RAGES CEF IS TO CERTIFY THAT THE POLICI ATED. NOTWITHSTANDING ANY F IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	ES O REQU PER POLI	F INS IREME TAIN, CIES.	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAC Y THE POLIC REDUCED BY	TO THE INSUF CT OR OTHEF IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESPE EED HEREIN IS SUBJECT T	CT TO	O WHICH THIS
INSR LTR		TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	4 000 000
Α	X	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			711008985-0013		10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	zero deductible							MED EXP (Any one person)	\$	10,000
									PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- OTHER:							PRODUCTS - COMP/OP AGG	\$ \$	2,000,000
Α	AUT	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	Х		711008985-0013		10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY Comp Ded-\$1,000 X NON-OWNED AUTOS ONLY Coll Ded-\$1,000							PROPERTY DAMAGE (Per accident)	\$	
	X	Comp Ded-\$1,000 X Coll Ded-\$1,000							·	\$	
Α	X	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013		10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$)							\$	
Α	WOR	RKERS COMPENSATION DEMPLOYERS' LIABILITY							X PER OTH- STATUTE ER		
		Y/N (PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED? Indatory in NH)	N/A		406038027-0008		10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
									E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DES	es, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Ente	erpris	TION OF OPERATIONS / LOCATIONS / VEHIC se Holdings, Inc., its subsidiary an s leased, hired or rented by the Nan	d attil	iated	companies and limited lia	bility c	ompanies are	named as A	dditional insured and Los	s Pay	ee for all
CE	RTIF	FICATE HOLDER				CAN	CELLATION				
		Enterprise Truck Rental 6330 Marindustry Dr. San Diego, CA 92121				THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE CA IEREOF, NOTICE WILL I CY PROVISIONS.		
		San Diego, CA 92121					DIZED DEDDEOE				



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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PRODUCER License # 0757776	CONTACT Healy Ramey						
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942					
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: Atlantic Specialty Ins. Co.	27154					
INSURED	INSURER B:						
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:						
10240 Flanders Court	INSURER D:						
San Diego, CA 92121	INSURER E:						
	INSURER F:						

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL	SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	'S
A	X COMMERCIAL GENERAL LIABILITY	IIIOD	1112		(MINIO D) 1111)	(MIMI/OD/1111)	EACH OCCURRENCE	\$ 1,000,00
	CLAIMS-MADE X OCCUR	Χ	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,00
	χ zero deductible						MED EXP (Any one person)	\$ 10,00
							PERSONAL & ADV INJURY	1,000,00
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,00
	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$ 2,000,00
	OTHER:							\$
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	1,000,00
	X ANY AUTO	Χ	X	711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000							\$
Α	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 15,000,00
	EXCESS LIAB CLAIMS-MADE	X	X	711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,00
	DED X RETENTION\$							\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	X	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,00
	(Mandatory in NH)	11/ 7					E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	
Α	Property Away From			711008985-0013	10/31/2019	10/31/2020	Limit:	200,00
Α	Premises			711008985-0013	10/31/2019	10/31/2020	Ded	1,00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Escambia County is included as Additional Insured as specified by contract per VCG207 & VCA201 with respects to operations of the Insured performed on their behalf Waiver of Subrogation included 90 days notice of cancellation / 15 days for non-payment Re:Support and Maintenance Services for Cisco Smartnet, Number PD 15-16.009

CERTIFICATE HOLDER	CANCELLATION

Escambia County Attn: Paul R. Nobles, CPPO, CPPB Office of Purchasing, Rm11.101 P.O. Box 1591 Pensacola, FL 32591-1591 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

Den Mo



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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PRODUCER License # 0757776	CONTACT Healy Ramey						
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942					
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: Atlantic Specialty Ins. Co.	27154					
INSURED	INSURER B:						
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:						
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:						
San Diego, CA 92121	INSURER E:						
	INSURER F:						

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL	SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	'S
A	X COMMERCIAL GENERAL LIABILITY	IIIOD	1112		(MINIO D) 1111)	(MIMI/OD/1111)	EACH OCCURRENCE	\$ 1,000,00
	CLAIMS-MADE X OCCUR	Χ	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,00
	χ zero deductible						MED EXP (Any one person)	\$ 10,00
							PERSONAL & ADV INJURY	1,000,00
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,00
	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$ 2,000,00
	OTHER:							\$
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	1,000,00
	X ANY AUTO	Χ	Χ	711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000							\$
Α	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 15,000,00
	EXCESS LIAB CLAIMS-MADE	X	X	711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,00
	DED X RETENTION\$							\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	X	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,00
	(Mandatory in NH)	11/ 7					E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	
Α	Property Away From			711008985-0013	10/31/2019	10/31/2020	Limit:	200,00
Α	Premises			711008985-0013	10/31/2019	10/31/2020	Ded	1,00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Escambia County is included as Additional Insured as specified by contract per VCG207 & VCA201 with respects to operations of the Insured performed on their behalf Waiver of Subrogation included 90 days notice of cancellation / 15 days for non-payment Re:Maintenance & Support Services for Smartnet

CERTIFICATE HOLDER	CANCELLATION
	CANCELLATION

Escambia County Attn: Joe Pillitary, CPPO,CPPB Office of Purchasing, Rm11.101 P.O. Box 1591 Pensacola, FL 32591-1591

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

Den Mon



Certificate of Insurance

Producer

R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505

THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.

Named Insured

PC Specialists, inc. dba: Technology Integration Group TiG Shanghal, Ltd Itex, Inc. dba: Technology Integration Group

Technology Integration Group, Inc. 10240 Flanders Court, San Diego , CA 92121

Insurance Company

Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038

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х	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy			. *	\$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
***********	Disseminator sM content liability policy				\$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$

Description or Comments Professional Liability, internet and Network Liability Insurance with respects to operations of the insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium Re: Maintenance & Support Saervices for Smartnet

Certificate Holder Box

Escambia County Attn: Joe Pillitary, CPPO,CPPB Office of Purchasing, Rm11.101 P.O. Box 1591 Pensacola FL 325911591

CANCELLATION: IF THE POLICY DESCRIBED IN THIS CANCELLED BY THE INSURANCE CERTIFICATE IS COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.

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CERTIFICATE DOES NOT THIS ANY WAY THE CHANGE IN INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE NOT DOES CONSTITUTE CONTRACT BETWEEN THE HOLDER AND ANY OTHER PARTY.

Authorized Representative

10/25/2019

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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 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).

PRODUCER License # 0757776	CONTACT Healy Ramey	
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B:	
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:	
10240 Flanders Court	INSURER D:	
San Diego, CA 92121	INSURER E:	
	INSURER F:	
COVERAGES CERTIFICATE MUMPER.	DEVICION NUMBER.	

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	SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	'S
A	X COMMERCIAL GENERAL LIABILITY	IIIOD	1112		(MINIO D) 1111)	(MIMI/OD/1111)	EACH OCCURRENCE	\$ 1,000,00
	CLAIMS-MADE X OCCUR	Χ	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,00
	χ zero deductible						MED EXP (Any one person)	\$ 10,00
							PERSONAL & ADV INJURY	1,000,00
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,00
	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$ 2,000,00
	OTHER:							\$
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	1,000,00
	X ANY AUTO	Χ	Χ	711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000							\$
Α	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 15,000,00
	EXCESS LIAB CLAIMS-MADE	X	X	711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,00
	DED X RETENTION \$ 0							\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	X	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,00
	(Mandatory in NH)	11/ 7					E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	
Α	Property Away From			711008985-0013	10/31/2019	10/31/2020	Limit:	200,00
Α	Premises			711008985-0013	10/31/2019	10/31/2020	Ded	1,00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Escambia County is included as Additional Insured as specified by contract per VCG207 & VCA201 with respects to operations of the Insured performed on their behalf Waiver of Subrogation included 90 days notice of cancellation / 15 days for non-payment Re:Hyper Converged Solution Server and Storage Purchase, Number PD 15-16.106

CERTIFICATE HOLDER	CANCELLATION

Escambia County, Florida Office of Purchasing P.O. Box 1591 Pensacola, FL 32597-1591

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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ting certificate does not come rights to the certificate holder in fied of se	ich chaorsement(s).					
PRODUCER License # 0757776	CONTACT Healy Ramey					
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942				
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Atlantic Specialty Ins. Co.	27154				
INSURED	INSURER B:					
P.C. Specialists, Inc. DBA: Technology Integration Group Entre, BTG, a TIG Company;	INSURER C:					
10240 Flanders Court	INSURER D:					
San Diego, CA 92121	INSURER E:					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:					

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INSR LTR	TYPE OF INSURANCE	ADDL S	UBR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY			(,,	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION \$ 0						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/ A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: Operations of the Insured performed on behalf of Certificate Holder 90 Day Notice of Cancellation/15 Days for Non-Payment Re: 2015-2 Symantec renewals

CERTIFICATE HOLDER	CANCELLATION

Federal Home Loan Bank of Indianapolis 8250 Woodfield Crossing Blvd. Indianapolis, IN 46240

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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and comments accessed in the regime to the comments include in the access						
PRODUCER License # 0757776	CONTACT Healy Ramey					
Carlsbad, CA-HUB International Insurance Services Inc.	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 80					
1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE		NAIC #			
	INSURER A: Atlantic Specialty Ins. Co.		27154			
INSURED	INSURER B:					
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:					
10240 Flanders Court	INSURER D :					
San Diego, CA 92121	INSURER E :					
	INSURER F:		1			

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY			(111117)	(IIIIII)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION\$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Fico Financial Corp, Landlord, and The Krauss Organization, Inc. as it's Agent are named Additional Insured-Landlord as specified by contract in Form
VCG207 regarding leased premises at 5850-A W. Cypress St., Tampa, FL 33607

CERTIFICATE HOLDER	CANCELLATION

Fico Financial Corp The Krauss Organization, Inc. 711 N. Sherrill Street Tampa, FL 33609 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

Acres 16.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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PRODUCER License # 0757776	CONTACT Healy Ramey					
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760)	804-0942				
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A : Atlantic Specialty Ins. Co.	27154				
INSURED	INSURER B:					
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:					
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:					
San Diego, CA 92121	INSURER E:					
	INSURER F:					
	DEVICION NUMBER					

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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		HONS AND CONDITIONS OF SUCH								
INSR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X c	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χΖ	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L	AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	P	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
	0	OTHER:							\$	
Α	AUTO	MOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		NY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	8	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	A	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	omp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	Χυ	MBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
	E	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	D	DED X RETENTION\$							\$	
A	WORKE AND EN	ERS COMPENSATION MPLOYERS' LIABILITY						X PER OTH- STATUTE OTH-		
	ANY PR	ROPRIETOR/PARTNER/EXECUTIVE TO THE	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Manda	ER/MEMBER EXCLUDED?	IN/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, d	describe under RIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Prope	erty Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Premi	ises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf

CERTIFICATE HOLDER	CANCELLATION

First Investors Administrative Data Management 375 Raritan Center Pkwy, Ste A Edison, NJ 08837-3920 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

Den Mo





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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	·									
lf	PORTANT: If the certificate holde SUBROGATION IS WAIVED, subje is certificate does not confer rights t	ct to	the	terms and conditions of the	e policy, certain	policies may	•			
PROI	DUCER License # 0757776			CO	CONTACT Healy Ramey					
	sbad, CA-HUB International Insurand Faraday Avenue, Suite 200	e Se	rvice		HONE /C, No, Ext): (760) 8		FAX (A/C, No):	(760)	804-0942	
	sbad, CA 92008						nternational.com			
					INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #	
				INS	SURER A : Atlantic	Specialty	Ins. Co.		27154	
INSU	RED			INS	SURER B :					
	P.C. Specialists, Inc. DBA: 1	Techr	olog	y Integration Group	SURER C :					
	10240 Flanders Court San Diego, CA 92121			IN	SURER D :					
	Sali Diego, CA 92121			INS	INSURER E :					
					INSURER F:					
				E NUMBER:			REVISION NUMBER:			
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NSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY					,	EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
	χ zero deductible						MED EXP (Any one person)	\$	10,000	
							PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000	
	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:						OOMBINED ONIOLE LIKE	\$	1 000 555	
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X ANY AUTO OWNED SCHEDULED			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$		

BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) AUTOS ONLY AUTOS X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY Comp Ded-\$1,000 X Coll Ded-\$1,000 15,000,000 X X **UMBRELLA LIAB OCCUR EACH OCCURRENCE** 10/31/2019 10/31/2020 15,000,000 711008985-0013 **EXCESS LIAB CLAIMS-MADE** AGGREGATE 0 DED | X | RETENTION \$ X PER STATUTE OTH-ER WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 1,000,000 406038027-0008 10/31/2019 | 10/31/2020 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Floyd County Schools is named Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on thier behalf.
Re: RFP: 18-100 Project: VMware Migration

CERTIFICATE HOLDER	CANCELLATION
Floyd County Schools 600 Riverside Parkway NE Rome, GA 30161	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Nome, GA 30101	AUTHORIZED REPRESENTATIVE
	Herne Chens



Certificate of Insurance

Producer

R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505

THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.

Named Insured

PC Specialists, Inc. dba: Technology Integration Group TIG Shanghal, Ltd

Itex, Inc. dba: Technology Integration Group

Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121

Insurance Company

Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038

THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.

x	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception		
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$		
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE		
	Disseminator ^{sh} content liability policy				\$		
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$		

Description or Comments Professional Liability, internet and Network Liability Insurance with respects to operations of the insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium Re: RFP:18-100 Project: VMware Migration

Certificate Holder Box

Floyd County Schools 600 Riverside Parkway NE Rome GA 30161

CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.

THIS CERTIFICATE DOES NOT CONFER ANY COVERAGE RIGHTS ON THE THE CERTIFICATE HOLDER IS NOT CERTIFICATE HOLDER. AN ADDITIONAL INSURED UNLESS: (1) THE INSURANCE COMPANY HAS ISSUED AN ENDORSEMENT TO THE POLICY TO EFFECT SUCH COVERAGE, CERTIFICATE HOLDER SATISFIES ALL OF THE REQUIREMENTS IN THE POLICY TO QUALIFY AS AN ADDITIONAL INSURED AS DESCRIBED IN THE POLICY'S DEFINITION OF "YOU."

THIS CERTIFICATE DOES NOT CHANGE ANY WAY THE IN INSURANCE PROVIDED ΒY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE NOT DOES CONTRACT CONSTITUTE BETWEEN THE HOLDER AND ANY OTHER PARTY.

Authorized Representative

10/25/2019

Date





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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	his certificate does not confer rights t	o the	cert	ificate holder in lieu of su							
PRODUCER License # 0757776 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200					CONTACT Healy Ramey NAME: PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942						
											804-0942
	arlsbad, CA 92008					E-MAIL ADDRESS: healy.ramey@hubinternational.com					
						INS	SURER(S) AFFOR	RDING COVERAGE			NAIC #
					INSURE	R A : Atlantic					27154
INSURED P.C. Specialists, Inc. DBA: Technology Integration Group					INSURER B:						
					INSURER C:						
10240 Flanders Court						INSURER D:					
	San Diego, CA 92121		INSURE								
					INSURER F:						
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUM	/IBER:		'
II C	HIS IS TO CERTIFY THAT THE POLICII NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQU PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	DED B	ANY CONTRAC Y THE POLICI	CT OR OTHER IES DESCRIB	R DOCUMENT WIT	TH RESPE	CT T	O WHICH THIS
LTR	TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	S	4 000 000
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE		\$	1,000,000
	CLAIMS-MADE X OCCUR			711008985-0013		10/31/2019	10/31/2020	DAMAGE TO RENT PREMISES (Ea occi	rrence)	\$	1,000,000
	χ zero deductible							MED EXP (Any one	person)	\$	10,000
								PERSONAL & ADV	INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREC	SATE	\$	2,000,000
	POLICY X PRO- OTHER:							PRODUCTS - COM	P/OP AGG	\$	2,000,000
Α	AUTOMOBILE LIABILITY				10/31/2019			COMBINED SINGLE (Ea accident)	LIMIT	\$	1,000,000
	X ANY AUTO			711008985-0013		10/31/2019	10/31/2020	BODILY INJURY (Pe	er person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Pe	•	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAC (Per accident)	GE	\$	
	X Comp Ded-\$1,000 X Coll Ded-\$1,000							(* 5* 5*5*5****)		\$	
Α	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	CF.	\$	15,000,000
	EXCESS LIAB CLAIMS-MADE			711008985-0013		10/31/2019	10/31/2020	AGGREGATE		\$	15,000,000
	DED X RETENTION\$ 0							7.00.1.20.1.2		\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE			406038027-0008		10/31/2019	10/31/2020	E.L. EACH ACCIDE	•	\$	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	∐N/A	A					E.L. DISEASE - EA I		Ť	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POL		\$	1,000,000	
	Decoration of the state of the							2.2. 3.02.102 1 02			
DES	CCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	D 101, Additional Remarks Schedu	ıle, may b	be attached if mor	e space is requir	red)			
Re:	Operations of the Insured performed or	ı beh	alf of	Certificate Holder	, ,			•			
CE	RTIFICATE HOLDER				CANO	CELLATION					
					SHO	OULD ANY OF	N DATE TH	ESCRIBED POLICI	CIES BE CA	ANCE BE D	LLED BEFORE DELIVERED IN
	Fort Defiance Indian Hospita	ai			ACC	CORDANCE WI	TH THE POLIC	CY PROVISIONS.			

ACORD 25 (2016/03)

Fort Defiance Indian Hospital Corner of Routes N12 & N7

Fort Defiance, AZ 86504

PO Box 649

AUTHORIZED REPRESENTATIVE





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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PRODUCER License # 0757776	CONTACT Healy Ramey						
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200		o):(760) 804-0942					
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: Atlantic Specialty Ins. Co.	27154					
INSURED	INSURER B:						
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:						
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:						
San Diego, CA 92121	INSURER E:						
	INSURER F:						
COVER A CEC.	DEVICION NUMBER						

<u>COVERAGES</u> 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 INSD	SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	,,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Χ		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ zero deductible						MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO	Χ		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	DED X RETENTION\$							\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	X	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Property Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Premises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 & VCA201 with respects to operations of the Insured performed on their behalf Re:Proposal No.115-15, Mobile Learning Devices and Support Services 90 days notice of cancellation/15 days for non-payment Blanket waiver of subrogation applies to WC

CERTIFICATE HOLDER	CANCELLATION
Fulton County Schools 6201 Powers Ferry Rd NW Atlanta, GA 30339	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Attanta, GA 30333	AUTHORIZED REPRESENTATIVE HARRIE REPRESENTATIVE





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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	nis certificate does not confer rights to DUCER License # 0757776	o the	certi	ificate holder in lieu of su						
PRODUCER LICENSE # 0/5/7/6 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200					CONTACT Healy Ramey NAME: PHONE (700) 204 2400 FAX (700)					
					(A/C, No	o, Ext): (/6U) &	04-0402	(A/C, No)	(A/C, No): (760) 804-0942	
	Isbad, CÁ 92008				E-MAIL ADDRE	_{ss:} healy.rar	ney@hubir	nternational.com		
						INS	URER(S) AFFOR	RDING COVERAGE		NAIC #
					INSURE	R A : Atlantic	Specialty	Ins. Co.		27154
INSU	JRED				INSURE	RB:				
	P.C. Specialists, Inc. DBA:	Гесhr	oloa	v Integration Group	INSURE					
	10240 Flanders Court		.0.09	y mogration or oup	INSURER D:					
	San Diego, CA 92121				INSURER E :					
					INSURER F:					
CO	VERAGES CER	TIFIC	CATE	NUMBER:	,			REVISION NUMBER:		
TI IN C	HIS IS TO CERTIFY THAT THE POLICI NDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	ES O REQUI PER POLI	F INS REME TAIN,	SURANCE LISTED BELOW ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC	TO THE INSUF CT OR OTHER ES DESCRIB	RED NAMED ABOVE FOR R DOCUMENT WITH RESP	ECT T	O WHICH THIS
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMI	TS	4 000 000
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	X		711008985-0013		10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ zero deductible							MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO- JECT X LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:								\$	
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO			711008985-0013		10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident	\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
	X Comp Ded-\$1,000 X Coll Ded-\$1,000								\$	
Α	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	15,000,000
	EXCESS LIAB CLAIMS-MADE			711008985-0013		10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	DED X RETENTION\$)							\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE			406038027-0008		10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	4					E.L. DISEASE - EA EMPLOYE	- s	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		1,000,000
	DESCRIPTION OF ENGINEERS								<u> </u>	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (CORF) 101. Additional Remarks Schedu	ıle, mav h	e attached if mor	e space is requir	red)	1	
Cert	ificate holder is included as Additional	Insur	ed as	s specified by contract per	VCG20	7 with respec	ts to operati	ons of the Insured perfo	rmed o	on their behalf
Re:	Central State Prison, 4600 Fulton Mill F	₹d., M	acon	, GA 31208						
CE.	DITIEICATE HOLDER				CAN	CELLATION				
CE	RTIFICATE HOLDER				CANC	ELLATION				
	GDCP/SMU High Max 2978 Hwy. 36 W Jackson, GA 30233				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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PRODUCER License # 0757776	CONTACT Healy Ramey								
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942							
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com								
	INSURER(S) AFFORDING COVERAGE	NAIC#							
	INSURER A: Atlantic Specialty Ins. Co.	27154							
INSURED	INSURER B:								
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:								
10240 Flanders Court	INSURER D:								
San Diego, CA 92121	INSURER E :								
	INSURER F:								
COVERACES CERTIFICATE NUMBER.									

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY			(111117)	(IIIIII)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION\$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf
Contract Number: CCTV Equipment, Installation, and maintenance 99999-SPD-SPD0000025-0003

CERTIFICATE HOLDER	CANCELLATION
Georgia Department of Corrections 300 Patrol Rd. Forsyth, GA 31029	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1 013yui, GA 01020	Authorized Representative Additional





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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lf th	PORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on s certificate does not confer rights to the certificate holder in lieu of such endorsement(s).											
PROI	DUCER License # 0757776				CONTAC NAME:	^{ст} Healy Ra	ımey					
	sbad, CA-HUB International Insurance	e Sei	rvice	s Inc.	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942							
Carl:	Faraday Avenue, Suite 200 sbad, CA 92008				E-MAIL ADDRESS: healy.ramey@hubinternational.com							
	,						NAIC#					
					INSURE		Specialty	Ins. Co.		27154		
INSU	RED				INSURE							
	P.C. Specialists, Inc. DBA: T	olog	v Integration Group	INSURE	RC:							
	10240 Flanders Court	lolog	y integration croup	INSURER D :								
	San Diego, CA 92121				INSURER E :							
					INSURE	RF:						
CO	/ERAGES CER	TIFIC	CATE	NUMBER:	'			REVISION NUMBER:				
IN CE	IIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY ICLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REMI TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORD	N OF A	NY CONTRAC	CT OR OTHER IES DESCRIB	DOCUMENT WITH RESPE	CT TO	WHICH THIS		
NSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	3			
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000		
	CLAIMS-MADE X OCCUR	Χ		711008985-0013		10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000		
	χ zero deductible							MED EXP (Any one person)	\$	10,000		
								PERSONAL & ADV INJURY	\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000		
	POLICY X PRO- X LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000		
			1		I							

	Α	X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
		χ zero deductible					MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
		POLICY X PRO- X LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:						\$
	Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
		X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
L		X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
	Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
		EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
L		DED X RETENTION \$ 0						\$
	Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
		OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If ves. describe under					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
		DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
- [1		1			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf
Fiber Project

CERTIFICATE HOLDER	CANCELLATION
Georgia Department of Corrections 1301 Constitution Rd. SE Atlanta, GA 30316	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Atlanta, GA 30310	AUTHORIZED REPRESENTATIVE
	Here Duene



15,000,000

15,000,000

1,000,000

1,000,000

1,000,000



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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.

lf	PORTANT: If the certificate holde SUBROGATION IS WAIVED, subje is certificate does not confer rights t	ct to	the	terms and conditions of	he policy, certa	in policies ma					
PROI	DUCER License # 0757776				CONTACT Healy Ramey						
1525	sbad, CA-HUB International Insurand Faraday Avenue, Suite 200	e Se	rvice	s Inc.	PHONE (A/C, No, Ext): (76	0) 804-0942					
Carl	sbad, CÅ 92008				E-MAIL ADDRESS: healy.ramey@hubinternational.com						
						(-/	RDING COVERAGE		NAIC #		
					INSURER A : Atla	ntic Specialty	Ins. Co.		27154		
INSU	RED				INSURER B :						
	P.C. Specialists, Inc. DBA: 7	Гесhr	nolog	y Integration Group	INSURER C:						
	10240 Flanders Court				INSURER D :						
	San Diego, CA 92121				INSURER E :						
					INSURER F:						
CO	/ERAGES CEF	RTIFI	CATE	E NUMBER:			REVISION NUMBE	R:			
IN CE E)	IIS IS TO CERTIFY THAT THE POLICI DICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE I	OF ANY CONT DED BY THE PO	RACT OR OTHE LICIES DESCRI	R DOCUMENT WITH RI BED HEREIN IS SUBJE	ESPECT	TO WHICH THIS		
NSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY E (MM/DD/YY	FF POLICY EXP		LIMITS			
Α	X COMMERCIAL GENERAL LIABILITY				,		EACH OCCURRENCE	\$	1,000,000		
	CLAIMS-MADE X OCCUR	X		711008985-0013	10/31/20	19 10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence	e) \$	1,000,000		
	χ zero deductible						MED EXP (Any one person	.	10,000		
							PERSONAL & ADV INJUR		1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000		
	POLICY X PRO- X LOC						PRODUCTS - COMP/OP /	AGG \$	2,000,000		
	OTHER:							\$			
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	T \$	1,000,000		
	X ANY AUTO			711008985-0013	10/31/20	19 10/31/2020	,	son) \$			
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per acci	ident) \$			
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$			
	▼ Comp Ded-\$1,000 ▼ Coll Ded-\$1,000	1					,				

If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT

711008985-0013

406038027-0008

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf Re: LEVEL 5 Prisons - Telfair SP, 210 Longbridge Road, Helena, GA 31037

CERTIFICATE HOLDER	CANCELLATIO

Georgia Department of Corrections 1301 Constitution Rd. SE Atlanta, GA 30316

X OCCUR

CLAIMS-MADE

0

N/A

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

EACH OCCURRENCE

PER STATUTE

E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE

AGGREGATE

AUTHORIZED REPRESENTATIVE

10/31/2019 10/31/2020

10/31/2019 | 10/31/2020

Χ

UMBRELLA LIAB

DED | X | RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

EXCESS LIAB





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed

If S this	SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on his certificate does not confer rights to the certificate holder in lieu of such endorsement(s).												
PROD	_{UCER} Li	icense # 0757776				CONTA NAME:	ст Healy Ra	amey					
		A-HUB International Insurance	e Ser	vices	s Inc.				FAX (A/C, No):	(760)	804-0942		
ıəzə Carls	bad, C	ly Avenue, Suite 200 A 92008							nternational.com	. ,			
									RDING COVERAGE		NAIC #		
						INSURE	R A : Atlantic	Specialty	Ins. Co.		27154		
INSUR	NSURED						RB:						
		P.C. Specialists, Inc. DBA: T	echn	olog	y Integration Group	INSURE							
		10240 Flanders Court		ŭ	, , ,	INSURER D:							
		San Diego, CA 92121				INSURE	RE:						
						INSURER F:							
cov	ERAG	ES CER	TIFIC	ATE	NUMBER:	REVISION NUMBER:							
IND	DICATE	O CERTIFY THAT THE POLICIE D. NOTWITHSTANDING ANY R ATE MAY BE ISSUED OR MAY	EQUII	REME	NT, TERM OR CONDITION	N OF A	ANY CONTRA	CT OR OTHER	R DOCUMENT WITH RESPE	CT TO	WHICH THIS		
EX		NS AND CONDITIONS OF SUCH	POLIC	CIES.			REDUCED BY	PAID CLAIMS					
NSR LTR		TYPE OF INSURANCE	ADDL INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
Α	X cor	MMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000		
		CLAIMS-MADE X OCCUR	Х		711008985-0013		10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000		
	χzer	o deductible							MED EXP (Any one person)	\$	10,000		
										_	1.000.000		

LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
Α	Х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$ 0							\$	
Α	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y / N			406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
	1				1				l	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf Re: LEVEL 5 Prisons - Ware SP, 3620 Harris Rd, Waycross, GA 31503

CERTIFICATE HOLDER	CANCELLATION
Georgia Department of Corrections 1301 Constitution Rd. SE Atlanta. GA 30316	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Atlanta, GA 30310	AUTHORIZED REPRESENTATIVE
	Detru Diene



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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.

lf th	SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on is certificate does not confer rights to the certificate holder in lieu of such endorsement(s).											
PROD	UCE	ER License # 0757776				CONTACT Healy Ramey						
		d, CA-HUB International Insuranc raday Avenue, Suite 200	e Sei	vice	s Inc.	PHONE (A/C, No. Ext): (760) 804-0402 FAX (A/C, No.: (760) 804-0942						
Carls	sba	d, CA 92008				E-MAIL ADDRESS: healy.ramey@hubinternational.com						
							INS	SURER(S) AFFOI	RDING COVERAGE		NAIC #	
						INSURE	R A : Atlantic	Specialty	Ins. Co.		27154	
INSUI	ISURED						ERB:					
		P.C. Specialists, Inc. DBA: T	echr	olog	y Integration Group	INSURE						
		10240 Flanders Court		•		INSURER D:						
		San Diego, CA 92121				INSURE	RE:					
						INSURER F:						
CO	/ER	RAGES CER	TIFIC	CATE	NUMBER:	REVISION NUMBER:						
IN	DIC	IS TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R	EQUI	REM	ENT, TERM OR CONDITION	N OF A	ANY CONTRA	CT OR OTHER	R DOCUMENT WITH RESPI	ECT TO	O WHICH THIS	
		IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH								ΓΟ ALL	. THE TERMS,	
NSR LTR		TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs		
Α	Χ	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE X OCCUR	Х		711008985-0013		10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
	Χ	zero deductible							MED EXP (Any one person)	\$	10,000	
Ī											1.000.000	

INS	R	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	$\overline{}$	X COMMERCIAL GENERAL LIABILITY				······	,,,,,,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
		χ zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	١	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		X ANY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
		X Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	١.	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
	ſ	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	ſ	DED X RETENTION\$ 0							\$	
Α	\	WORKERS COMPENSATION AND EMPLOYERS LIABILITY						X PER OTH-		
	- 1.	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N			406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf Re: LEVEL 5 Prisons - Baldwin SP, 140 Laying Farm Rd, Hardwick, GA 31034

CERTIFICATE HOLDER	CANCELLATION
Georgia Department of Corrections 1301 Constitution Rd. SE Atlanta, GA 30316	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Atlanta, GA 30310	Authorized representative AdmidCienal





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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ADDITIONAL INCLIDED

	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											
th	is c	ertificate does not confer rights t							require an endorseme	II. A S	iatement on	
PROI	DUCER License # 0757776						CONTACT Healy Ramey					
		d, CA-HUB International Insurand raday Avenue, Suite 200	e Sei	vice	s Inc.		o, Ext): (760) 8		FAX (A/C, No)	(760)	804-0942	
Carl	sba	d, CA 92008							nternational.com			
							INS	SURER(S) AFFOR	RDING COVERAGE		NAIC#	
						INSURE	R A : Atlantic	Specialty	Ins. Co.		27154	
INSU	RED					INSURE	R B :					
		P.C. Specialists, Inc. DBA: 1	echn	olog	y Integration Group	INSURE	R C :					
		10240 Flanders Court				INSURER D:						
		San Diego, CA 92121				INSURE	RE:					
						INSURE	RF:					
CO	/ER	AGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:			
		S TO CERTIFY THAT THE POLICI										
		ATED. NOTWITHSTANDING ANY F FICATE MAY BE ISSUED OR MAY										
		JSIONS AND CONDITIONS OF SUCH				BEEN F					,	
NSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS		
Α	X	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE X OCCUR	X		711008985-0013		10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
	X	zero deductible							MED EXP (Any one person)	\$	10,000	
									PERSONAL & ADV INJURY	\$	1,000,000	
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	1 1	N DDO N	1							1	2 000 000	

LTR	TIFE OF INSURANCE	INSD WV	D FOLICT NOWIBLE	(MM/DD/YYYY)	(MM/DD/YYYY)	LIIVIII	J	
Α	X COMMERCIAL GENERAL LIABILITY			1.	,	EACH OCCURRENCE	\$ 1,000	0,000
	CLAIMS-MADE X OCCUR	х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000	0,000
	χ zero deductible					MED EXP (Any one person)	\$ 10	0,000
						PERSONAL & ADV INJURY	\$ 1,000	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000	0,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000	0,000
	OTHER:						\$	
A	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000	0,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$	
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000),000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000),000
	DED X RETENTION\$						\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000	0,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$ 1,000	0,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000	0,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf Re: LEVEL 5 Prisons - GDCP, 2978 Highway 36 W, Jackson, GA 30233

CERTIFICATE HOLDER	CANCELLATION						
Georgia Department of Corrections 1301 Constitution Rd. SE Atlanta. GA 30316	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Atlanta, GA 30310	AUTHORIZED REPRESENTATIVE						
	Detru Diene						





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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	nis certificate does not confer rights t	o the	cert	ificate holder in lieu of su						
	DUCER License # 0757776				CONTACT Healy Ramey					
	Isbad, CA-HUB International Insurance	e Se	rvice	s Inc.	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942					
	5 Faraday Avenue, Suite 200 Isbad, CA 92008				E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	,						RDING COVERAGE			NAIC #
					INSURER A : Atlantic	(-)				27154
INSL	JRED				INSURER B:					
	P.C. Specialists, Inc. DBA:	Fachi	alac	y Integration Group	INSURER C :					
	10240 Flanders Court	ecili	ΙΟΙΟξ	Jy integration Group	INSURER D :					
	San Diego, CA 92121				INSURER E :					
					INSURER F :					
$\overline{}$	VERAGES CER	TIFI	^ A TI	E NUMBER:	INCORLECT:		REVISION NU	MRED.		
TI IN C	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	ES O REQU PER POLI	F INS IREM TAIN	SURANCE LISTED BELOW ENT, TERM OR CONDITIO , THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF ANY CONTRA DED BY THE POLIC	TO THE INSUF CT OR OTHER IES DESCRIB PAID CLAIMS	RED NAMED ABO R DOCUMENT WI	VE FOR T	CT TO	O WHICH THIS
NSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	S	
Α	X COMMERCIAL GENERAL LIABILITY						EACH OCCURREN		\$	1,000,000
	CLAIMS-MADE X OCCUR	X		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENT	ED currence)	\$	1,000,000
	χ zero deductible						MED EXP (Any one	person)	\$	10,000
							PERSONAL & ADV	INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGRE	GATE	\$	2,000,000
	POLICY X PRO- JECT X LOC						PRODUCTS - COM	P/OP AGG	\$	2,000,000
	OTHER:								\$	
Α	AUTOMOBILE LIABILITY						COMBINED SINGL (Ea accident)	E LIMIT	\$	1,000,000
	X ANY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (F	er person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS						BODILY INJURY (F		\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMA (Per accident)	GE	\$	
	X Comp Ded-\$1,000 X Coll Ded-\$1,000								\$	
Α	X UMBRELLA LIAB X OCCUR						EACH OCCURREN	CE	\$	15,000,000
	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE		\$	15,000,000
	DED X RETENTION \$)							\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDE	NT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA	EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - PO	LICY LIMIT	\$	1,000,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	D 101, Additional Remarks Sched	ule, may be attached if mo	re space is requir	ed)			
₹e:	LEVEL 5 Prisons - AUTRY SP, 3178 Mt	Zion	Chui	rch Rd, Pelham, GA 31779						
CE	RTIFICATE HOLDER				CANCELLATION					
					SHOULD ANY OF					
	Georgia Department of Corr	ectio	ns		THE EXPIRATIO			C WILL I	ם ב	ELIVEKED IN

ACORD 25 (2016/03)

1301 Constitution Rd. SE Atlanta, GA 30316

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AUTHORIZED REPRESENTATIVE





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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 contificate holder is an ADDITIONAL INSURED, the notice/(ice) must have ADDITIONAL INSURED provisions or be endorsed

lf	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).										
	UCER License # 0757776			CONTACT Healy Ramey							
	bad, CA-HUB International Insurance	e Se	rvice	s Inc.	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760)					804-0942	
	Faraday Avenue, Suite 200 sbad, CA 92008				E-MAIL ADDRE	_{ss:} healy.raı	mey@hubir	nternational.com			
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #	
					INSURE	R A : Atlantic	Specialty	Ins. Co.		27154	
INSUI	RED				INSURE	R B :					
	P.C. Specialists, Inc. DBA:	Гесhr	nolog	y Integration Group	INSURER C:						
	10240 Flanders Court		_		INSURER D:						
	San Diego, CA 92121				INSURE	RE:					
					INSURER F:						
CO	'ERAGES CEF	RTIFIC	CATE	NUMBER:	REVISION NUMBER:						
	IS IS TO CERTIFY THAT THE POLICI								—		
	DICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY										
ΕX	CLUSIONS AND CONDITIONS OF SUCH	POLI	CIES.	LIMITS SHOWN MAY HAVE		REDUCED BY	PAID CLAIMS.				
NSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs		
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR	Х		711008985-0013		10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
	χ zero deductible							MED EXP (Any one person)	\$	10,000	
								PERSONAL & ADV INJURY	\$	1,000,000	

LTR	I THE OF INSURANCE	INSD	WVD	POLICT NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	3	
Α	X COMMERCIAL GENERAL LIABILITY				,	,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ zero deductible						MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO- X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	DED X RETENTION\$ 0							\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH-ER		
	AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf Re: LEVEL 5 Prisons - Valdosta SP, 3259 Val Tech Rd, Valdosta, GA 31602

CERTIFICATE HOLDER	CANCELLATION					
Georgia Department of Corrections 1301 Constitution Rd. SE Atlanta, GA 30316	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Addition, OA 30010	AUTHORIZED REPRESENTATIVE					



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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PRODUCER License # 0757776	CONTACT Healy Ramey						
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942					
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: Atlantic Specialty Ins. Co.	27154					
INSURED	INSURER B:						
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:						
10240 Flanders Court	INSURER D:						
San Diego, CA 92121	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		TYPE OF INSURANCE	ADDL	SUBR		POLICY EFF	POLICY EXP	LIMIT	·e	
A	х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	FOLICT NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	Х	Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$							\$	
Α	WOR	RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)		IN/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf.
Re:

ASMP, 3001 Gordon Hwy, Grovetown, GA 30813
Calhoun State Prison, 27823 Main Street, Morgan, GA 39866
CENTRAL, 4600 Fulton Mill Rd, Macon, GA 31208
COASTAL, 200 Gulfstream Rd, Port Wentworth, GA 31407
Dodge State Prison, 2971 Old Bethel Church Road, Chester, GA 30413
SEE ATTACHED ACORD 101

Georgia Department of Corrections 300 Patrol Rd. Forsyth, GA 31029	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
	Herri Riene

CANCELLATION

ACORD 25 (2016/03)

CERTIFICATE HOLDER

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LOC #: 1



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY	nse # 0757776	NAMED INSURED
Carlsbad, CA-HUB International Insurance Services Inc	.	P.C. Specialists, Inc. DBA: Technology Integration Group 10240 Flanders Court
POLICY NUMBER		San Diego, CA 92121
SEE PAGE 1		
CARRIER	NAIC CODE	
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles: GSP, 300 1st Ave S, Reidsville, GA 30453 HANCOCK, 701 Prison Blvd, Sparta, GA 31087 GDCP, 290 Donovan Rd, Wrightsville, GA 31096 Lee State Prison, 153 Pinewood Rd, Leesburg, GA 31763 PHILLIPS, 2989 W Rock Quarry Rd, Buford, GA 30519 ROGERS, 1978 GEORGIA HIGHWAY 147, Reidsville, GA 30453 Rutledge State Prison, 7175 Manor Rd, Columbus, GA 31907 GEORGIA DEPT OF CORRECTIONS, 210 Longbridge Road, Helena, GA 31037 Ware State Prison, 3620 Harris Rd, Waycross, GA 31503 WASHINGTON, 13262 GA-24, Davisboro, GA 31018 Arrendale State Prison, 2023 Gainesville Hwy, Alto, GA 30510 Autry State Prison, 3178 Mt Zion Church Rd, Pelham, GA 31779 Long State Prison, 1434 US HWY 84 EAST, LUDOWICI GA 31316 Montgomery State Prison, 650 Mt Vernon Alston Rd, Mt Vernon, GA 30445 Pulaski State Prison, 373 Upper River Rd, Hawkinsville, GA 31036 Valdosta State Prison, 3259 Val Tech Rd, Valdosta, GA 31602 Walker State Prison, 97 Kevin Ln, Rock Spring, GA 30739 Emanuel Women's Facility, 714 Gumlog Road, Swainsboro, GA 30401 Burruss Correctional Training CTR, 1000 Indian Springs Drive, Forsyth, GA 31029



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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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).						
PRODUCER License #	0757776	CONTACT Healy Ramey				
Carlsbad, CA-HUB I 1525 Faraday Avenu	nternational Insurance Services Inc.	PHONE (A/C, No, Ext): (760) 804-0402	X /C, No): (760) 8	304-0942		
Carlsbad, CA 92008		E-MAIL ADDRESS: healy.ramey@hubinternational.com)			
		INSURER(S) AFFORDING COVERAGE		NAIC #		
		INSURER A: Atlantic Specialty Ins. Co.		27154		
INSURED		INSURER B:				
P.C. Sp	pecialists, Inc. DBA: Technology Integration Group	INSURER C:				
	Flanders Court	INSURER D:				
San Di	ego, CA 92121	INSURER E:				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER:	REVISION NUMB	ER:			
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	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				,,	,,,,,,,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	Х	ANY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	Х	Comp Ded-\$1,000 X Coll Ded-\$1,000						,	\$	
Α	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$ 0							\$	
Α	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TO THE PROPRIETOR PARTNER PROPRIETOR PARTNER PROPRIETOR PARTNER PROPRIETOR PARTNER PROPRIETOR PARTNER PROPRIETOR PARTNER			406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	OFFI (Man	CER/MEMBER EXCLUDED? datory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf Re: Central State Prison, 4600 Fulton Mill Rd., Macon, GA 31208

CERTIFICATE HOLDER	CANCELLATION
Georgia Department of Corrections 1301 Constitution Rd. SE Atlanta. GA 30316	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Atlanta, GA 30310	AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)





CERTIFICATE OF LIABILITY INSURANCE

10/25/2019

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this certificate	e does not confer rights	s to the certificate holder i		the policy, certain policies may require an e ch endorsement(s).	ndorsement. A s	tatement on			
PRODUCER Licen	se # 0757776			CONTACT Healy Ramey					
	JB International Insura	nce Services Inc.		PHONE (A/C, No, Ext): (760) 804-0402	FAX (A/C, No): (760)	804-0942			
Carlsbad, CA 92	venue, Suite 200 008			E-MAIL ADDRESS: healy.ramey@hubinternational					
				INSURER(S) AFFORDING COVERAG	SE .	NAIC #			
				INSURER A: Atlantic Specialty Ins. Co.		27154			
INSURED				INSURER B:					
P.0	P.C. Specialists, Inc. DBA: Technology Integration Group 10240 Flanders Court		Group	INSURER C:					
				INSURER D:					
Sa	n Diego, CA 92121			INSURER E:					
				INSURER F:					
COVERAGES	CE	RTIFICATE NUMBER:		REVISION N	IUMBER:				
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									
		,		DED BY THE POLICIES DESCRIBED HEREIN IS BEEN REDUCED BY PAID CLAIMS.	S SUBJECT TO ALL	THE TERMS,			
INSR T	PE OF INSURANCE	ADDL SUBR POLIC	Y NUMBER	POLICY EFF POLICY EXP	LIMITS				

1,000,000 Χ **COMMERCIAL GENERAL LIABILITY** EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 1,000,000 CLAIMS-MADE | X | OCCUR 711008985-0013 10/31/2019 | 10/31/2020 Χ zero deductible 10,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE POLICY X PRO-2,000,000 X LOC PRODUCTS - COMP/OP AGG \$ OTHER COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** Χ 10/31/2019 10/31/2020 ANY AUTO 711008985-0013 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY Coll Ded-\$1,000 Comp Ded-\$1,000 X 15,000,000 Χ Χ **UMBRELLA LIAB OCCUR EACH OCCURRENCE** 15,000,000 711008985-0013 10/31/2019 10/31/2020 **EXCESS LIAB CLAIMS-MADE** AGGREGATE 0 DED | X | RETENTION \$ OTH-ER WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X PER STATUTE 406038027-0008 10/31/2019 | 10/31/2020 1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf

CERTIFICATE HOLDER	CANCELLATION
Georgia Department of Corrections Whitworth Facility 414 Valley Hart Rd.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Hartwell, GA 30643	AUTHORIZED REPRESENTATIVE HALLE CLERAL





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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lf th	IPORTANT: If the certificate holder SUBROGATION IS WAIVED, subject is certificate does not confer rights to	t to	the	terms and conditions of	the po	licy, certain	policies may			
PROD	DUCER License # 0757776		CONTAC	ст Healy Ra	amey					
Carls	sbad, CA-HUB International Insurance	e Ser	vice	s Inc.				FAX (A/C, No):(760) 8	804-0942
Carls	Faraday Avenue, Suite 200 sbad, CA 92008				E-MAIL ADDRES	_{ss:} healy.rai	mey@hubir	nternational.com		
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #
					INSURE	R A : Atlantic	Specialty	Ins. Co.		27154
INSUI	RED				INSURE	R B :				
	P.C. Specialists, Inc. DBA: To	echn	olog	y Integration Group	INSURE	RC:				
	10240 Flanders Court		Ū		INSURE	R D :				
	San Diego, CA 92121				INSURER E :					
					INSURER F:					
CO	VERAGES CER	TIFIC	ATE	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.								WHICH THIS		
NSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
Α	X COMMERCIAL GENERAL LIABILITY					,		EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		711008985-0013		10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ zero deductible							MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO- X LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000

	A COMMERCIAL CERTIFICATE LIABILITY					EACH OCCURRENCE	\$, ,
	CLAIMS-MADE X OCCUR	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ zero deductible					MED EXP (Any one person)	\$	10,000
						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO- JECT X LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:						\$	
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$	
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	DED X RETENTION\$						\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf

CERTIFICATE HOLDER	CANCELLATION
Georgia Department of Corrections, ECS P.O. Box 1529 Forsyth, GA 31029	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1 ordytti, die ordzo	AUTHORIZED REPRESENTATIVE
	Helre Rienz



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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).

PRODUCER License # 0757776	CONTACT Healy Ramey					
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804					
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Atlantic Specialty Ins. Co.	27154				
INSURED	INSURER B:					
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:					
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:					
San Diego, CA 92121	INSURER E:					
	INSURER F:					
COVERAGES CERTIFICATE MUMPER.	DEVICION NUMBER.					

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 S	UBR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY			(,,	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION \$ 0						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/ A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf
Re:Installation of Promethean Boards at Various Georgia Department of Juvenile Justice

CERTIFICATE HOLDER	CANCELLATION

Georgia Department of Juvenile Justice 3408 Covington Highway Decatur, GA 30032-1513 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

Don Mo





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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).

this certificate does not confer rights to the certificate holder in field of s	uch endorsement(s).	
PRODUCER License # 0757776	CONTACT Healy Ramey	
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	804-0942
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B:	
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:	
10240 Flanders Court	INSURER D:	
San Diego, CA 92121	INSURER E:	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED RELOW	HAVE REEN ISSUED TO THE INSURED NAMED AROVE FOR THE PO	LICY PERIOD

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	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				(111112)	,,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	Х	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	s	2,000,000
		OTHER:							s	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	Х	ANY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	Ť	
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	Х	Comp Ded-\$1,000 X Coll Ded-\$1,000						(i oi dooidont)	\$	
Α	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	s	15,000,000
		DED X RETENTION\$ 0						AGGREGATE	\$	
Α	WOF	KERS COMPENSATION						X PER OTH-	Ψ	
		EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE			406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	OFFI	CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	<u> </u>	1,000,000
	If ves	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		1,000,000
	DES	DITE HON OF OPERATIONS DEIDW						L.L. DISEASE - POLIC I LIMIT	φ	
									l	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf
Re: Cameras for Death Row

CERTIFICATE HOLDER	CANCELLATION

Georgia Diagnostic and Classification State Prison 2978 Highway 36 W Jackson, GA 30233 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

Helse Diens





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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).

PRC	DDUCER License # 0757776			CONTACT Healy Ra	amey				
Car	Isbad, CA-HUB International Insuran	ce Servi	ces Inc.	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942					
	5 Faráday Avenue, Suite 200 Isbad, CA 92008			E-MAIL healy.ra	mey@hubi	nternational.com	,		
	,					RDING COVERAGE		NAIC #	
				INSURER A : Atlantic				27154	
INSI	URED			INSURER B:	ороснину			27104	
	P.C. Specialists, Inc. DBA:	Technol	ogy Integration Group						
	Entre, BTG, a TIG Compan			INSURER C :					
	10240 Flanders Court San Diego, CA 92121			INSURER D :					
	Sali Diego, CA 92121			INSURER E :					
	N/FD 4 0F0	TIE10 4	TE MUMBER	INSURER F :		DEVICE NUMBER			
			TE NUMBER:	LIAVE DEEN ICCUED	TO THE INCH	REVISION NUMBER:		OLIOV DEDIOD	
	'HIS IS TO CERTIFY THAT THE POLIC NDICATED. NOTWITHSTANDING ANY								
С	CERTIFICATE MAY BE ISSUED OR MAY	PERTA	IN, THE INSURANCE AFFOR	DED BY THE POLIC	IES DESCRIE	BED HEREIN IS SUBJECT T			
E INSR	EXCLUSIONS AND CONDITIONS OF SUCH								
<u>LTR</u>	TYPE OF INSURANCE	ADDL SU	VD POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	4 000 000	
Α	X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
	χ zero deductible					MED EXP (Any one person)	\$	10,000	
						PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000	
	POLICY X PRO- JECT X LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:						\$		
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$		
	X Comp Ded-\$1,000 X Coll Ded-\$1,000					, , , , , , , , , , , , , , , , , , , ,	\$		
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	15,000,000	
	EXCESS LIAB CLAIMS-MAD		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000	
	DED X RETENTION\$)				NOONEONIE	\$		
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-	Ψ		
			406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	e	1,000,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					Φ	1,000,000	
	If yes, describe under					E.L. DISEASE - EA EMPLOYEE	Ф	1,000,000	
Α	DÉSCRIPTION OF OPERATIONS below Property Away From		711008985-0013	10/31/2019	10/31/2020	E.L. DISEASE - POLICY LIMIT Limit:	Ф	200,000	
	Premises		711008985-0013	10/31/2019	10/31/2020	Ded		1,000	
Α			111111111111111111111111111111111111111	101011211				-,	

CERTIFICATE HOLDER CANCELLATION

Glaze Communications 1864 Cowen Rd. Gulf Breeze, FL 32563 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

Acres 16





CERTIFICATE OF LIABILITY INSURANCE

10/25/2019

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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).

tine continuate accenter come, righte to the continuate fields, in hea of ca	on ondercomonico).					
PRODUCER License # 0757776	CONTACT Healy Ramey					
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942				
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Atlantic Specialty Ins. Co.	27154				
INSURED	INSURER B:					
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:					
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:					
San Diego, CA 92121	INSURER E:					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER.	DEVISION NUMBED:					

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 INSD	SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY	IIIOD	****		(MINIO D) 1111)	(MIMI/OD/1111)	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ zero deductible						MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO	Х		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	DED X RETENTION\$							\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Property Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Premises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Hyatt Corporation, Kawailoa Development LLP, a Hawaii limited liability partnership, TAK Hawaii, Inc. and TAK Development, Inc. are named as additional insureds under the above policies as specified by contract per VCG207 & VCA201 with respects to operations of the Insured performed on their behalf; such insurance shall be primary and not contributory with Hyatt's insurance 90 days notice of cancellation/15 days for non-payment

CERTIFICATE HOLDER	CANCELLATION
Grand Hyatt Kaui'i Resort & Spa 1571 Poipu Rd. Koloa. Hl 96756	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1000, 111 307 00	AUTHORIZED REPRESENTATIVE
	Hetre Oceas

CANCELL ATION

CEDTIEICATE HOLDED



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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).

PRODUCER License # 0757776	CONTACT Healy Ramey					
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942				
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Atlantic Specialty Ins. Co.	27154				
INSURED	INSURER B:					
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:					
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:					
San Diego, CA 92121	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 S	SUBR	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY			(111117)	(IIIIII)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION\$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf
Re:RP003-11, Maintenance of Computers, Printers, Scanner and Peripheral Devices on an Annual Contract

CERTIFICATE HOLDER	CANCELLATION

Gwinnett County Board of Commissioners 75 Langley Dr. Lawrenceville, GA 30046-6935 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

~1 NO

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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PRODUCER License # 0757776	CONTACT Healy Ramey		
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200		A/C, No): (760) 804-0942	
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com		
	INSURER(S) AFFORDING COVERAGE	NAIC #	
	INSURER A: Atlantic Specialty Ins. Co.	27154	
INSURED	INSURER B:		
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:		
10240 Flanders Court	INSURER D:		
San Diego, CA 92121	INSURER E:		
	INSURER F:		
COVERAGES CERTIFICATE NUMBER.	DEVISION NUMBED:		

CERTIFICATE NUMBER:

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		JSIONS AND CONDITIONS OF SUCH								
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				, <u>,</u>	,,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	Х	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	Х	ANY AUTO	Х	X	711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$							\$	
Α	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	X	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mar	ndatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
					T. Control of the Con					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207, CG2037 & VCA201 with respects to operations of the Insured performed on their behalf Re:RP029-18, Provision of Managed Security Services GL & Auto are primary & non-contributory, GL, Auto & WC provide waiver of subrogation for Gwinnett County BOC 90 days notice of cancellation/15 days for non-payment of premium

CERTIFICATE HOLDER	CANCELLATION
Gwinnett County Board of Commissioners	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Lawrenceville, GA 30046-6935

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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PRODUCER License # 0757776	CONTACT Healy Ramey				
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 80				
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com				
	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: Atlantic Specialty Ins. Co.	27154			
INSURED	INSURER B:				
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:				
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:				
San Diego, CA 92121	INSURER E:				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY	IIIOD	****		(MINIO D) 1111)	(MIMI/OD/1111)	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ zero deductible						MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO	Х		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	DED X RETENTION\$							\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Property Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Premises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf
Re:Bid #RP016-13, Purchase of Symantec Products and Related Services

CERTIFICATE HOLDER	CANCELLATION
	CHOILED ANY OF THE ABOVE DECORRED BOLLOIFO DE

Gwinnett County BOC 75 Langley Dr. Lawrenceville, GA 30046-6935 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

Detre Diene



Certificate of Insurance

Producer

R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505

THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.

Named Insured PC Specialists, Inc. dba: Technology Integration Group TiG Shanghal, Ltd Insurance Company

Itex, Inc. dba: Technology Integration Group

Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038

Technology Integration Group, Inc.
10240 Flanders Court, San Diego, CA 92121
THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.

x	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Dissaminator sM content liability policy				\$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$

Professional Liability, internet and Network Liability Insurance with respects to operations of the insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium Waiver of aubrogation applies Re:Bld #RP016-13, Purchase of Symantec Products and Related Services

Certificate Holder Box

Gwinnett County BOC 75 Langley Dr. Lawrenceville GA 300466935

CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.

THIS CERTIFICATE DOES NOT CONFER ANY COVERAGE RIGHTS ON THE | THIS CERTIFICATE HOLDER. THE CERTIFICATE HOLDER IS NOT AN ADDITIONAL INSURED UNLESS: (1) THE INSURANCE COMPANY HAS ISSUED AN ENDORSEMENT TO THE POLICY TO EFFECT SUCH COVERAGE, THE CERTIFICATE HOLDER SATISFIES ALL OF THE REQUIREMENTS IN THE POLICY TO QUALIFY AS AN ADDITIONAL INSURED AS DESCRIBED IN THE POLICY'S DEFINITION OF "YOU."

NOT CERTIFICATE DOES CHANGE WAY THE ANY IN INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE DOES NOT CERTIFICATE CONTRACT CONSTITUTE BETWEEN THE HOLDER AND ANY OTHER PARTY.

Authorized Representative

10/25/2019

Date

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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ting octanioate accession content rights to the octanioate notaer in hea or sa	ion chaorschicht(s).	
PRODUCER License # 0757776	CONTACT Healy Ramey	
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760)	804-0942
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B:	
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:	
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:	
San Diego, CA 92121	INSURER E :	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER:	DEVISION NUMBED.	

CERTIFICATE NUMBER:

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	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X c	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χΖ	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L	AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	P	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
	0	OTHER:							\$	
Α	AUTO	MOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		NY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	8	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	_ ^ _ A	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	omp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	Χυ	MBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
	E	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	D	DED X RETENTION\$							\$	
A	WORKE AND EN	ERS COMPENSATION MPLOYERS' LIABILITY						X PER OTH- STATUTE OTH-		
	ANY PR	ROPRIETOR/PARTNER/EXECUTIVE TO THE	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Manda	ER/MEMBER EXCLUDED?	IN/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, d	describe under RIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Prope	erty Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Premi	ises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf Re:BL131-12, Purchase of Computer Hardware, Printers, File Servers & Peripheral Equipment

CERTIFICATE HOLDER	CANCELLATION
Gwinnett County BOC 75 Langley Dr. Lawrenceville. GA 30046-6935	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Lawrenceville, GA 30040-0333	AUTHORIZED REPRESENTATIVE
<u>.</u>	Herry Riens





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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this	SUBROGATION IS WAIVED, s certificate does not confer r							require an endors	ement. A	statement on
PRODU	RODUCER License # 0757776					^{©⊺} Healy Ra	amey			
	bad, CA-HUB International Infraraday Avenue, Suite 200	surance Ser	vice	s Inc.	PHONE (A/C, No	o, Ext): (760) 8	304-0402			804-0942
Carlsbad, CA 92008						_{ss:} healy.ra	mey@hubir	ternational.com		
						INS	SURER(S) AFFOR	DING COVERAGE		NAIC #
					INSURE	R A : Atlantic	Specialty	lns. Co.		27154
INSURI	ED				INSURE	RB:				
	P.C. Specialists, Inc.	DBA: Techn	olog	y Integration Group	INSURER C:					
	10240 Flanders Court				INSURER D:					
	San Diego, CA 92121				INSURER E:					
					INSURER F:					
COV	ERAGES	CERTIFIC	CATE	NUMBER:				REVISION NUMBI	ER:	
	IS IS TO CERTIFY THAT THE DICATED. NOTWITHSTANDING									
	RTIFICATE MAY BE ISSUED O CLUSIONS AND CONDITIONS OF							ED HEREIN IS SUBJ	IECT TO AL	L THE TERMS,
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
A	X COMMERCIAL GENERAL LIABILIT	Υ						EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCU	R V		711008085-0013		10/31/2010	10/31/2020	DAMAGE TO RENTED	, 6	1,000,000

INSR LTR	TYPE OF INSURANCE	ADDL	SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	'S	
A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	T O LIO THOM DE IN	(MIM/DD/TTTT)	(MIM/DD/TTTT)	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ zero deductible						MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO- X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	DED X RETENTION \$ 0							\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH-		
	ANY PROPRIEDDE PARTIER/EXECUTIVE	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Property Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Premises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf Re:#RP004-16, Provision of Desktop Computer Hardware Leasing

Gwinnett County BOC 75 Langley Dr. Lawrenceville, GA 30046	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	Admidaens



DATE (MM/DD/YYYY) 10/25/2019

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 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)

	ights to the certificate holder in hea or sa	ion endorsement(s):					
PRODUCER License # 0757776		CONTACT Healy Ramey					
Carlsbad, CA-HUB International In: 1525 Faraday Avenue, Suite 200	surance Services Inc.	PHONE (A/C, No, Ext): (760) 804-0402	FAX (A/C, No): (760)	304-0942			
Carlsbad, CA 92008		E-MAIL ADDRESS: healy.ramey@hubinternational.com					
		INSURER(S) AFFORDING COVERAGE		NAIC #			
		INSURER A: Atlantic Specialty Ins. Co.		27154			
INSURED		INSURER B:					
P.C. Specialists, Inc.	DBA: Technology Integration Group	INSURER C:					
10240 Flanders Court	•	INSURER D:					
San Diego, CA 92121		INSURER E :					
		INSURER F:					
COVERAGES	CERTIFICATE NUMBER:	REVISION NUM	MBER:				

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	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY				,	(EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	Х	Х	711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$							\$	
Α	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
		PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A	X	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mar	datory in NH)	117.7					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
		perty Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Pre	mises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 & VCA201 with respects to operations of the Insured performed on their behalf Re:RP015-16, Maintenance of Computers, Printers, Scanners, Servers and Peripheral Devices on an Annual Contract GL & Auto are primary & non-contributory, GL, Auto & WC provide waiver of subrogation for Gwinnett County BOC 90 days notice of cancellation/15 days for non-payment of premium

CERTIFICATE HOLDER	CANCELLATION
Gwinnett County BOC 75 Langley Dr. Lawrenceville, GA 30046-6935	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Lawrenceville, GA 30040-0933	AUTHORIZED REPRESENTATIVE
	Astra Riene





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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tine continuate acception content inglitte to the continuate metaer in hea of ca	on ondercomonico).	
PRODUCER License # 0757776	CONTACT Healy Ramey	
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B:	
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:	
10240 Flanders Court	INSURER D:	
San Diego, CA 92121	INSURER E:	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER.	DEVISION NUMBED.	

CERTIFICATE 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	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY				,	(EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	Х	Х	711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$							\$	
Α	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
		PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A	X	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mar	datory in NH)	117.7					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
		perty Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Pre	mises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207, CG2037 & VCA201 with respects to operations of the Insured performed on their behalf Re:#IWQ-1-521498 Purchase of Audiovisual Equipment GL, Auto & WC provide waiver of subrogation for Gwinnett County BOC

CERTIFICATE HOLDER	CANCELLATION
Gwinnett County BOC 75 Langley Dr. Lawrenceville. GA 30046	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
24	AUTHORIZED REPRESENTATIVE
	Hillia Cherae





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

this certificat	is certificate does not confer rights to the certificate holder in lieu of such endorsement(s).									
PRODUCER Licer	nse # 0757776			CONTACT Healy Ramey						
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200				PHONE (A/C, No, Ext):	(760) 8	04-0402		FAX (A/C, No): (760) 804-0	942
Carlsbad, CA 9					ternational.co					
					INS	URER(S) AFFORE	OING COVERAGE		N	AIC#
				INSURER A :	Atlantic	Specialty In	ıs. Co.		2715	4
INSURED				INSURER B :						
P.C. Specialists, Inc. DBA: Technology Integration Group				INSURER C:						
	240 Flanders Court			INSURER D:						
38	n Diego, CA 92121			INSURER E :						
				INSURER F:						
COVERAGES	CER	TIFICATE	NUMBER:			R	REVISION NUM	IBER:		
	ERTIFY THAT THE POLICIE									
	NOTWITHSTANDING ANY R MAY BE ISSUED OR MAY									
EXCLUSIONS	AND CONDITIONS OF SUCH	POLICIES.	LIMITS SHOWN MAY HAVE	BEEN REDU	CED BY	PAID CLAIMS.				,
INSR LTR 1	YPE OF INSURANCE	ADDL SUBR INSD WVD			JCY EFF DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		000 000

X COMMERCIAL GENERAL LIABILITY 1.000.000 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 1,000,000 CLAIMS-MADE | X | OCCUR 10/31/2019 10/31/2020 711008985-0013 X zero deductible 10,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: **GENERAL AGGREGATE** POLICY X PRO-2,000,000 X LOC PRODUCTS - COMP/OP AGG \$ OTHER COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** Χ ANY AUTO 711008985-0013 10/31/2019 | 10/31/2020 X BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY Comp Ded-\$1,000 X Coll Ded-\$1,000 15,000,000 X Χ **UMBRELLA LIAB OCCUR EACH OCCURRENCE** 711008985-0013 10/31/2019 10/31/2020 15,000,000 **EXCESS LIAB** CLAIMS-MADE X Χ AGGREGATE 0 DED | X | RETENTION \$ OTH-ER WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X PER STATUTE 406038027-0008 10/31/2019 | 10/31/2020 1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207, CG2037 & VCA201 with respects to operations of the Insured performed on their behalf Re:BL110-19, Provision of Symantec Data Loss Prevention coverage is primary and non-contributory GL, Auto & WC provide waiver of subrogation for Gwinnett County BOC 90 days notice of cancellation/15 for non-payment

CERTIFICAT	TE HOLDER	CANCELLATION
	Gwinnett County BOC 75 Langley Dr. Lawrenceville. GA 30046-6935	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	Zamichovnic, CA 00040 0000	AUTHORIZED REPRESENTATIVE
		Manuceaent_



ACORD'

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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	is certificate does not confer rights to	the	certi	ficate holder in lieu of su	ich end	orsement(s)					
PRO	DUCER License # 0757776				CONTAC NAME:	ਾ Healy Ra	mey				
152	sbad, CA-HUB International Insurance 5 Faraday Avenue, Suite 200 sbad, CA 92008	Ser	vices	s Inc.	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com					804-0942	
Jan	355au, OA 32000				ADDRE			RDING COVERAGE			NAIC#
					INCLIDE	R A : Atlantic					27154
INSU	IRED				INSURE		ороснику				27104
	P.C. Specialists, Inc. DBA: Te	ahn	olog	y Integration Group	INSURE						
	10240 Flanders Court	ecnn	olog	y integration Group							
	San Diego, CA 92121				INSURE						
					INSURE						
CO	VERAGES CERT	rific	`ATE	NUMBER:	INSUKL	N.F.		REVISION NUM	/IRED:		
TI IN CI EX	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH F	S OF EQUIF PERT POLIC	F INS REME FAIN, CIES.	URANCE LISTED BELOW ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A DED BY	NY CONTRAC THE POLICI REDUCED BY	TO THE INSUF CT OR OTHER ES DESCRIB PAID CLAIMS.	RED NAMED ABO R DOCUMENT WI' ED HEREIN IS S	VE FOR TH	CT TO	WHICH THIS
NSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURREN	CE	\$	1,000,000
	CLAIMS-MADE X OCCUR			711008985-0013		10/31/2019	10/31/2020	DAMAGE TO RENT PREMISES (Ea occ	ED urrence)	\$	1,000,000
	χ zero deductible							MED EXP (Any one	person)	\$	10,000
								PERSONAL & ADV	INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	SATE	\$	2,000,000
	POLICY X PRO-							PRODUCTS - COM	P/OP AGG	\$	2,000,000
_	OTHER:							COMBINED SINGLE	E I IMIT	\$	1 000 000
Α	AUTOMOBILE LIABILITY							(Ea accident)	LIIVIII	\$	1,000,000
	X ANY AUTO SCHEDULED			711008985-0013		10/31/2019	10/31/2020	BODILY INJURY (P	er person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (P	er accident)	\$	
	X HIRED AUTOS ONLY Comp Ded-\$1,000 Y Coll Ded-\$1,000							PROPERTY DAMAG (Per accident)	,	\$	
Λ	X X									\$	15,000,000
Α	X UMBRELLA LIAB X OCCUR			711008985-0013		10/31/2019	10/31/2020	EACH OCCURREN	CE	\$	15,000,000
	EXCESS LIAB CLAIMS-MADE			711000303-0013		10/31/2013	10/31/2020	AGGREGATE		\$	13,000,000
Α	DED X RETENTIONS							X PER STATUTE	OTH- ER	\$	
^	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			406038027-0008		10/31/2019	10/31/2020				1.000.000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				10,01,2010		E.L. EACH ACCIDE		\$	1,000,000
	If yes, describe under							E.L. DISEASE - EA			1,000,000
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POI	LICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	COPD	101 Additional Pamarks Schodu	ılo may b	o attached if mor	o enaco le roquir	and)			
Re:C	Operations of the Insured performed on I	beha	If of (Certificate Holder	iie, iiiay b	e attached il illoi	e space is requi	cuj			
CEI	RTIFICATE HOLDER				CANC	ELLATION					
								ESCRIBED POLIC			
	Hamilton Sundstrand							EREOF, NOTICI	E WILL E	BE DE	LIVERED IN

ACORD 25 (2016/03)

1 Hamilton Rd.

Windsor Locks, CT 06096

AUTHORIZED REPRESENTATIVE





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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.

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this certificate does not confer rights to the certificate holder in lieu of su	ıch endorsement(s).				
PRODUCER License # 0757776	CONTACT Healy Ramey				
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942			
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com				
	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: Atlantic Specialty Ins. Co.	27154			
INSURED	INSURER B:				
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:				
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:				
San Diego, CA 92121	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 INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY					, <u>,</u>	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	Х	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	Х	ANY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	Х	Comp Ded-\$1,000 X Coll Ded-\$1,000						,	\$	
Α	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$ 0							\$	
Α	WOR	KERS COMPENSATION						X PER OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE // N			406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	OFFI (Man	CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
		perty Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Pre	mises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf

CERTIFICATE HOLDER	CANCELLATION
Hawaii Central Federal Credit Union 681 South King St. Honolulu, HI 96813	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 HERE CENTER OF THE PROPERTY OF THE



ACORD'

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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).

PRODUCER License # 0757776	CONTACT Healy Ramey						
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804						
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com	,					
	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: Atlantic Specialty Ins. Co.	27154					
INSURED	INSURER B:						
P.C. Specialists, Inc. DBA: Technology Integration Group Entre, BTG, a TIG Company;	INSURER C:						
10240 Flanders Court	INSURER D:						
San Diego, CA 92121	INSURER E:						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER.	DEVICION NUMBER.						

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 S	SUBR	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY			(111117)	(IIIIII)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION\$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf

CERTIFICATE HOLDER	CANCELLATION
Hawaiian Telecom Communications, Inc. 1177 Bishop St. Honolulu, CA 96813	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Tionolala, OA 30013	AUTHORIZED REPRESENTATIVE
	Astru Dienz





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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 contificate holder is an ADDITIONAL INSURED, the notice/(ice) must have ADDITIONAL INSURED provisions or be endorsed

lf thi	SUBROGATION IS WAIVED, subject sometimes of the second section of the second se	t to	the	terms and conditions of	the po	licy, certain	policies may			
PROD	UCER License # 0757776				CONTACT Healy Ramey					
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200						PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8				
Carls	sbad, CA 92008				E-MAIL ADDRESS: healy.ramey@hubinternational.com					
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #
					INSURE	R A : Atlantic	Specialty	Ins. Co.		27154
INSU	RED				INSURE	RB:				
	P.C. Specialists, Inc. DBA: Te	echn	olog	y Integration Group	INSURE	RC:				
	10240 Flanders Court		•		INSURER D:					
	San Diego, CA 92121				INSURER E:					
					INSURER F:					
CO	ERAGES CERT	ΓΙFΙC	CATE	NUMBER:	REVISION NUMBER:					
INI	IS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY RE	EQUI	REM	ENT, TERM OR CONDITION	N OF A	NY CONTRA	CT OR OTHER	R DOCUMENT WITH RESPI	ECT TO	O WHICH THIS
	RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH F							ED HEREIN IS SUBJECT 1	O ALL	. THE TERMS,
NSR LTR			SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR X 711008985-0013					10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ zero deductible							MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
ı										2 000 000

INS	R	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
1		X COMMERCIAL GENERAL LIABILITY				<u>, , , , ,</u>	,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Χ	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
		χ zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
1	١ [AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		X ANY AUTO	Χ	Х	711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
		X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
		X Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
1	١.	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
	Ī	EXCESS LIAB CLAIMS-MADE	X	Х	711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	Ī	DED X RETENTION\$ 0							\$	
1	\	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH-		
		ANY PROPRIETOR/PARTNER/EXECUTIVE // N	.		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
		(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Henry County Water Authority is named as Additional Insured as specified by contract per VCG207, CG2037 & VCA201 regarding operations of the Insured performed on their behalf Waiver of subrogation applies 90 days notice of cancellation/10 days for non-payment of premium

CERTIFICATE HOLDER	CANCELLATION
Henry County Water Authority 1695 Hwy 20 West Mc Donough, GA 30253	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
We Bollough, GA 30233	Authorized representative



Certificate of Insurance

Producer

R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505

THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.

Named Insured

PC Specialists, Inc. dba: Technology Integration Group TiG Shanghal, Ltd

ltex, Inc. dba: Technology Integration Group

Insurance Company

Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038

Technology Integration Group, Inc.
10240 Flanders Court, San Diego, CA 92121
THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.

х	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator sM content liability policy				\$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$

Description or Comments Professional Liability, internet and Network Liability insurance with respects to operations of the insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium Walver of subrogation applies

Certificate Holder Box

Henry County Water Authority 1695 Hwy 20 West Mc Donough GA 30253

CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.

THIS CERTIFICATE DOES NOT CONFER ANY COVERAGE RIGHTS ON THE CERTIFICATE HOLDER. THE CERTIFICATE HOLDER IS NOT AN ADDITIONAL INSURED UNLESS: (1) THE INSURANCE COMPANY HAS ISSUED AN ENDORSEMENT TO THE POLICY TO EFFECT SUCH COVERAGE, CERTIFICATE HOLDER SATISFIES ALL OF THE THE REQUIREMENTS IN THE POLICY TO QUALIFY AS AN ADDITIONAL INSURED AS DESCRIBED IN THE POLICY'S DEFINITION OF "YOU."

NOT THIS CERTIFICATE DOES WAY THE CHANGE IN ANY INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE NOT DOES CONSTITUTE CONTRACT BETWEEN THE HOLDER AND ANY OTHER PARTY.

Authorized Representative

10/25/2019

Date





CERTIFICATE OF LIABILITY INSURANCE

10/25/2019

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	ertificate does not confer rights to	o the	cert	ificate holder in lieu of su							
	ER License # 0757776				CONTACT Healy Ramey						
Carlsba	d, CA-HUB International Insuranc raday Avenue, Suite 200	e Se	rvice	s Inc.	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942						
Carlsba	d, CA 92008				E-MAIL ADDRES	_{ss:} healy.raı	mey@hubir	nternational.co	m		
						INS	SURER(S) AFFOR	RDING COVERAGE			NAIC #
					INSURE	R A : Atlantic	Specialty	Ins. Co.			27154
INSURED					INSURE	RB:					
	P.C. Specialists, Inc. DBA: T	echr	nolog	v Integration Group	INSURE	RC:					
	10240 Flanders Court			,,,	INSURE	RD:					
	San Diego, CA 92121				INSURE	RE:					
					INSURE	RF:					
COVER	RAGES CER	TIFIC	CATE	E NUMBER:	•			REVISION NUM	BER:		
INDIC. CERT	IS TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	EQUI PER	REMI	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAI THE POLIC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH	H RESPE	CT TC	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Αχ	COMMERCIAL GENERAL LIABILITY					<u> </u>	,, <u>-</u>	EACH OCCURRENCI	E	\$	1,000,000
	CLAIMS-MADE X OCCUR	х	х	711008985-0013		10/31/2019	10/31/2020	DAMAGE TO RENTE PREMISES (Ea occur	D	\$	1,000,000
Х	zero deductible							MED EXP (Any one pe	, i	\$	10,000
								PERSONAL & ADV IN	JURY	\$	1,000,000
GEI	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA	ATE	\$	2,000,000
	POLICY X PRO- OTHER:							PRODUCTS - COMP/	OP AGG	\$	2,000,000
AU ⁻	TOMOBILE LIABILITY							COMBINED SINGLE	LIMIT	\$	
	ANY AUTO							(Ea accident) BODILY INJURY (Per	nerson)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per		\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)		\$	
	AUTOS ONLY AUTOS ONLY							(i ei accident)		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCI	=	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	_	\$	
	DED RETENTION \$	1								\$	
A wor	RKERS COMPENSATION DEMPLOYERS' LIABILITY							X PER STATUTE	OTH- ER		
ANY	PROPRIETOR/PARTNER/EXECUTIVE TO THE		X	406038027-0008		10/31/2019	10/31/2020	E.L. EACH ACCIDEN		\$	1,000,000
	ICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EI	MPLOYEE	\$	1,000,000
If ye	s, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC	CY LIMIT	\$	1,000,000
High Bar	TION OF OPERATIONS / LOCATIONS / VEHIC nks Business Park LLC is named A gh Banks Rd., Springfield, Suite 630 ment	dditio	onal I	nsured-Landlord as specif	fied by c	contract in Fo	orm VCG207 i	regarding leased)r
CERTIF	FICATE HOLDER				CANC	ELLATION					
2=:::	CERTIFICATE HOLDER High Banks Business Park LLC PO Box 7867 Springfield, OR 97475					ULD ANY OF	N DATE TH TH THE POLIC	ESCRIBED POLICI EREOF, NOTICE Y PROVISIONS.			



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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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).

PRODUCER License # 0757776	CONTACT Healy Ramey						
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760)	804-0942					
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: Atlantic Specialty Ins. Co.	27154					
INSURED	INSURER B:						
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:						
10240 Flanders Court	INSURER D:						
San Diego, CA 92121	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 S	SUBR	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY			(111117)	(IIIIII)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION\$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: TIG Quote #140020-1

Hillsborough County Public Schools is named Additional Insured as specified by contract per VCG207 with respects to operations of Insured performend on their behalf.

CERTIFICATE HOLDER	CANCELLATION
Hillsborough County Public Schools 901 East Kennedy Blvd Tampa, FL 33602	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
rampa, r E 33002	AUTHORIZED REPRESENTATIVE
	Letre Rienz



1,000,000

1,000,000

1,000,000



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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.

lf th	SU is c	RTANT: If the certificate holder BROGATION IS WAIVED, subject ertificate does not confer rights to	t to	the	terms and conditions of	the po	licy, certain ¡ lorsement(s)	policies may	NAL INSURED provision require an endorsemen	s or b	e endorsed. tatement on
PROD	DUCE	R License # 0757776				CONTA	ст Healy Ra	ımey			
	arlsbad, CA-HUB International Insurance Services Inc.						o, Ext): (760) 8		FAX (A/C, No):	(760)	804-0942
1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008						E-MAIL ADDRE	ss: healy.rar	ney@hubir	ternational.com	. ,	
									RDING COVERAGE		NAIC#
						INSURE	R A : Atlantic	Specialty	Ins. Co.		27154
INSURED						INSURE	RB:				
P.C. Specialists, Inc. DBA: Technology Integration Group					v Integration Group	INSURE	RC:				
	10240 Flanders Court					INSURER D:					
	San Diego, CA 92121						INSURER E :				
						INSURE	RF:				
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:					
IN Ce	DIC/ ERTI	IS TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	EQUI PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORI	N OF A	NY CONTRAC	CT OR OTHER IES DESCRIB	DOCUMENT WITH RESPE	CT TO	WHICH THIS
NSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
Α	Χ	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	Х	711008985-0013		10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	zero deductible							MED EXP (Any one person)	\$	10,000
									PERSONAL & ADV INJURY	\$	1,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- X LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:								\$	
Α	A 1 17	COMODIL E LIADILITY							COMBINED SINGLE LIMIT	_	1.000.000

Χ 711008985-0013 10/31/2019 10/31/2020 ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) NON-OWNED AUTOS ONLY HIRED AUTOS ONLY X Comp Ded-\$1,000 X Coll Ded-\$1,000 15,000,000 X X **UMBRELLA LIAB OCCUR EACH OCCURRENCE** 15,000,000 711008985-0013 10/31/2019 10/31/2020 **EXCESS LIAB CLAIMS-MADE** AGGREGATE 0 DED | X | RETENTION \$ X PER STATUTE OTH-ER WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

10/31/2019 | 10/31/2020

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Horiba Instruments Incorporated is included as Additional Insured as specified by contract per VCG207 & VCA201 with respects to operations of the Insured performed on their behalf Waiver of Subrogation provided along with primary & non-contributory wording included on GL

406038027-0008

N/A

CERTIFICATE HOLDER	CANCELLATION					
HORIBA Instruments Incorporated 9755 Research Dr. Irvine, CA 92618	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 Halfee Dienal					

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

If yes, describe under DESCRIPTION OF OPERATIONS below

E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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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).

PRODUCER License # 0757776	CONTACT Healy Ramey				
	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942			
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com				
	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: Atlantic Specialty Ins. Co.	27154			
INSURED	INSURER B:				
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:				
10240 Flanders Court	INSURER D:				
San Diego, CA 92121	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 S	SUBR	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY	INCO		(MM), 25, 1111)	(MINI/OD/1111)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION\$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf

CERTIFICATE HOLDER	CANCELLATION
OLIVIII IOATE HOLDEN	OANOLLEANON

Housing Authority of DeKalb County Attn: Janet Verner 750 Commerce Dr. #201 Decatur, GA 30030-2612 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

Acres 16





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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	is certificate does not confer rights to	o the	cert	ificate holder in lieu of su					
PRO	DUCER License # 0757776				CONTACT Healy Ra	amey			
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008			s Inc.	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942					
				E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	,						RDING COVERAGE		NAIC #
				INSURER A : Atlantic Specialty Ins. Co.				27154	
INSURED				INSURER B:	27104				
P.C. Specialists, Inc. DBA: Technology Integration Group 10240 Flanders Court					INSURER C :				
	San Diego, CA 92121			INSURER D :					
	-			INSURER E :					
					INSURER F :				
			_	E NUMBER:			REVISION NUMBI		
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	REMI TAIN, CIES.	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	ON OF ANY CONTRACTED BY THE POLIC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH F SED HEREIN IS SUBJ	RESPECT	TO WHICH THIS
NSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
Α	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrer	nce) \$	1,000,000
	χ zero deductible						MED EXP (Any one pers	, I	10,000
							PERSONAL & ADV INJU	JRY \$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE		2,000,000
	POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OF		2,000,000
	OTHER:						- 11020010 COMM 701	\$	
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIN (Ea accident)		1,000,000
	X ANY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per pe		
	OWNED SCHEDULED AUTOS ONLY AUTOS				10/01/2010		BODILY INJURY (Per ac		
	X AUTOS ONLY X NON-OWNED AUTOS ONLY AUTOS ONLY				PROPERTY DAMAGE (Per accident)	\$			
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						(Fer accident)	\$	
Α	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	DED X RETENTION\$						AGGREGATE	\$, ,
Α		ENSATION LIABILITY Y/N						OTH-	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N		406038027-0008		10/31/2019	10/31/2020		ER	1,000,000
	NY PROPRIETOR/PARTNER/EXECUTIVE DFFICER/MEMBER EXCLUDED? N / A Mandatory in NH)					E.L. EACH ACCIDENT	\$	1,000,000	
	If yes, describe under						E.L. DISEASE - EA EMP		1,000,000
	DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY	LIMIT \$	-,,
DES Re:	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Operations of the Insured performed or	LES (/ beh	ACORE	D 101, Additional Remarks Schedi Certificate Holder	ule, may be attached if mor	re space is requi	red)		
CE	RTIFICATE HOLDER				CANCELLATION				
					CHOILD TANK CE	THE ABOVE 5	FOODIDED BOLLOTT	DE 04110	ELL ED DE 2005
	-						ESCRIBED POLICIES IEREOF, NOTICE V		
	Humana, Inc.				ACCORDANCE WI				
	500 West Main St. Louisville. KY 40202								

AUTHORIZED REPRESENTATIVE



ACORD'

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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tine continuate accenter content rights to the continuate hereof in hea or ex	2011 01140100111(0)1					
PRODUCER License # 0757776	CONTACT Healy Ramey					
Carlsbad, CA-HUB International Insurance Services Inc.	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760)	804-0942				
1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Atlantic Specialty Ins. Co.	27154				
INSURED	INSURER B:					
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:					
10240 Flanders Court	INSURER D:					
San Diego, CA 92121	INSURER E:					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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		HONS AND CONDITIONS OF SUCH								
INSR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X c	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χΖ	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L	AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	P	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
	0	OTHER:							\$	
Α	AUTO	MOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		NY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	8	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	_ ^ _ A	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	omp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	Χυ	MBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
	E	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	D	DED X RETENTION\$							\$	
A	WORKE AND EN	ERS COMPENSATION MPLOYERS' LIABILITY						X PER OTH- STATUTE OTH-		
	ANY PR	ROPRIETOR/PARTNER/EXECUTIVE TO THE	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Manda	ER/MEMBER EXCLUDED?	IN/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, d	describe under RIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Prope	erty Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Premi	ises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf

CENTILICATE HOLDEN	CANCELLATION
Huntington Memorial Hospital 100 W. California Blvd. Pasadena. CA 91105	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
r doddona, ox orroo	AUTHORIZED REPRESENTATIVE

CANCELL ATION

ACORD 25 (2016/03)

CEDTIEICATE HOLDED

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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PRODUCER License # 0757776	CONTACT Healy Ramey	
Carlsbad, CA-HUB International Insurance Services Inc.		0) 804-0942
1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B:	
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:	
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:	
San Diego, CA 92121	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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		HONS AND CONDITIONS OF SUCH								
INSR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X c	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χΖ	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L	AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	P	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
	0	OTHER:							\$	
Α	AUTO	MOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		NY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	8	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	_ ^ _ A	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	omp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	Χυ	MBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
	E	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	D	DED X RETENTION\$							\$	
A	WORKE AND EN	ERS COMPENSATION MPLOYERS' LIABILITY						X PER OTH- STATUTE OTH-		
	ANY PR	ROPRIETOR/PARTNER/EXECUTIVE TO THE	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Manda	ER/MEMBER EXCLUDED?	IN/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, d	describe under RIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Prope	erty Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Premi	ises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf

CERTIFICATE HOLDER	CANCELLATION

Indiana University 400 E. 7th St, Rm 705 Bloomington, IN 47405-2206 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

Helse Diens



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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PRODUCER License # 0757776	CONTACT Healy Ramey	
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B:	
P.C. Specialists, Inc. DBA: Technology Integration Group Entre, BTG, a TIG Company;	INSURER C:	
10240 Flanders Court	INSURER D:	
San Diego, CA 92121	INSURER E:	
	INSURER F:	
COVER A CEC.	DEVICION NUMBER.	

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 S	SUBR	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY			(111117)	(IIIIII)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION\$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holders are included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf

CERTIFICATE HOLDER	CANCELLATION
OLIVIII IOATE HOLDEN	OANOLLLATION

Indianapolis Public Schools The John Morton-Finney Center for Educational Services 120 E. Walnut Street Indianapolis, IN 46204 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

Detru Quene



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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.

If the cortificate holder is an ADDITIONAL INSURED, the policy/ics) must have ADDITIONAL INSURED provisions or be endersed

lf	SUBROGATION IS WAIVED, subje s certificate does not confer rights t	ct to	the	terms and conditions of	the po	licy, certain	policies may				
	UCER License # 0757776	-				^{CT} Healy Ra					
Carls	bad, CA-HUB International Insurance	e Sei	rvice	s Inc.	PHONE (A/C, No	o, Ext): (760) 8	304-0402			'60) 8	04-0942
Carls	Faraday Avenue, Suite 200 bad, CA 92008				E-MAIL ADDRE	_{ss:} healy.raı	mey@hubir	nternational.com	n		
						INS	SURER(S) AFFOR	RDING COVERAGE			NAIC #
					INSURE	R A : Atlantic	Specialty	Ins. Co.			27154
INSUF	(ED				INSURE	RB:					
P.C. Specialists, Inc. DBA: Technology Integration Group				y Integration Group	INSURE	RC:					
	10240 Flanders Court		Ū		INSURE	RD:					
San Diego, CA 92121				INSURER E :							
					INSURER F:						
COV	'ERAGES CEF	TIFIC	CATE	NUMBER:	REVISION NUMBER:						
INI	IS IS TO CERTIFY THAT THE POLICI DICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY	REQUI	REME	ENT, TERM OR CONDITION	N OF A	NY CONTRA	CT OR OTHER	R DOCUMENT WITH	RESPEC	OT TO	WHICH THIS
	CLUSIONS AND CONDITIONS OF SUCH							LD TIERLIN IO OOL	320110	ALL	TIE TERMO,
NSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
Α	X COMMERCIAL GENERAL LIABILITY					,	,	EACH OCCURRENCE		ò	1,000,000
	CLAIMS-MADE X OCCUR	Х		711008985-0013		10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurre	ence) \$	ò	1,000,000
	χ zero deductible							MED EXP (Any one pe	·	5	10,000
								PERSONAL & ADV IN	JURY \$	3	1,000,000
	CENII ACCRECATE I IMIT APRI IES DED:							GENERAL AGGREGA	TE (2,000,000

Α	X COMMERCIAL GENERAL LIABILITY			1	,	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO- JECT X LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED AUTOS ONLY SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION\$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTHER/EXECUTIVE	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	11/ 7				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
Α	Business Income		711008985-0013	10/31/2019	10/31/2020	Blanket Limit	5,557,250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Investment Properties, Ltd. is named Additional Insured-Landlord as specified by contract in Form VCG207 regarding leased premises at 143 W. Rhapsody, San Antonio, TX 78216 90 days notice of cancellation/15 days for non-payment of premium coverage is primary & non-contributory

CERTIFICATE HOLDER	CANCELLATION
Investment Properties, Ltd 1011 N. Frio, Ste. 200 San Antonio, TX 78207	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
San Antonio, 1X 70207	Authorized Representative Halle Coeras



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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PRODUCER License # 0757776	CONTACT Healy Ramey					
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942				
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Atlantic Specialty Ins. Co.	27154				
INSURED	INSURER B:					
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:					
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:					
San Diego, CA 92121	INSURER E:					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY			(111117)	(IIIIII)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION\$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Jones Lang LaSalle Americas, Inc, Deutsche Bank AG, its subsidiaries and affiliates, Paramount Group, Inc, PGREF II 60 Wall Street, L.P and PGREF II 60 Wall
GP, LLC are included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf

CERTIFICATE HOLDER	CANCELLATION

Jones Lang LaSalle Americas, Inc. Attn: Property Management Office 60 Wall Street NY C60-0105 New York, NY 10005-2858 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

Detru Cieni



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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PRODUCER License # 0757776	CONTACT Healy Ramey					
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	(760) 804-0942				
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Atlantic Specialty Ins. Co.	27154				
INSURED	INSURER B:					
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:					
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:					
San Diego, CA 92121	INSURER E:					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY			(111117)	(IIIIII)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION\$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf re:RFP 15-01 Computer and Networking Equipment

CERTIFICATE HOLDER	CANCELLATION

Judson Independent School District Attn: Purchasing Department 8012 Shin Oak Dr. Live Oak, TX 78233-2457 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

Done Mo



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

ADDITIO COVERA	ONAL INTEREST NAMED AGE AFFORDED BY THE GINSURER(S), AUTHORIZE	BELOW. THIS EVIDE POLICIES BELOW. D REPRESENTATIVE	NCE DOES NO THIS EVIDENC	T AFFIRM	ATIVELY OF	R NEO	SATIVEI OT CON	Y AM	END, EXTEN	ID OR	ALTER THE
AGENCY	PHONE (A/C, No, E	_{xt):} (760) 804-0402		COMPANY							
1525 Farác	CA-HUB International Insuday Avenue, Suite 200			Atlantic S	pecialty Ins.	Co.					
FAX (A/C, No): (76	60) 804-0942 E-MAIL ADDRESS: he	ealy.ramey@hubinterna	tional.com								
CODE: AGENCY CUSTOMER ID	D#: PCSPECI-02	SUB CODE: License # 0757776									
INSURED	Technology Integration			LOAN NUME 40584	ER						
	San Diego, CA 92121			1		E			CON	TINUED U	NTIL
						DENCE		.020	TERI	MINATED I	F CHECKED
PROPERT	TY INFORMATION										
THE POL	ville- Property Value: \$74,34	STED BELOW HAVE B									
EVIDENCI	E OF PROPERTY INSURA	NCE MAY BE ISSUED	OR MAY PERTA	AIN, THE IN	SURANCE AI	FFOR	DED BY	THE PO	DLICIES DES	CRIBED	HEREIN IS
COVERAG	GE INFORMATION	PERILS INSURED	BASIC	BROAD	X SPECIA	AL					
	Sbad, CA-HUB International Insurance Services Inc. 5 Faraday Avenue, Suite 200 Sbad, CA 92008 No): (760) 804-0942 Sub code: Sub code										
		of Others/Agreed Amou	int/RC						\$25,771	,000	1,000
REMARKS	S (Including Special Cond	litions)									
		Notice for Non-Payme	nt of Premium								
CANCELL	ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY MIRND, EXTEND OR ALTER THE REFACE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONTRACT BETWEEN THE UNING INSURERS, AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST. VA HULB International Insurance Services Inc. and the Additional Insurance Insur										
				ELLED BE	FORE THE	EXP	RATION	DATE	THEREOF,	NOTIC	E WILL BE
ADDITION	IAL INTEREST		-						-		
NAME AND A	DDRESS		-				ENDER'S L	OSS PAY	ABLE X	LOSS P	PAYEE
			ļ		1	ı					
		-		AUTHORIZED REPRESENTATIVE							



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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PRODUCER License # 0757776	CONTACT Healy Ramey						
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942					
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: Atlantic Specialty Ins. Co.	27154					
INSURED	INSURER B:						
P.C. Specialists, Inc. DBA: Technology Integration Group Entre, BTG, a TIG Company;	INSURER C:						
10240 Flanders Court	INSURER D:						
San Diego, CA 92121	INSURER E:						
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COVER A CEC.	DEVICION NUMBER.						

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY			(111117)	(IIIIII)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION\$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf

CERTIFICATE HOLDER	CANCELLATION

Key Government Finance, Inc. Attn: Suzanne Hoff 1000 S. McCaslin Blvd. Superior, CO 80027 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

Acres 16



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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 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).

PRODUCER License # 0757776		CONTACT Healy Ramey						
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200		PHONE (A/C, No, Ext): (760) 804-0402	FAX (A/C, No): (760)	804-0942				
Carlsbad, CA 92008		E-MAIL ADDRESS: healy.ramey@hubinternational.	com					
		INSURER(S) AFFORDING COVERAGE	E	NAIC #				
		INSURER A: Atlantic Specialty Ins. Co.		27154				
INSURED		INSURER B:						
P.C. Specialists, Inc. DBA: Technolog	y Integration Group	INSURER C:						
Entre, BTG, a TIG Company; 10240 Flanders Court		INSURER D:						
San Diego, CA 92121		INSURER E:						
		INSURER F:						
COVERACES CERTIFICATI	- NUMBED:	DEVICION NI	IMPED.					

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.

					LIMITS SHOWN MAY HAVE BEEN					
INSF	INSR LTR TYPE OF INSURANCE			SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X co	OMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	х	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χze	ero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L A	AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	PC	DLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	07	THER:							\$	
Α	AUTOM	OBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		NY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	O\ AL	WNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	AL	RED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X Co	omp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X un	MBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
	EX	CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	DE	ED X RETENTION\$ 0							\$	
Α	WORKE	RS COMPENSATION						X PER OTH-ER		
	ANY PRO	OPRIETOR/PARTNER/EXECUTIVE // N	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandat	R/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, de	escribe under IPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Prope	rty Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Premi	ses			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
US Government, LANS and its members:Bechtel National Inc., the Regents of the University of California, Washington Group International Inc., MWX Technologies Inc., and their respective subsidiaries and affiliates are included as Additional Insureds as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf Primary wording and Waiver of Subrogation provided on General Liability

CERTIFICATE HOLDER	CANCELLATION
LANS Attn: Nancy Williams P.O. Box 1663	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Los Alamos, NM 87545	Authorized Representative Advanced Lieute





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

th	is ce	BROGATION IS WAIVED, subject ertificate does not confer rights to			ificate holder in lieu of su	ch end	orsement(s)	j <u>.</u>	require an endorsemen	ii. A 5	iatement on
PRO	UCE	R License # 0757776				CONTAC NAME:	T Healy Ra	amey			
Carl	sbac	CA-HUB International Insurance Services Inc.):(760) 804-0942				
rozo Carl:	rar sbac	aday Avenue, Suite 200 I, CA 92008			-	E-MAIL ADDRES	ss: healy.rai	mey@hubir	nternational.com		
									RDING COVERAGE		NAIC #
						INSUREI		Specialty			27154
INSU	RED					INSURER B:					
		P.C. Specialists, Inc. DBA: T	echr	oloc	v Integration Group	INSUREI					
		10240 Flanders Court	ourt				INSURER D :				
		San Diego, CA 92121				INSUREI	RE:				
						INSUREI	RF:				
CO	/ER	AGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN CE EX	DICA RTII	S TO CERTIFY THAT THE POLICIE TED. NOTWITHSTANDING ANY R FICATE MAY BE ISSUED OR MAY ISIONS AND CONDITIONS OF SUCH	EQUI PER POLI	REM TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE I	N OF A	NY CONTRA THE POLIC EDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS.	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	ECT TO	WHICH THIS
NSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			711008985-0013		10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	zero deductible							MED EXP (Any one person)	\$	10,000
									PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:							GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT X LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:								\$	
Α		OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			711008985-0013		10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident)	\$	
	X	AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	X	Comp Ded-\$1,000 X Coll Ded-\$1,000								\$	
Α	X	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013		10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION \$ 0								\$	
Α	WOR AND	KERS COMPENSATION EMPLOYERS' LIABILITY							X PER OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE T/N	N/A		406038027-0008		10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	, A						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	IT yes	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Re:Operations of the Insured performed on behalf of certificate holder.

<u>CER</u>	HE	CAIL	HOLE	PER

Las Cruces Public Schools Purchasing Dept., District Buyer 505 S. Main, Ste. 249 Las Cruces, NM 88001

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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

thi	SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on his certificate does not confer rights to the certificate holder in lieu of such endorsement(s).										
PROD	UCE	R License # 0757776				CONTA NAME:	^{CT} Healy Ra	amey			
		d, CA-HUB International Insuranc aday Avenue, Suite 200	e Ser	vice	s Inc.	PHONE (A/C, No	o, Ext): (760) 8	304-0402		60) 804-0942	
		d, CA 92008					E-MAIL ADDRESS: healy.ramey@hubinternational.com				
							INS	SURER(S) AFFOR	RDING COVERAGE	NAIC #	
						INSURE	R A : Atlantic	Specialty	Ins. Co.	27154	
INSU	RED					INSURE	RB:				
	P.C. Specialists, Inc. DBA: Technology Integration Group				INSURE	RC:					
		10240 Flanders Court				INSURE	RD:				
		San Diego, CA 92121				INSURE	RE:				
						INSURE					
COV	ER/	AGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:		
		S TO CERTIFY THAT THE POLICIENTED. NOTWITHSTANDING ANY R									
		FICATE MAY BE ISSUED OR MAY								ALL THE TERMS,	
	CLU	ISIONS AND CONDITIONS OF SUCH	ADDL			BEEN	POLICY EFF	PAID CLAIMS.			
NSR LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER			(MM/DD/YYYY)	LIMITS		
Α	X	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$	1,000,000	
- 1			1		I .		I		DAMACE TO DENTED	4 000 000	

10/31/2019 10/31/2020 PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR 1,000,000 711008985-0013 Χ \$ zero deductible 10,000 Χ MED EXP (Any one person) \$ 1,000,000 PERSONAL & ADV INJURY \$ 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE POLICY X PRO-2,000,000 X LOC PRODUCTS - COMP/OP AGG \$ OTHER \$ COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** Χ 711008985-0013 10/31/2019 10/31/2020 ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY Comp Ded-\$1,000 X Coll Ded-\$1,000 15,000,000 X X **UMBRELLA LIAB OCCUR EACH OCCURRENCE** 10/31/2019 10/31/2020 15,000,000 711008985-0013 **EXCESS LIAB CLAIMS-MADE** AGGREGATE 0 DED | X | RETENTION \$ OTH-FR WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X PER STATUTE 1,000,000 406038027-0008 10/31/2019 | 10/31/2020 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT 711008985-0013 10/31/2019 10/31/2020 200,000 Property Away From Limit: 711008985-0013 10/31/2019 10/31/2020 Ded 1,000 Premises

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Re: Purchase Order # P010174266. RFQA# OY2-A2-072915-053

CERTIFICATE HOLDER	CANCELLATION					
Leidos Honolulu 3049 Ualena St., Ste 600 Honolulu, HI 96819	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Honoldia, III 30013	Authorized representative Hillsul Cuerae					





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

Carlsbad, CÁ 92008 Carlsbad, CÁ 92008		his certificate does not confer rights to	o tile	certi	ficate holder in lieu of su						
(AC, No, Ent); (FOU) 804-0402 (AC, No); (FOU			- 6		- L.				FAV		
Carlsbad, CÁ 92008 Substance Carlsbad, CÁ 92008 Substance Carlsbad, CÁ 92008 Substance Carlsbad, CÁ 92008 Substance Carlsbad, CÁ 92008 Substance Carlsbad, CÁ 92008 Substance Carlsbad, CÁ 92008 Substance Carlsbad, CÁ 92008 Substance Carlsbad, CÁ 92008 Substance Carlsbad, CÁ 92008 Substance Carlsbad, CÁ 92008 Substance Carlsbad, CÁ 92008 Substance Carlsbad, CÁ 92008 Substance Carlsbad, CÁ 92008 Substance Carlsbad, CÁ 92008 Substance Carlsbad, CÁ 92008 Substance Carlsbad, CÁ 92008 Substance Carlsbad, CÁ 92008 Substance Carlsbad, CÁ 92008 Substance Carlsbad, CÁ 92008 Substance Carlsbad, Cá 92008 Substance			e Sei	vice	s Inc.	(A/C, No	o, Ext): (760) 8	304-0402	(A/C, No):	(760) 8	04-0942
INSURER A: Atlantic Specialty Ins. Co. P.C. Specialists, Inc. DBA: Technology Integration Group Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121 COVERAGES CERTIFICATE NUMBER: INSURER B: INSURE BEA INSURED TO THE IN						E-MAIL ADDRES	_{ss:} healy.raı	ney@hubir	nternational.com		
P.C. Specialists, Inc. DBA: Technology Integration Group Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121 COVERAGES CERTIFICATE NUMBER: INSURER E: INSURER F: INSURER							INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #
INSURER B: INSURER B: INSURER B: INSURER B: INSURER C: INS						INSURE	R A : Atlantic	Specialty	Ins. Co.	:	27154
P. C. Specialists, Inc. DBA: Technology Integration Group Entre, BTG, a TiG Company; 10240 Flanders Court San Diego, CA 92121 INSURER D:	INSU	JRED									
Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121 INSURER E :				olog	y Integration Group						
San Diego, CA 92121 INSURER E : INSURER F : INSURER			;								
COVERAGES CERTIFICATE 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 HERRIN IS SUBJECT TO ALL THE TERMS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. NOR TYPE OF INSURANCE INSURANCE INSURANCE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HERRIN IS SUBJECT TO ALL THE TERMS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. NOR TYPE OF INSURANCE INSURANCE INSURANCE INSURANCE AFFORDED BY THE POLICY EXP POLICY EXP POLICY EXP POLICY EXP POLICY EXP POLICY EXP POLICY IN THE POLICIES DESCRIBED HERRIN IS SUBJECT TO ALL THE TERMS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. A AUTOMOBILE LIABILITY X ANY AUTO OTHER: A AUTOMOBILE LIABILITY X ANY AUTO OTHER: A AUTOMOBILE LIABILITY X ANY AUTO OTHER DOCUMENT IN THE INSURANCE AFFORDED BY THE POLICY EXP POLICY E											
COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIO INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE 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. TYPE OF INSURANCE A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X ZERO deductible CENTLAGGREGATE LIMIT APPLIES PER: POLICY X PRO		Gail Blogo, GA 32121									
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIO INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO ALL THE TERM EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. TYPE OF INSURANCE A TYPE OF INSURANCE CLAIMS-MADE CLAIMS-MADE A COMMERCIAL GENERAL LIABILITY A COMMERCIAL GENERAL LIABILITY CLAIMS-MADE CLAIMS-MADE A LITTORY A AUTOMOBILE LIABILITY A ANY AUTO OWNED OTHER: A AUTOMOBILE LIABILITY X ANY AUTO OWNED A AUTOMOBILE LIABILITY X ANY AUTO OWNED A LITTORY A LITTO		WEDACES CED	TIEI	`	NUMBED.	INSURE	Kr.		DEVICION NUMBER.		
A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X X 711008985-0013 10/31/2019 10/31/2020	TI IN C E:	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	ES OI EQUI PER' POLIC	F INS REME TAIN, CIES.	URANCE LISTED BELOW ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A DED BY	NY CONTRAC THE POLICI REDUCED BY	TO THE INSUF CT OR OTHER IES DESCRIB PAID CLAIMS.	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE	ECT TO V	WHICH THIS
CLAIMS-MADE X OCCUR X Zero deductible DAMAGE TO REPRIED S 1,000,	LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s	
X zero deductible GENEL AGGREGATE LIMIT APPLIES PER: POLICY X JECT X LOC OTHER: A AUTOMOBILE LIABLITY X ANY AUTO OWNED AUTOS ONLY X Comp Ded-\$1,000 X Coll Ded-\$1,000 EXCEPT LABILA LIAB DED RETENTION \$ AWORKERS COMPENSATION AND EMPLOYERS LIABLILITY ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under	Α								EACH OCCURRENCE	\$	1,000,000
SCHEDULED AUTOS ONLY X ANY AUTO X AUTOS ONLY X Coli Ded-\$1,000 X AUTOS ONLY X AUTOS ONLY X Coli Ded-\$1,000 X Coli Ded-\$1,0			X	Х	711008985-0013		10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
GENIL AGGREGATE LIMIT APPLIES PER: POLICY X PRO. X Loc		χ zero deductible							MED EXP (Any one person)	\$	10,000
POLICY X PRODUCTS - COMP/OP AGG \$ 2,000 OTHER: A AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X Comp Ded-\$1,000 X Coll Ded-\$1,000 EXCESS LIAB OCCUR EXCESS LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under									PERSONAL & ADV INJURY	\$	1,000,000
OTHER: A AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY X Coll Ded-\$1,000 EXCESS LIAB CLAIMS-MADE DED RETENTION \$ A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under		GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
A AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY X MON-OWNED AUTOS ONLY X Comp Ded-\$1,000 EXCESS LIAB OCCUR EXCESS LIAB OCCUR EXCESS LIAB OCCUR OFFICER/MEMBER SCOMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) I 10/31/2019 10/31/2019 10/31/2019 10/31/2019 10/31/2019 10/31/2019 10/31/2019 COMBINED SINGLE LIMIT S 1,000 (Ea accident) S BODILY INJURY (Per person) S BODILY		POLICY X PRO- JECT X LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
AUTOSONLY AUTOSONLY AUTOSONLY X NON-OWNED AUTOSONLY X Coll Ded-\$1,000 X Coll Ded-\$1,		OTHER:								\$	
X ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X Comp Ded-\$1,000 X	Α	AUTOMOBILE LIABILITY								\$	1,000,000
OWNED AUTOS ONLY AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X Comp Ded-\$1,000 \$ UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ AWORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) I 10/31/2019 10/31/2020 BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ REACH OCCURRENCE \$ AGGREGATE \$ X PER OTH- EL. EACH ACCIDENT \$ 1,000 E.L. EACH ACCIDENT \$ 1,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000		X ANY AUTO	X	х	711008985-0013		10/31/2019	10/31/2020	, ,	\$	
X HIRED AUTOS ONLY Comp Ded-\$1,000 X Coll Ded-\$1,000 S UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under		OWNED SCHEDULED AUTOS ONLY		-					` '		
X Comp Ded-\$1,000 X Coll Ded-\$1,000 \$ UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION\$ A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under									PROPERTY DAMAGE		
WORKERS COMPENSATION S A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under									(* 5. 5.5.5)		
AGGREGATE \$ DED RETENTION\$ AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under AGGREGATE \$ X PER OTH-ER E.L. EACH ACCIDENT \$ 1,000. E.L. DISEASE - EA EMPLOYEE \$ 1,000.		UMBRELLA LIAB OCCUR							EACH OCCURRENCE		
A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DED		EXCESS LIAB CLAIMS-MADE									
A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under		DED RETENTION \$	1								
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under 10/31/2019 10/31/2020 E.L. EACH ACCIDENT \$ 1,000. E.L. DISEASE - EA EMPLOYEE \$ 1,000.	Α	WORKERS COMPENSATION							X PER OTH-		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under 1,000		ANY PROPRIETOR/PARTNER/EXECUTIVE		Х	406038027-0008		10/31/2019	10/31/2020		s	1,000,000
If yes, describe under		OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A							T T	1,000,000
E.E. DIOLOG - I OLIOI LIWIT Ø		If ves, describe under									1,000,000
										_	

ACORD 25 (2016/03)

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Certificate of Insurance

Producer

R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505

THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.

Named Insured

PC Specialists, inc. dba: Technology Integration Group TIG Shanghal, Ltd Itex, Inc. dba: Technology Integration Group

Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121

Insurance Company

Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038

THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.

х	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator ^{sh} content liability policy				\$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$

Description or Comments Professional Liability, internet and Network Liability Insurance with respects to operations of the insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium Walver of Subrogation applies

Certificate Holder Box

enovo (United States) inc. 1009 Think Place Morrisville NC 27560

CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.

THIS CERTIFICATE DOES NOT CONFER ANY COVERAGE RIGHTS ON THE CERTIFICATE HOLDER. THE CERTIFICATE HOLDER IS NOT AN ADDITIONAL INSURED UNLESS: (1) THE INSURANCE COMPANY HAS ISSUED AN ENDORSEMENT TO THE POLICY TO EFFECT SUCH COVERAGE, OR (2) THE CERTIFICATE HOLDER SATISFIES ALL OF THE REQUIREMENTS IN THE POLICY TO QUALIFY AS AN ADDITIONAL INSURED AS DESCRIBED IN THE POLICY'S DEFINITION OF "YOU."

THIS CERTIFICATE DOES ANY THE CHANGE WAY IN INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE DOES NOT CONTRACT CONSTITUTE BETWEEN THE HOLDER AND ANY OTHER PARTY.

Authorized Representative

10/25/2019

Date





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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 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).

PRODUCER License # 07	57776	CONTACT Healy Ramey					
Carlsbad, CA-HUB Inte	rnational Insurance Services Inc.	PHONE (A/C, No, Ext): (760) 804-0402	FAX (A/C, No): (760)	804-0942			
1525 Faraday Avenue, Carlsbad, CA 92008	Suite 200	E-MAIL ADDRESS: healy.ramey@hubinternational.c	om				
		INSURER(S) AFFORDING COVERAGE		NAIC #			
		INSURER A: Atlantic Specialty Ins. Co.		27154			
INSURED		INSURER B:					
•	ialists, Inc. DBA: Technology Integration Group 3, a TIG Company;	INSURER C:					
	nders Court	INSURER D :					
San Diego	o, CA 92121	INSURER E :					
		INSURER F:					
COVERAGES	CERTIFICATE NUMBER:	REVISION NU	MBER:				

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.

		DSIONS AND CONDITIONS OF SUCH								
INSF	3	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GE	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AU.	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	Х	Х	711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$ 0							\$	
Α	WOI	RKERS COMPENSATION DEMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE // N	N/A	X	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Ma	ICER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If ye	s, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pro	perty Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Pre	emises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Lenovo and its directors, officers, and employees as additional insureds, as specified by contract per VCG207 & VCA201 with respects to operations of the Insured performed on their behalf Coverage is primary & non-contributory and waiver of subrogation applies 90 days notice of cancellation/15 days for non-payment Re:WSCA/NASPO Lenovo, Contract #B27168

CERTIFICATE HOLDER	CANCELLATION
Lenovo (United States), Inc. 1009 Think Place Morrisville, NC 27560	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
MOTISVIIIE, NC 27500	Authorized Representative Authorized Representative

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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.

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this certificate does not confer rights to the certificate holder in fieu of st	ucn endorsement(s).					
PRODUCER License # 0757776	CONTACT Healy Ramey					
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760)	804-0942				
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Atlantic Specialty Ins. Co.	27154				
INSURED	INSURER B:					
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:					
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:					
San Diego, CA 92121	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 PO	LICY PERIOD				

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.

		HONS AND CONDITIONS OF SUCH								
INSR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X c	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χΖ	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L	AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	P	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
	0	OTHER:							\$	
Α	AUTO	MOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		NY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	8	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	_ ^ _ A	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	omp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	Χυ	MBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
	E	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	D	DED X RETENTION\$							\$	
A	WORKE AND EN	ERS COMPENSATION MPLOYERS' LIABILITY						X PER OTH- STATUTE OTH-		
	ANY PR	ROPRIETOR/PARTNER/EXECUTIVE TO THE	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Manda	ER/MEMBER EXCLUDED?	IN/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, d	describe under RIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Prope	erty Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Premi	ises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder, US Department of Energy, University of California and US Government are included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf Re: P.O. #17253-001-05

CERTIFICATE HOLDER	CANCELLATION
Los Alamos National Laboratory P.O. Box 1663 Los Alamos. NM 87545	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Los Alamos, Nin 01343	Authorized representative Authorized Representative



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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PRODUCER License # 0757776	CONTACT Healy Ramey				
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 80				
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com				
	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: Atlantic Specialty Ins. Co.	27154			
INSURED	INSURER B:				
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:				
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:				
San Diego, CA 92121	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	SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	III	****		(ININUDD/1111)	(MINIOD) 11111	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	X	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$							\$	
Α	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mar	CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pro	perty Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Pre	mises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The Government, LANS and its members: Bectel National Inc, The Regents of the University of California, Washington Group International Inc, BWX
Technologies Inc, their respective subsidiaries and affiliates are named as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf. Re:PO No 79211-001-09 9E Includes Waiver of Subrogation, Primary Wording & Separation of Interest on GL

CERTIFICATE HOLDER	CANCELLATION
	OANOLLEANON

Los Alamos National Security, LLC Los Alamos Nat'l Laboratory P.O. Box 1663 MS D447 Los Alamos, NM 87545 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

Detru Ciene



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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PRODUCER License # 0757776	CONTACT Healy Ramey	
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B:	
P.C. Specialists, Inc. DBA: Technology Integration Group Entre, BTG, a TIG Company;	INSURER C:	
10240 Flanders Court	INSURER D:	
San Diego, CA 92121	INSURER E:	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER:	DEVICION NUMBER.	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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		SIONS AND CONDITIONS OF SUCH								
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				,,	\	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	L'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$							\$	
Α	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED? datory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pro	perty Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Pre	nises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000
	1			1			I.			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The Government, LANS and its members: Bechtel National Inc, the Regents of the University of California, Washington Group International Inc, BWX
Technologies Inc, their respective subsidiaries and affiliates and the officers, directors and employees of the foregoing each are named as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf. Re:PO/Subcontract #8070 Includes Waiver of Subrogation, Primary Wording & Separation of Interest on GL

CERTIFICATE HOLDER	CANCELLATION

Los Alamos National Security, LLC Attn: Veronica Pacheo P.O. Box 1663 MS D447 Los Alamos, NM 87544 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

Agree Mo



DATE (MM/DD/YYYY)

10/25/2019

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 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).

PRODUCER License # 0757776	CONTACT Healy Ramey	
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B:	
P.C. Specialists, Inc. DBA: Technology Integration Group Entre, BTG, a TIG Company;	INSURER C:	
10240 Flanders Court	INSURER D:	
San Diego, CA 92121	INSURER E:	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER:	DEVICION NUMBER.	

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	SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	III	****		(ININUDD/1111)	(MINIOD) 11111	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	X	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$							\$	
Α	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mar	CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pro	perty Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Pre	mises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Los Alamos National Security, LLC (LANS) and Los Alamos Nat'l Laboratory are included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf. Includes Waiver of Subrogation, Primary Wording & Separation of Interest on GL. Re: LANL RFP #201927

CERTIFICATE HOLDER	CANCELLATION

Los Alamos National Security, LLC (LANS) Los Alamos Nat'l Laboratory P.O. Box 1663 MS P215 Los Alamos, NM 87545

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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PRODUCER License # 0757776	CONTACT Healy Ramey				
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942			
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com				
	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: Atlantic Specialty Ins. Co.	27154			
INSURED	INSURER B:				
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:				
10240 Flanders Court	INSURER D:				
San Diego, CA 92121	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 S	SUBR	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY			(111117)	(IIIIII)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION\$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf
Re:RFB-IS-16201436, RFB-IS-16201437, RFB-IS-16201466 & RFB-IS-16201451

CERTIFICATE HOLDER	CANCELLATION

Los Angeles County Purchasing & Contracts 1100 N. Eastern Ave. - Rm G115 Los Angeles, CA 90063 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

Acres 16



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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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 su	ıch endorsement(s).					
PRODUCER License # 0757776	CONTACT Healy Ramey					
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No. Ext): (760) 804-0402	FAX (A/C, No):(760) 804-0942				
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.co	m				
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Atlantic Specialty Ins. Co.	27154				
INSURED	INSURER B:					
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:					
10240 Flanders Court	INSURER D:					
San Diego, CA 92121	INSURER E :					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER:	REVISION NUM	BER:				
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.						

CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIB EYCLUSIONS AND CONDITIONS OR SUICH DOLICIES I HIMTS SHOWN MAY HAVE REEN BEDLICED BY DAID OF AIMS

	KCLL	ISIONS AND CONDITIONS OF SUCH				REDUCED BY				
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				(11111)	,,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE	X		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$							\$	
Α	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Man	CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Loudon County Public Schools, its officers and employees are named Additional Insured as specified by contract per VCG207 & CG2037 attached with primary wording and non-contributory 90 days notice of cancellation/15 days for non-payment of premium Re:Solicitation IFB#I18166-Miscellaneous computer supplies and equipment for ongoing needs

CERTIFICATE HOLDER	CANCELLATION
	OANOLLEANON

Loudon County Public Schools Procurement Office 21000 Education Court Ashburn, VA 20148

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.



ACORD"

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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tŀ	nis certificate does not confer rights to DUCER License # 0757776	o the	certi	ificate holder in lieu of su	ıch end	lorsement(s)				
	Isbad, CA-HUB International Insuranc	e Ser	vice	s Inc.	CONTACT Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No, Ext): (760) 804-0942					
1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008					(A/C, No, Ext): (700) 804-0402 (A/C, No):(700) 804-09 E-MAIL ADDRESS: healy.ramey@hubinternational.com					004-0342
Carisbad, CA 92008					ADDRE					NAIG#
						R A : Atlantic	•	IDE CO		NAIC # 27154
INICI	JRED						opecially_	III3. CO.		27134
INGC		٠ ا	-1	Into motion Oncom	INSURE					
	P.C. Specialists, Inc. DBA: T 10240 Flanders Court	ecnn	olog	y integration Group	INSURE					
	San Diego, CA 92121				INSURE					+
					INSURE					
CO	VERAGES CER	TIFIC	`ΔTF	NUMBER:	INCORE			REVISION NUMBER:		
T IN C E	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	ES OF EQUII PER POLIC	F INS REME TAIN, CIES.	SURANCE LISTED BELOW ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC 7 THE POLICI REDUCED BY	TO THE INSUF CT OR OTHER IES DESCRIB PAID CLAIMS.	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		711008985-0013		10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ zero deductible							MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO- OTHER:							PRODUCTS - COMP/OP AGG	\$	2,000,000
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO	7	711008985-0013		10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY Comp Ded-\$1,000 X NON-OWNED AUTOS ONLY Coll Ded-\$1,000							PROPERTY DAMAGE (Per accident)	\$	
	X Comp Ded-\$1,000 X Coll Ded-\$1,000							·	\$	
Α	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	15,000,000
	EXCESS LIAB CLAIMS-MADE			711008985-0013		10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	DED X RETENTION \$ 0								\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		406038027-0008		10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
		IV, A						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC ificate holder is named Additional Insuluquerque, NM 87107	LES (A	CORE andlo	D 101, Additional Remarks Schedurd as specified by contract	ule, may b ct per Fo	e attached if mor orm VCG207	e space is requir with respects	red) s to premises at 2731 Broa	adway	Suites F&D,
05					04116	NELL ATION				
CE	RTIFICATE HOLDER				CANC	ELLATION				
	Mechanical Concepts 2921 Second St. NW				THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE CA IEREOF, NOTICE WILL I CY PROVISIONS.		
	Albuquerque, NM 87107			AUTHODITED DEPOSENTATIVE						



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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	J						
PRODUCER License # 0757776		CONTACT Healy Ramey					
Carlsbad, CA-HUB International Ins	surance Services Inc.	PHONE (A/C, No, Ext): (760) 804-0402	FAX (A/C, No): (760) 8	304-0942			
1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008		E-MAIL ADDRESS: healy.ramey@hubinternational.com					
		INSURER(S) AFFORDING COVERAGE		NAIC #			
		INSURER A: Atlantic Specialty Ins. Co.		27154			
INSURED		INSURER B:					
P.C. Specialists, Inc. I	OBA: Technology Integration Group	INSURER C:					
10240 Flanders Court		INSURER D :					
San Diego, CA 92121		INSURER E :					
		INSURER F:					
COVERAGES	CERTIFICATE NUMBER:	REVISION NUM	MBER:				

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		ISIONS AND CONDITIONS OF SUCH	ADDL			POLICY EFF	POLICY EXP			
LTR	<u> </u>	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
Α	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	Х	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION \$ 0							\$	
Α	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR PARTIER EXECUTIVE	N/A	X	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
		datory in NH)	117.7					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Bus	iness Income			711008985-0013	10/31/2019	10/31/2020	Blanket Limit		5,557,250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required).
Prologis, Inc., its affiliates and Met Phase I 95, Ltd are named Additional Insured-Landlord as specified by contract in Form VCG207 regarding leased premises at 9715-A Burnet Rd., Bldg 6, Ste. 250, Austin, TX 78758 coverage is primary & non-contributory and waiver of subrogation applies to Workers Compensation

CERTIFICATE HOLDER	CANCELLATION

Met Phase I 95, Ltd. c/o Live Oak Real Estate 2705 Bee Cave. Rd., Ste. 230 Austin, TX 78746 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

Done Mo





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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 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).							
PRODUCER License # 0757776	CONTACT Healy Ramey						
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760)	804-0942					
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: Atlantic Specialty Ins. Co.	27154					
INSURED	INSURER B:						
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:						
10240 Flanders Court	INSURER D:						
San Diego, CA 92121	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,							

INSR		TYPE OF INSURANCE	ADDL	SUBR		POLICY EFF	POLICY EXP	LIMIT	·s	
A	Х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICT NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE	s	1,000,000
		CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	Х		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$ 0							\$	
Α	WOR	RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mar	CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Metro, its elected officials, departments, employees and agents are included as Additional Insured as specified by contract per VCG207 & VCA201 with respects to operations of the Insured performed on their behalf coverage is primary & non-contributory 90 Days Notice of Cancellation/15 Days for Non-Payment

Contract #935625

CERTIFICATE HOLDER	CANCELLATION
Metro 600 NE Grand Ave. Portland. OR 97232-2736	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1 officially, of 37232-2730	AUTHORIZED REPRESENTATIVE
	Hetru Chens_



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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PRODUCER License # 0757776	CONTACT Healy Ramey					
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942				
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Atlantic Specialty Ins. Co.	27154				
INSURED	INSURER B:					
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:					
10240 Flanders Court	INSURER D:					
San Diego, CA 92121	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.

	XCLUSIONS AND CONDITIONS OF SUCH F								
INSR LTR		ADDL S	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT		
Α	X COMMERCIAL GENERAL LIABILITY				,,	\	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ zero deductible						MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO- X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO	Х		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	DED X RETENTION\$							\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH- STATUTE OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Property Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Premises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000
					1	I.			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Metro, MERC, its elected officials, departments, employees, and agents shall be named as Additional Insured as specified by contract per VCG207, CG2037 &
VCA201 with respects to operations of the Insured performed on their behalf. GL is primary & non-contributory. 90 days notice of cancellation/15 days for
non-payment of premium Re:Xirrus WiFi AP Equipment, RFB 3225

CERTIFICATE HOLDER	CANCELLATION
Metropolitan Exposition Recreation Commission (MERC) 600 NE Grand Ave. Portland. OR 97232	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1 ortiand, on 37232	HALLUCIAL AUTHORIZED REPRESENTATIVE





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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	nis certificate does not confer rights to the confe	o the	cert	ificate holder in lieu of su		rsement(s) ⊺ Healy Ra					
	Isbad, CA-HUB International Insuranc	e Se	rvice	s Inc.				FAX	700\	004.0040	
152	5 Faraday Avenue, Suite 200 Isbad, CA 92008		11100	5 mo.	(A/C, No, E-MAIL ADDRES	_{Ext):} (760) 8 _{s:} healy.rar	304-0402 ney@hubir	(A/C, No): nternational.com	(760)	804-0942	
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #	
					INSURER	A : Atlantic	Specialty	Ins. Co.		27154	
INSU	JRED				INSURER	B:					
	P.C. Specialists, Inc. DBA: 1	Techr	nolog	v Integration Group	INSURER						
	10240 Flanders Court			,,g	INSURER	D:					
	San Diego, CA 92121				INSURER						
					INSURER F:						
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:			
II C	HIS IS TO CERTIFY THAT THE POLICII NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF AN	NY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESPE LED HEREIN IS SUBJECT T	CT TO	O WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY						<u> </u>	EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR X zero deductible	X		711008985-0013		10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000 10,000	
	x zero deductible							MED EXP (Any one person)	\$	1,000,000	
								PERSONAL & ADV INJURY	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY X PRO- OTHER:							PRODUCTS - COMP/OP AGG	\$ \$	2,000,000	
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X ANY AUTO			711008985-0013		10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$			
	X AUTOS ONLY Comp Ded-\$1,000 X Coll Ded-\$1,000							(Per accident)			
Α	X UMBRELLA LIAB X OCCUR							EAGU GOOUDDENGE	\$	15,000,000	
	EXCESS LIAB CLAIMS-MADE			711008985-0013		10/31/2019	10/31/2020	EACH OCCURRENCE	\$	15,000,000	
	DED X RETENTION\$							AGGREGATE	\$		
Α								X PER OTH- STATUTE ER	\$		
•	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			406038027-0008		10/31/2019	10/31/2020		_	1,000,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$	1,000,000	
	If ves, describe under							E.L. DISEASE - EA EMPLOYEE		1,000,000	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
	COURTION OF OPERATIONS (1 COATIONS (127)	LES 1	ACCE-	101 Additional Dawnster Co.	ulo massit	attacked "	o onoce != == '	ind)			
Mul	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC lane Interests is named Additional Insul	red-L	andlo	ord as specified by contrac	ile, may be ot in Forn	attached if mor n VCG207 re	e space is require garding leas	ed premises at 1714 Rota	ry Dr.	, Humble, TX	
773	38 90 days notice of cancellation/15 da	ıys fo	r non	n-payment							
CE	DTIFICATE HOLDER				CANC	ELL ATION					
CE	RTIFICATE HOLDER				CANC	ELLATION					
	Mullane Interests 1923 Rotary Dr.		THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE C. IEREOF, NOTICE WILL CY PROVISIONS.					
	Humble, TX 77338				AUTUCE	IZED BERREAL	NIT A TIVE				
					AUTHORIZED REPRESENTATIVE						



ACORD*

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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	is certificate does not confer rights to	the	certificate holder in lieu of su					
	DUCER License # 0757776			CONTACT Healy Ra	amey			
Carl	sbad, CA-HUB International Insuranc 5 Faraday Avenue, Suite 200	e Sei	rvices Inc.	PHONE (A/C, No, Ext): (760) 8	304-0402	FAX (A/C, No):	(760)	804-0942
	sbad, CA 92008			E-MAIL ADDRESS: healy.ra	mey@hubir	ternational.com		
				INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #
				INSURER A : Atlantic	Specialty	Ins. Co.		27154
NSU	RED			INSURER B:				
	P.C. Specialists, Inc. DBA: T	echn	nology Integration Group	INSURER C :				
	10240 Flanders Court		iology intogration or oup	INSURER D:				
	San Diego, CA 92121			INSURER E :				
				INSURER F:				
CO	VERAGES CER	TIFIC	CATE NUMBER:			REVISION NUMBER:		'
IN C	HIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUI PER [:] POLI	IREMENT, TERM OR CONDITIO TAIN, THE INSURANCE AFFOR CIES. LIMITS SHOWN MAY HAVE	ON OF ANY CONTRA DED BY THE POLIC BEEN REDUCED BY	CT OR OTHER IES DESCRIB	DOCUMENT WITH RESPE	CT T	O WHICH THIS
NSR _TR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY				,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ zero deductible					MED EXP (Any one person)	\$	10,000
						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$		2,000,000
	POLICY X PRO- OTHER:					PRODUCTS - COMP/OP AGG	\$	2,000,000
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)		
	X HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
	X Comp Ded-\$1,000 X Coll Ded-\$1,000					(i ci accident)	\$	
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	DED X RETENTION\$ 0					AGGILLOATE	\$	
Α	WORKERS COMPENSATION					X PER STATUTE OTH-		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE		1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
	BEGORII HON OF OF ERAMONO BEIOW					E.E. DIOLAGE - I OLIOT LIWIT	Ψ	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	FS (#	ACORD 101, Additional Remarks Schedu	ule, may be attached if mo	re space is requir	ed)		
e:	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL FICKET#124001/N3BLOSALAMOS/CISCO	ΗΫ́Р	PERFLEX - OPTION 2 / OPP 181	30 / PRE-L ALAMOS	-HYPERFLEX	- PO Number: PO-000008	34	
CEI	RTIFICATE HOLDER			CANCELLATION				
	N3B-Los Alamos 600 Sixth Street				N DATE TH	ESCRIBED POLICIES BE C EREOF, NOTICE WILL Y PROVISIONS.		

Los Alamos, NM 87544





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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	is certificate does not confer rights t	o the	certifica	ate holder in lieu of su							
	DUCER License # 0757776				CONTACT Healy R	amey					
Carl	sbad, CA-HUB International Insuranc 5 Faraday Avenue, Suite 200	e Se	rvices In	ıc.	PHONE (A/C, No, Ext): (760)	804-0402	FAX (A/C, No	(760) 804-0942		
	sbad, CA 92008				E-MAIL ADDRESS: healy.ra	mey@hubir	nternational.com				
					IN	SURER(S) AFFOR	RDING COVERAGE		NAIC #		
					INSURER A : Atlantic	c Specialty	Ins. Co.		27154		
NSU	RED				INSURER B :						
	P.C. Specialists, Inc. DBA: 1	echr	nology Ir	ntegration Group	INSURER C:						
	10240 Flanders Court		.c.ogy	nogranon oroup	INSURER D :						
	San Diego, CA 92121				INSURER E :						
					INSURER F :						
CO	VERAGES CER	TIFIC	CATE N	UMBER:			REVISION NUMBER:				
IN C	HIS IS TO CERTIFY THAT THE POLICII IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	IREMENT TAIN, TH CIES. LIM	T, TERM OR CONDITION TE INSURANCE AFFOR	N OF ANY CONTRA DED BY THE POLIC BEEN REDUCED BY	CT OR OTHER	R DOCUMENT WITH RESP	PECT T	O WHICH THIS		
NSR _TR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	ITS			
Α	X COMMERCIAL GENERAL LIABILITY				,	,	EACH OCCURRENCE	\$	1,000,000		
	CLAIMS-MADE X OCCUR		71	1008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000		
	χ zero deductible						MED EXP (Any one person)	\$	10,000		
							PERSONAL & ADV INJURY	\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000		
	POLICY X PRO- OTHER:						PRODUCTS - COMP/OP AGG	\$	2,000,000		
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
	X ANY AUTO		71	1008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident				
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$			
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						(i ei accident)	\$			
Α	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000		
	EXCESS LIAB CLAIMS-MADE		71	1008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000		
	DED X RETENTION\$ 0						AGGREGATE	\$			
Α	WORKERS COMPENSATION						X PER OTH-	Ψ			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N			6038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYE		1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		1,000,000		
	DESCRIPTION OF OPERATIONS BEIOW						E.L. DISEASE - POLICY LIMIT	1			
)ES	COURTION OF OBERATIONS / LOCATIONS / VEHIC	IES (ACOPD 101	Additional Pomarke School	ulo, may be attached if me	ro enaco le roquit	and)				
le:	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC TICKet#124001/N3BLOSALAMOS/CISCO	HYF	ERFLEX	C - OPTION 2 / OPP 181	30 / PRE-L ALAMOS	-HYPERFLEX	- PO Number: PO-0000)111			
~=	DIFFOATE LIGHTER				CANOCILATION						
LE	RTIFICATE HOLDER				CANCELLATION						
	N3B-Los Alamos 600 Sixth Street					N DATE TH	ESCRIBED POLICIES BE IEREOF, NOTICE WILL Y PROVISIONS.				

Los Alamos, NM 87544





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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	is certificate does not confer rights t	o the	cert	ificate holder in lieu of su	ich endorsement(s	s).						
PRO	DUCER License # 0757776				CONTACT Healy R	amey						
Carl	sbad, CA-HUB International Insurance	e Se	rvice	s Inc.	PHONE (A/C, No, Ext): (760)		FAX (A/C. I	(760)	804-0942			
	5 Faráday Avenue, Suite 200 sbad, CA 92008				E-MAIL ADDRESS: healy.ra	mey@hubii	nternational.com	10).()				
							RDING COVERAGE		NAIC #			
					INSURER A : Atlanti				27154			
INSU	IRED				INSURER B:	о оросии.						
	P.C. Specialists, Inc. DBA: 1	ochr	olog	v Integration Group	INSURER C:							
	10240 Flanders Court	ecili	lolog	gy integration Group	INSURER D :							
	San Diego, CA 92121				INSURER E :							
					INSURER F:							
CO	VERAGES CER	TIFIC	^ATE	E NUMBER:	MOOKER !		REVISION NUMBER					
TI	HIS IS TO CERTIFY THAT THE POLICII	ES O	F INS	SURANCE LISTED BELOW ENT, TERM OR CONDITIO	N OF ANY CONTRA	ACT OR OTHER	RED NAMED ABOVE FOR DOCUMENT WITH RE	R THE PO SPECT TO	O WHICH THIS			
	ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH							;1 TO ALL	. THE TERMS,			
NSR LTR			SUBR			POLICY EXP (MM/DD/YYYY)		IMITS				
A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD		(WIW/DD/TTTT)	(WIW/DD/TTTT)	EACH OCCURRENCE	s	1,000,000			
	CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)		1,000,000			
	χ zero deductible	_ ^			1010112010		MED EXP (Any one person)		10,000			
							PERSONAL & ADV INJURY		1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000			
	POLICY X PRO- X LOC						PRODUCTS - COMP/OP AG	Ť	2,000,000			
	OTHER:						FRODUCTS - COMP/OF AC	\$				
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000			
	X ANY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per perso	on) \$				
	OWNED AUTOS ONLY SCHEDULED AUTOS						BODILY INJURY (Per accide					
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$				
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						(1 or doordonly	\$				
Α	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000			
	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000			
	DED X RETENTION \$ 0	1					//OOKEO/IIE	\$				
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE OTH	4-				
				406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLO	YEE \$	1,000,000			
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIN		1,000,000			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC -Los Alamos is named as Additional In:	LES (ACORE	D 101, Additional Remarks Schedu	ile, may be attached if mo	ore space is requi	red)					
N3B	-Los Alamos is named as Additional In:	sured	l as s	pecified by contract per V	CG207 - PO Numbe	r: PO-0000011	2					
CE	RTIFICATE HOLDER				CANCELLATION							
								-				
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE							
	N3B-Los Alamos				THE EXPIRATION ACCORDANCE W		HEREOF, NOTICE WIL CY PROVISIONS.	L BE D	ELIVERED IN			
	600 Sixth Stroot				1							

ACORD 25 (2016/03)

Los Alamos, NM 87544

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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	is certificate does not confer rights to	o tne	cert	ificate noider in lieu of su								
PRO	DUCER License # 0757776				CONTA NAME:	^{CT} Healy Ra	amey					
	sbad, CA-HUB International Insuranc 5 Faraday Avenue, Suite 200	e Se	rvice	s Inc.	PHONE (A/C, No	o, Ext): (760) 8	304-0402	FAX (A/C, No)	(760)	804-0942		
	sbad, CA 92008				E-MAIL ADDRE	_{ss:} healy.rai	mey@hubir	nternational.com				
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #		
					INSURE	R A : Atlantic	Specialty	Ins. Co.		27154		
INSL	RED				INSURER B:							
	P.C. Specialists, Inc. DBA: T	echr	olog	y Integration Group	INSURER C:							
	10240 Flanders Court		lolog	y integration Group	INSURE							
	San Diego, CA 92121				INSURE							
					INSURE							
CO	VERAGES CER	TIFI	CATE	E NUMBER:				REVISION NUMBER:				
	HIS IS TO CERTIFY THAT THE POLICIE				HAVF R	FEN ISSUED			THE PC	LICY PERIOD		
١N	DICATED. NOTWITHSTANDING ANY R	EQU	IREM	ENT, TERM OR CONDITION	N OF A	ANY CONTRA	CT OR OTHER	R DOCUMENT WITH RESP	ECT TO	WHICH THIS		
	ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH							ED HEREIN IS SUBJECT	TO ALL	THE TERMS,		
NSR		ADDL	SUBR		DEEIN	POLICY EFF	POLICY EXP					
A A	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMI		1,000,000		
^				744000005 0040		40/04/0040	40/04/0000	DAMAGE TO RENTED	\$	1,000,000		
				711008985-0013		10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	10,000		
	X zero deductible							MED EXP (Any one person)	\$	1,000,000		
								PERSONAL & ADV INJURY	\$			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000		
	POLICY X PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000		
_	OTHER:							COMPINED OINOLE LIMIT	\$	4 000 000		
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
	X ANY AUTO			711008985-0013	711008985-0013			BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$				
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$				
	X Comp Ded-\$1,000 X Coll Ded-\$1,000								\$			
Α	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	15,000,000		
	EXCESS LIAB CLAIMS-MADE			711008985-0013		10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000		
	DED X RETENTION\$ 0								\$			
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER OTH- STATUTE ER				
				406038027-0008		10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYE	E \$	1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		1,000,000		
									Ť			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	D 101. Additional Remarks Schedu	ıle. mav b	e attached if mor	e space is requir	red)				
	PO-0000120	(- 101,714411101141 Homano 0011044	,ay		o opaco io roquii					
	TIFICATE USUBED				044	OFIL ATION						
CE	RTIFICATE HOLDER				CANO	CELLATION				 1		
					SHO	OUI D ANY OF	THE AROVE D	ESCRIBED POLICIES BE O	ANCEL	I ED BEFORE		
	N2D Leo Alemes				THE	EXPIRATIO	N DATE TH	IEREOF, NOTICE WILL				
	N3B-Los Alamos 600 Sixth Street				ACC	ORDANCE WI	TH THE POLIC	CY PROVISIONS.				
	Los Alamos, NM 87544											
	•				AUTHO	RIZED REPRESE	NTATIVE					





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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	is certificate does not confer rights to	o the	cert	ificate holder in lieu of su	uch endorse	ement(s).						
PRO	DUCER License # 0757776				CONTACT H	lealy Ra	mey					
Carl	sbad, CA-HUB International Insurance	e Se	rvice	s Inc.	PHONE (A/C, No, Ext)				FAX (A/C. No):	760)	804-0942	
	5 Faráday Avenue, Suite 200 sbad, CA 92008				E-MAIL ADDRESS. h	ealy.ran	ney@hubir	ternational.co	om			
					ADDICEOU.			DING COVERAGE			NAIC#	
					INSURER A		Specialty				27154	
INSU	IRED				INSURER B :							
	P.C. Specialists, Inc. DBA: T	ochr	oloo	v Integration Group	INSURER C :							
	10240 Flanders Court	CCIII	lolog	gy integration Group	INSURER D :							
	San Diego, CA 92121				INSURER E :							
					INSURER F:							
CO	VERAGES CER	TIFI	CΔTF	E NUMBER:				REVISION NUM	IRFR·			
TI	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R	SURANCE LISTED BELOW			O THE INSUR	RED NAMED ABO	/E FOR T					
	ERTIFICATE MAY BE ISSUED OR MAY											
	XCLUSIONS AND CONDITIONS OF SUCH											
NSR LTR		INSD	SUBR WVD	POLICY NUMBER	(MM/	DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	S	4 222 222	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	E	\$	1,000,000	
	CLAIMS-MADE X OCCUR			711008985-0013	10/3	31/2019	10/31/2020	DAMAGE TO RENTE PREMISES (Ea occu	rrence)	\$	1,000,000	
	χ zero deductible							MED EXP (Any one	person)	\$	10,000	
							PERSONAL & ADV I	NJURY	\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	ATE	\$	2,000,000	
	POLICY X PRO- JECT X LOC							PRODUCTS - COMP	OP AGG	\$	2,000,000	
	OTHER:									\$		
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE (Ea accident)	LIMIT	\$	1,000,000		
	X ANY AUTO			711008985-0013	10/3	31/2019	10/31/2020	BODILY INJURY (Pe	r person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Pe	r accident)	\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	E	\$		
	X Comp Ded-\$1,000 X Coll Ded-\$1,000									\$		
Α	X UMBRELLA LIAB X OCCUR							EACH OCCURRENC	E	\$	15,000,000	
	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/3	31/2019	10/31/2020	AGGREGATE		\$	15,000,000	
	DED X RETENTION\$								1 a=::	\$		
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		406038027-0008	10/3	31/2019	10/31/2020	E.L. EACH ACCIDEN	IT.	\$	1,000,000	
								E.L. DISEASE - EA E	MPLOYEE	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	1,000,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI PO-0000136	LES (ACORI	D 101, Additional Remarks Schedu	ule, may be atta	ched if more	e space is requir	ed)				
	0 0000.00											
CE	RTIFICATE HOLDER			CANCELLATION								
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN							
	N3B-Los Alamos					Y PROVISIONS.						

ACORD 25 (2016/03)

Los Alamos, NM 87544

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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this certificate does not comer rights to the certificate holder in fied of s	uch endorsement(s).							
PRODUCER License # 0757776	CONTACT Healy Ramey							
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942							
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com							
	INSURER(S) AFFORDING COVERAGE	NAIC #						
	INSURER A: Atlantic Specialty Ins. Co.	27154						
INSURED	INSURER B:							
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:							
10240 Flanders Court	INSURER D:							
San Diego, CA 92121	INSURER E:							
	INSURER F:							
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:							
THIS IS TO CERTIEV THAT THE BOLICIES OF INSURANCE LISTED BELOW	HAVE BEEN ISSUED TO THE INSUIDED NAMED ABOVE FOR THE BO	LICY DEDIOD						

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	SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	'S	
A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	T O LIO THOM DE IN	(MIM/DD/TTTT)	(MIM/DD/TTTT)	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ zero deductible						MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO- X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	DED X RETENTION \$ 0							\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH-		
	ANY PROPRIEDDE PARTIER/EXECUTIVE	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Property Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Premises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf
Re:Bid 15-16-59-Electronic Device Charging Cabinets

CERTIFICATE HOLDER	CANCELLATION
National School District 1500 N Avenue National City, CA 91950	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
National City, CA 91930	Authorized Representative Adher Courage





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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	nis certificate does not confer rights t	o the	certi	ificate holder in lieu of su		. ,						
PRO	DUCER License # 0757776				CONTACT NAME:	Healy Ra	mey					
	Isbad, CA-HUB International Insuranc	e Se	rvice	s Inc.	PHONE (A/C, No, Ext): <mark>(760)</mark> 8	04-0402		FA	AX /C, No):(760)	804-0942
	5 Faraday Avenue, Suite 200 Isbad, CA 92008				E-MAIL ADDRESS: I	nealy.rar	ney@hubir	ternationa			·	
	,				7,22,1200.		URER(S) AFFOR					NAIC #
					INSLIDED A		Specialty					27154
INSI	JRED				INSURER B		оросіану і					
					INSURER C:							+
	P.C. Specialists, Inc. DBA: 1 10240 Flanders Court	ecnr	iolog	y integration Group								+
	San Diego, CA 92121				INSURER D :							+
	_				INSURER E :							
					INSURER F:							
				NUMBER:				REVISION I				
IN C	HIS IS TO CERTIFY THAT THE POLICII IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PER POLI	REME TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	ON OF ANY DED BY THE BEEN RED	CONTRAC	CT OR OTHER ES DESCRIB	DOCUMENT	WITH	RESPE JECT T	CT TO	O WHICH THIS
<u>LTR</u>	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM	I/DD/YYYY)	(MM/DD/YYYY)			LIMIT	s	4 000 000
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCUR	RENCE		\$	1,000,000
	CLAIMS-MADE X OCCUR			711008985-0013	10	/31/2019	10/31/2020	DAMAGE TO R PREMISES (Ea	OCCUTTE	ence)	\$	1,000,000
	χ zero deductible							MED EXP (Any	one per	son)	\$	10,000
								PERSONAL &	ADV INJ	URY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGO	3REGAT	ΓE	\$	2,000,000
	POLICY X PRO- JECT X LOC							PRODUCTS - 0	COMP/C	P AGG	\$	2,000,000
	OTHER:										\$	
Α	AUTOMOBILE LIABILITY						COMBINED SII (Ea accident)	NGLE LI	MIT	\$	1,000,000	
	X ANY AUTO			711008985-0013	10	/31/2019	10/31/2020	BODILY INJUR	Y (Per p	erson)	\$	
	OWNED SCHEDULED AUTOS						BODILY INJUR	Y (Per a	ccident)	\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DA (Per accident)	MAGE	ĺ	\$	
	X Comp Ded-\$1,000 X Coll Ded-\$1,000							,			\$	
	UMBRELLA LIAB OCCUR							EACH OCCUR	RENCE		\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE			\$	
	DED RETENTION \$										\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER STATUTE		OTH- ER	•	
	ANY PROPRIETOR/PARTNER/EXECUTIVE			406038027-0008	10	/31/2019	10/31/2020	E.L. EACH ACC		LIX	\$	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE		DI OVEE	Ť	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE				1,000,000
	DESCRIPTION OF OPERATIONS BEIOW							L.L. DISLAGE	FOLIC	LIIVIII	Ψ	
DES	│ CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LEC (A CORE	101 Additional Romarka Sahadı	ula may ba attı	ashed if mor	a angga ia raguir	od\				
Re:	Operations of the Insured performed or	beh	alf of	certificate holder	uie, iliay be atte	ached il illor	e space is requir	euj				
					0.11:0=:							
CE	RTIFICATE HOLDER		CANCEL	LATION								
			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE									
	Novele Againstand Destart	a l==:'		, (NA DI)	THE EX	XPIRATION	N DATE TH	EREOF, NO	TICE			ELIVERED IN
	Navajo Agricultural Product	s ind	ustry	(NAPI)	ACCOR	DANCE WIT	TH THE POLIC	Y PROVISION	1S.			

ACORD 25 (2016/03)

PO Drawer 1318 Farmington, NM 87499

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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.

lf th	SU is c	RTANT: If the certificate holder BROGATION IS WAIVED, subject Brificate does not confer rights to	ct to	the	terms and conditions of tificate holder in lieu of suc	the pol	licy, certain ¡ lorsement(s)	policies may			
PROD	UCE	R License # 0757776				CONTAC NAME:	CT Healy Ra	ımey			
Carlsbad, CA-HUB International Insurance Services Inc.							PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760)				
1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008						E-MAIL ADDRESS: healy.ramey@hubinternational.com					
		,				7,55,1,2,			RDING COVERAGE		NAIC #
						INSURE		Specialty			27154
INSU	RED					INSURE					_
		P.C. Specialists, Inc. DBA: T	echn	oloa	Ī	INSURE					
		10240 Flanders Court	00111	iolog	y integration Group	INSURE	RD:				
		San Diego, CA 92121				INSURER E :					
						INSURE	RF:				
CO	/ER	AGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN Ce	DIC/	IS TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	EQUI PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORD	N OF A	NY CONTRAC	CT OR OTHER IES DESCRIB	DOCUMENT WITH RESPE	CT TO	WHICH THIS
NSR LTR	OLC	TYPE OF INSURANCE	ADDL	SUBR	201107111122	DELIVI	POLICY EFF	POLICY EXP	LIMIT	•	
A	Х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	. CLIOT NOMBER		(MM/DD/YYYY)	(INIINI/DD/YYYY)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	X	x	711008985-0013		10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	Х	zero deductible	_ ^	^					MED EXP (Any one person)	\$	10,000
									PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	JLI	POLICY X PRO- X LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
		JEG1							TROBUCTO SOMITOL AGG		

	74 55 55 55 55 55 55 55						EACH OCCURRENCE	Þ	
	CLAIMS-MADE X OCCUR	Х	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ zero deductible						MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO	X	X	711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	DED X RETENTION\$							\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	X	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
l									
ł									
		1				1		(

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Navajo Nation is named Additional Insured as specified by contract per VCG207 & VCA201 coverage is primary-non-contributory and waiver of subrogation applies to all coverages 90 days notice of cancellation/15 days for non-payment Re: VMware upgrade project

CERTIFICATE HOLDER	CANCELLATION
Navajo Nation PO Box 2588 Window Rock, AZ 86515	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Timada Rook, AL doore	Authorized representative Authorized Representative



Certificate of Insurance

Producer

R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505

THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.

Named Insured

PC Specialists, inc. dba: Technology Integration Group TIG Shanghal, Ltd

Itex, Inc. dba: Technology Integration Group

Technology integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121

Insurance Company

Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 1003B

THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.

x	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy		·		\$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator sM content liability policy				\$
	BusineseWare® 2.0 E&O with CyberInfusion® policy				\$

Professional Liability, internet and Network Liability insurance with respects to operations of the insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium Certificate holder is named Additional insured and Walver of Subrogation included

Certificate Holder Box

Navajo Nation PO Box 2588 Window Rock AZ 86515

CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE

THIS CERTIFICATE DOES NOT CONFER ANY COVERAGE RIGHTS ON THE THE CERTIFICATE HOLDER IS NOT AN CERTIFICATE HOLDER. ADDITIONAL INSURED UNLESS: (1) THE INSURANCE COMPANY HAS ISSUED AN ENDORSEMENT TO THE POLICY TO EFFECT SUCH COVERAGE, OR (2) THE CERTIFICATE HOLDER SATISFIES ALL OF THE REQUIREMENTS IN THE POLICY TO QUALIFY AS AN ADDITIONAL INSURED AS DESCRIBED IN THE POLICY'S DEFINITION OF "YOU."

NOT THIS CERTIFICATE DOES CHANGE ANY WAY THE IN INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE DOES NOT CONTRACT CONSTITUTE BETWEEN THE HOLDER AND ANY OTHER PARTY.

Authorized Representative

10/25/2019

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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).

CONTACT Healy Ramey					
FAX (A/C, No): (760) 804-0942					
international.com					
DRDING COVERAGE NAIC #					
Ins. Co. 27154					
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.

	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
Х	COMMERCIAL GENERAL LIABILITY				,, <u>.</u>	,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
X	zero deductible						MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Χ	ANY AUTO	х	х	711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY	-					` '	\$	
Χ							PROPERTY DAMAGE (Per accident)	\$	
Χ	Comp Ded-\$1,000 X Coll Ded-\$1,000						, ,	\$	
Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020		\$	15,000,000
	DED X RETENTION\$ 0							\$	
WOR	KERS COMPENSATION						X PER OTH-	•	
ANY	PROPRIETOR/PARTNER/EXECUTIVE TO THE PROPRIETOR PARTNER PART		Х	406038027-0008	10/31/2019	19 10/31/2020		\$	1,000,000
OFFI (Man	CER/MEMBER EXCLUDED? datory in NH)	N/A						\$	1,000,000
									1,000,000
								7	
	X GEN AUT X X X X X ANY OFFICIAL 1 (1) (1) (1) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X ZERO dEDUCTIBLE GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY X HIRED AUTOS ONLY X AUTOS ONLY X COMP DEd-\$1,000 X COIL DEd-\$1,000 X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION\$ OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION\$ OCCUR	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X ZERO dEDUCTIBLE GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY X COMP DEd-\$1,000 X HRED AUTOS ONLY X COMP DEd-\$1,000 X UMBRELLA LIAB EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X ZERO dEDUCTIBLE GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY X COMP DEd-\$1,000 X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X ANY PROPEITOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X ZERO deductible GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- X LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY X COMP Ded-\$1,000 X COII Ded-\$1,000 X UMBRELLA LIAB DED X RETENTION \$ OWNED EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ OWNED AUTOS ONLY COMP DED X RETENTION \$ OWNED AUTOS ONLY COMP DED X RETENTION \$ OWNED AUTOS ONLY COMP DED X RETENTION \$ OWNERERS COMPENSATION AND EMPLOYEES' LIABILITY ANY PROPRIETIOR/PARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in Nit) If yes, describe under	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X ZERO deductible GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- X LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY X COMP Ded-\$1,000 X UMBRELLA LIAB EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ OWNERS COMPENSATION AND EMPLOYERS LIABILITY X ANY AUTOS ONLY X COMPORER'S LIABILITY X OCCUR EXCESS COMPENSATION AND EMPLOYERS' LIABILITY X ANY AUTOS ONLY X COMPORER'S COMPENSATION AND EMPLOYERS' LIABILITY X ANY AUTOS ONLY X COMPORER'S COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIET'S CAPATINER/EXECUTIVE (Mandatory in NH) (If yes, describe under	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X ZETO deductible GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- X LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY X LOC OTHORS ONL	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X ZERO dEductible GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY X LOC OTHER: AUTOS ONLY X LOC OWNED AUTOS OWNED	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X ZERO deductible X ZERO deductible X X X 711008985-0013 10/31/2019 10/31/2019 10/31/2020 DAMAGE TO RENTED PREMISES (Fa occurrence) S MED EXP (Any one person) S GENERAL AGGREGATE LIMIT APPLIES PER: POLICY X PRODUCTS - COMP/OP AGG S OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY STATUS (Per accident) S X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTIONS OWORKERS COMPENSATION S V WORKERS COMPENSATION S WORKERS COMPENSATION S OWORKERS COMPENSATION S N/A V PER OTH- ANY PROPRIETOR/PARTHEREXECUTIVE OF THE ER OTH- ANY PROPRIETOR/PARTHEREXE OUTON S E.L. DISEASE - EA EMPLOYEE S

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Navajo Nation is named Additional Insured as specified by contract per VCG207 & VCA201 coverage is primary-non-contributory and waiver of subrogation applies to all coverages 90 days notice of cancellation/15 days for non-payment

CERTIFICATE HOLDER	CANCELLATION

Navajo Nation - Department of Information Technology PO Box 5970 Window Rock, AZ 86515 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

Detru Queni



Certificate of Insurance

Producer

R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505

THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.

Named Insured

PC Specialists, Inc. dba: Technology Integration Group

TIG Shanghal, Ltd

Itex, Inc. dba: Technology Integration Group Technology Integration Group, inc.

10240 FLANDERS COURT

Insurance Company

Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038

SANDIEGO CA 921211
THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS
CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.

x	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$
Х	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator ^{ald} content liability policy				\$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$

Description or Comments Professional Liability, internet and Network Liability insurance with respects to operations of the insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium

Certificate Holder Box

Navajo Nation - Department of Information Technology PO Box 5970 Window Rock AZ 86515

CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.

THIS CERTIFICATE DOES NOT CONFER ANY COVERAGE RIGHTS ON THE CERTIFICATE HOLDER. THE CERTIFICATE HOLDER IS NOT AN ADDITIONAL INSURED UNLESS: (1) THE INSURANCE COMPANY HAS ISSUED AN ENDORSEMENT TO THE POLICY TO EFFECT SUCH COVERAGE, THE CERTIFICATE HOLDER SATISFIES ALL REQUIREMENTS IN THE POLICY TO QUALIFY AS AN ADDITIONAL INSURED AS DESCRIBED IN THE POLICY'S DEFINITION OF "YOU." THIS CERTIFICATE DOES NOT ANY CHANGE IN WAY THE INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE DOES NOT CONSTITUTE CONTRACT BETWEEN THE HOLDER AND ANY OTHER PARTY.

Authorized Representative

10/25/2019

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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).

		hts to the certificate holder in		ch endorsement(s).	an endorsement. A	Statement on
PRODUCER	License # 0757776			CONTACT Healy Ramey		
Carlsbad,	CA-HUB International Insu lay Avenue, Suite 200	rance Services Inc.		PHONE (A/C, No, Ext): (760) 804-0402	FAX (A/C, No): (760) 804-0942
Carlsbad,	CA 92008			E-MAIL ADDRESS: healy.ramey@hubinternat	ional.com	
				INSURER(S) AFFORDING CO	VERAGE	NAIC #
				INSURER A: Atlantic Specialty Ins. Co).	27154
INSURED				INSURER B:		
	P.C. Specialists, Inc. DI	BA: Technology Integration G	roup	INSURER C:		
	10240 Flanders Court			INSURER D :		
	San Diego, CA 92121			INSURER E :		
				INSURER F:		
COVERA	GES	CERTIFICATE NUMBER:		REVISI	ON NUMBER:	
				HAVE BEEN ISSUED TO THE INSURED NAM		
				N OF ANY CONTRACT OR OTHER DOCUN DED BY THE POLICIES DESCRIBED HEF		
EXCLUSI	ONS AND CONDITIONS OF S	UCH POLICIES. LIMITS SHOWN	MAY HAVE	BEEN REDUCED BY PAID CLAIMS.		·
NSR I TR	TYPE OF INSURANCE	ADDL SUBR INSD WVD POLICY	NUMBER	POLICY EFF POLICY EXP	LIMITS	

1,000,000 X **COMMERCIAL GENERAL LIABILITY** EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 1,000,000 CLAIMS-MADE X OCCUR 711008985-0013 10/31/2019 | 10/31/2020 Χ zero deductible 10,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: **GENERAL AGGREGATE** POLICY X PRO-2,000,000 X LOC PRODUCTS - COMP/OP AGG \$ OTHER COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** Χ ANY AUTO 711008985-0013 10/31/2019 | 10/31/2020 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY Coll Ded-\$1,000 Comp Ded-\$1,000 X 15,000,000 X X **UMBRELLA LIAB OCCUR EACH OCCURRENCE** 711008985-0013 10/31/2019 10/31/2020 15,000,000 **EXCESS LIAB CLAIMS-MADE** AGGREGATE 0 DED | X | RETENTION \$ OTH-ER WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X PER STATUTE 406038027-0008 10/31/2019 | 10/31/2020 1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Navajo Tribal Utility Authority is named Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on thier behalf.

Re:RFP-To design develop, supply, configure, and implement a Data Center Firewall Replacement and Removal

CERTIFICATE HOLDER	CANCELLATION

Navajo Tribal Utility Authority ATTN: Shelly E. Cleveland, Purchasing Department North Navajo Route 12 Fort Defiance, AZ 86504 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

Den Mo



Certificate of Insurance

Producer

R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505

THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.

Named insured

PC Specialists, Inc. dba: Technology Integration Group

TIG Shanghal, Ltd Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc.

10240 Flanders Court, San Diego, CA 92121

Insurance Company

Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038

THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.

X	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	CilckStream® 2.0 connected services with CyberInfusion® policy				\$ \$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator sM content liability policy				\$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$

Description or Comments

Certificate Holder Box

Navajo Tribal Utility Authority

ATTN: Shelly E. Cleveland, Purchasing Department North

Navalo Route 12

Fort Defiance AZ 86504

CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.

THIS CERTIFICATE DOES NOT CONFER ANY COVERAGE RIGHTS ON THE CERTIFICATE HOLDER. THE CERTIFICATE HOLDER IS NOT AN ADDITIONAL INSURED UNLESS: (1) THE INSURANCE COMPANY HAS ISSUED AN ENDORSEMENT TO THE POLICY TO EFFECT SUCH COVERAGE, OR (2) THE CERTIFICATE HOLDER SATISFIES ALL OF THE REQUIREMENTS IN THE POLICY TO QUALIFY AS AN ADDITIONAL INSURED SATISFIES AS DESCRIBED IN THE POLICY'S DEFINITION OF "YOU."

THIS CERTIFICATE DOES CHANGE ANY WAY THE IN INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE NOT DOES CONTRACT CONSTITUTE BETWEEN THE HOLDER AND ANY OTHER PARTY.

Æ Authorized Representative 10/25/2019

Date

CERTIFICATE OF LIABILITY INSURANCE

ACORD'

10/25/2019

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).

thi	certificate does not confer rights to the certificate holder in lieu of such endorsement(s).									
PROD	UCER License # 0757776			CONTACT Healy Ra	amey					
Carls	sbad, CA-HUB International Insurance Faraday Avenue, Suite 200	ce Servic	ces Inc.	PHONE (A/C, No, Ext): (760) 8	(760) 804-0942					
Carls	sbad, CA 92008					nternational.com				
				IN:	NAIC#					
				INSURER A : Atlantic	c Specialty	Ins. Co.	27154			
INSUR	RED			INSURER B:						
P.C. Specialists, Inc. DBA: Technology Integration Group				INSURER C :						
	10240 Flanders Court			INSURER D :						
	San Diego, CA 92121			INSURER E :						
				INSURER F:						
COV	'ERAGES CEF	RTIFICA	TE NUMBER:			REVISION NUMBER:				
	IS IS TO CERTIFY THAT THE POLICI									
	DICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY									
	CLUSIONS AND CONDITIONS OF SUCH		,				O ALL THE TERMS,			
INSR LTR	TYPE OF INSURANCE	ADDL SUE	BR /D POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
•				·,	, , , , , , , , , , , , , , , , , , , ,		4 000 000			

X COMMERCIAL GENERAL LIABILITY 1.000.000 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 1,000,000 CLAIMS-MADE | X | OCCUR 711008985-0013 10/31/2019 10/31/2020 Χ zero deductible 10,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: **GENERAL AGGREGATE** POLICY X PRO-2,000,000 X LOC PRODUCTS - COMP/OP AGG \$ OTHER COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** Χ ANY AUTO 711008985-0013 10/31/2019 | 10/31/2020 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY Coll Ded-\$1,000 Comp Ded-\$1,000 X 15,000,000 X X **UMBRELLA LIAB OCCUR EACH OCCURRENCE** 711008985-0013 10/31/2019 10/31/2020 15,000,000 **EXCESS LIAB CLAIMS-MADE** AGGREGATE 0 DED | X | RETENTION \$ OTH-ER WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER STATUTE 406038027-0008 10/31/2019 | 10/31/2020 1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Navajo Tribal Utility Authority is named Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on thier behalf.

Re:RFP-To design develop, supply, configure, and implement a Data Center Business Continuity and Disaster Recovery System

CERTIFICATE HOLDER	CANCELLATION

Navajo Tribal Utility Authority ATTN: Shelly E. Cleveland, Purchasing Department North Navajo Route 12 Fort Defiance, AZ 86504 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

Den Mo



Certificate of Insurance

Producer

R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505

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Named insured

PC Specialists, Inc. dba: Technology Integration Group

TIG Shanghal, Ltd Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc.

10240 Flanders Court, San Diego, CA 92121

Insurance Company

Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038

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X	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	CilckStream® 2.0 connected services with CyberInfusion® policy				\$ \$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator sM content liability policy				\$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$

Description or Comments

Certificate Holder Box

Navajo Tribal Utility Authority

ATTN: Shelly E. Cleveland, Purchasing Department North

Navalo Route 12

Fort Defiance AZ 86504

CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.

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THIS CERTIFICATE DOES CHANGE ANY WAY THE IN INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE NOT DOES CONTRACT CONSTITUTE BETWEEN THE HOLDER AND ANY OTHER PARTY.

Æ Authorized Representative 10/25/2019

Date



DATE (MM/DD/YYYY)

10/25/2019

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	his certificate does not confe	er rights to	tne	certi	TICATE NOIDER IN lieu of Su						
	DDUCER License # 0757776		_				T Healy Ra		T=		
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008						PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 80					804-0942
	Isbad, CA 92008				E-MAIL ADDRES	ss: healy.rai	mey@hubir	nternational.com			
							INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #
						INSUREI		Specialty			27154
INSI	URED					INSURE					
-		O DPA.T	'ooh-	oloc	y Integration Group	INSURE					
	10240 Flanders Co		ecni	iolog	y miegration Group						
	San Diego, CA 921				INSURE						
	-				INSURE						
	WED 4 050		TIE:		· MUMPED	INSURE	K F :		DEVIOLON 1		
	VERAGES				NUMBER:	= -			REVISION NUMBER:		
	THIS IS TO CERTIFY THAT TH NDICATED. NOTWITHSTANDIN										
С	ERTIFICATE MAY BE ISSUED	OR MAY	PER ³	TAIN,	THE INSURANCE AFFORD	DED BY	THE POLICE	IES DESCRIB	ED HEREIN IS SUBJECT 1		
Е	XCLUSIONS AND CONDITIONS	OF SUCH	POLI	CIES.	LIMITS SHOWN MAY HAVE	BEEN R	EDUCED BY	PAID CLAIMS.			•
INSR LTR	TYPE OF INSURANCE		INSD	SUBR WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIAB	BILITY							EACH OCCURRENCE	\$	1,000,000
		CCUR	Х		711008985-0013		10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ zero deductible								MED EXP (Any one person)	\$	10,000
									PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES	PER:							GENERAL AGGREGATE	\$	2,000,000
	TY DDO TY	LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:									\$	
Α	AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT		1,000,000
	74				711008985-0013		10/31/2019	10/31/2020	(Ea accident)	\$, ,
-	OWNED SCHE				11100900-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$		
		S							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
		OWNED S ONLY d-\$1,000							(Per accident)	\$	
_	X X									\$	45 000 000
Α		CCUR			744000005 0040		40/04/0045	40/04/0005	EACH OCCURRENCE	\$	15,000,000
	EXCESS LIAB CL	_AIMS-MADE			711008985-0013		10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	DED X RETENTION\$	0								\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	S COMPENSATION			T			X PER OTH-			
	ANY PROPRIETOR/PARTNER/EXECU	JTIVE Y/N	N / 4		406038027-0008		10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS bel	low							E.L. DISEASE - POLICY LIMIT		1,000,000
										Ť	
DEC	COUDTION OF ODERATIONS // COATS	ONS / VEUICI	Ee //	COPE	101 Additional Pamarka Salada	do moviti	a attached if man	o enaco la recul	and)	<u> </u>	
New	SCRIPTION OF OPERATIONS / LOCATI V Caney ISD is included as Ad	ditional In	sured	l as s	pecified by contract per V	CG207	with respects	s to operation	is of the Insured perform	ed on t	their behalf
					-		-		-		
CE	RTIFICATE HOLDER					CANC	ELLATION				
_	-										
									ESCRIBED POLICIES BE C		
	New Caney ISD - To	echnolog	y			THE	EXPIRATION ORDANCE WI	N DATE TH	EREOF, NOTICE WILL CY PROVISIONS.	BE DE	ELIVERED IN
	Attn: Ben Rice		•			700	CUPANCE WI	IIIE FOLK	A T NOVIOIONO.		

20340 FM 1485 New Caney, TX 77357

AUTHORIZED REPRESENTATIVE





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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 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 come rights to the certificate holder in fled of s	uch endorsement(s).	
PRODUCER License # 0757776	CONTACT Healy Ramey	
Carlsbad, CA-HUB International Insurance Services Inc.) 804-0942
1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	Al Insurance Services Inc. PHONE (A/C, No, Ext): (760) 804-0402	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B:	
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:	
10240 Flanders Court	INSURER D:	
San Diego, CA 92121	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 S	SUBR	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY			(111117)	(IIIIII)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION\$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf Re:16A-070 Various Computer Peripherals

CERTIFICATE HOLDER	CANCELLATION
New Castle County 87 Read's Way New Castle, DE 19720	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
New Castle, DL 13720	Authorized Representative Harre Cierae





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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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).

	is certificate does not confer rights to	the t	certif	icate holder in lieu of su						
	DUCER License # 0757776				CONTACT Healy R	amey				
	sbad, CA-HUB International Insuranc 5 Faraday Avenue, Suite 200	e Ser	rvices	Inc.	PHONE (A/C, No, Ext): (760)	804-0402	F	AX 4/C, No): (760)	804-0942
	arlsbad, CA 92008				E-MAIL ADDRESS: healy.ra	ımey@hubiı	nternational.com	n		
					li II	ISURER(S) AFFO	RDING COVERAGE			NAIC #
					INSURER A : Atlanti	c Specialty	Ins. Co.			27154
INSL	RED				INSURER B :					
	P.C. Specialists, Inc. DBA: T	echn	oloav	/ Integration Group	INSURER C :					
	10240 Flanders Court			,9	INSURER D :					
	San Diego, CA 92121				INSURER E :					
					INSURER F :					
СО	VERAGES CER	TIFIC	CATE	NUMBER:			REVISION NUME	BER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLIC	REME TAIN, CIES. L	NT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF ANY CONTRA DED BY THE POLIC BEEN REDUCED BY	ACT OR OTHER CIES DESCRIB PAID CLAIMS	R DOCUMENT WITH SED HEREIN IS SUE	RESPE	CT TO	O WHICH THIS
NSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY	POLICY EXP (MM/DD/YYYY)		LIMITS	3	
Α	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE		\$	1,000,000
	CLAIMS-MADE X OCCUR		7	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurre	ence)	\$	1,000,000
	χ zero deductible						MED EXP (Any one pe	rson)	\$	10,000
							PERSONAL & ADV IN.	JURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGA	TE	\$	2,000,000
	POLICY X PRO- JECT X LOC						PRODUCTS - COMP/C	OP AGG	\$ \$	2,000,000
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE L	IMIT	\$ \$	1,000,000
	X ANY AUTO		711008985-0013		10/31/2019	10/31/2020	(Ea accident) BODILY INJURY (Per p	oroon)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS			11100000	10,01,2010	10,01,2020			\$ \$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)		\$ \$	
	X AUTOS ONLY Comp Ded-\$1,000 X Coll Ded-\$1,000						(Per accident)			
Α	X UMBRELLA LIAB X OCCUR						EAGU GOOUDDENGE		\$	15,000,000
	EXCESS LIAB CLAIMS-MADE		-	711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE		<u>ъ</u> \$	15,000,000
	DED X RETENTION\$ 0						AGGREGATE		э \$	
Α							X PER STATUTE	OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	ER	\$	1,000,000
	OFFICE/MEMBER EXCLUDED? (Mandatory in NH)	N/A						ופו פעיבר	*	1,000,000
	If yes, describe under						E.L. DISEASE - EA EM			1,000,000
	DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLIC	Y LIMIT	\$	
DEG	CRIPTION OF ORERATIONS / LOCATIONS / VEHIC	EC /A	COBD	101 Additional Bamarka Sahadı	ulo may be attached if m	ro angos is roqui	rod\			
Re:	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC nstallation of Interactive Touch Screen	Pane	els at	each of the locations on a	attached schedule.	ore space is requi	rea)			
	TIFICATE USUBED				OANOE!! AT'C'	•				
UE.	RTIFICATE HOLDER				CANCELLATION	<u> </u>				
	Newton County Board of Ed 2109 Newton Dr., NE	ucati	on			N DATE TH	ESCRIBED POLICIE IEREOF, NOTICE CY PROVISIONS.			

ACORD 25 (2016/03)

Covington, GA 30014

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AUTHORIZED REPRESENTATIVE

Elementary Schools:

East Newton Elementary School 2286 Dixie Road Covington, GA 30014

Fairview Elementary School 3325 Fairview Road Covington, Georgia 30016

Flint Hill Elementary School 1300 Airport Road Oxford, Georgia 30054

Heard-Mixon Elementary School 14110 Highway 36 Covington, Georgia 30014

Live Oak Elementary School 500 Kirkland Road Covington, Georgia 30016

Livingston Elementary School 3657 Highway 81 South Covington, Georgia 30016

Mansfield Elementary School 45 East Third Avenue Mansfield, Georgia 30055

Middle Ridge Elementary School 11649 South Covington By-Pass Road Covington, Georgia 30014

Oak Hill Elementary School 6243 Hwy 212 Covington, Georgia 30016

Porterdale Elementary School 45 Ram Drive Covington, Georgia 30014

Rocky Plains Elementary School 5300 Highway 162 South Covington, Georgia 30016

South Salem Elementary School 5335 Salem Road Covington, Georgia 30016 West Newton Elementary School 13387 Brown Bridge Road Covington, Georgia 30016

Middle Schools:

Clements Middle School 66 Jack Neely Road Covington, Georgia 30016

Cousins Middle School 8187 Carlton Trail N.W. Covington, Georgia 30014

Indian Creek Middle School 11051 South Covington By-Pass Road Covington, Georgia 30014

Liberty Middle School 5225 Salem Road Covington, Georgia 30016

Veterans Memorial Middle School 13357 Brown Bridge Road Covington, Georgia 30016

High Schools:

Alcovy High School 14567 Highway 36 Covington, Georgia 30014

Eastside High School 10245 Eagle Drive Covington, GA 30014

Newton High School 1 Ram Way Covington, GA 30014

Theme Schools:

Newton County Theme School at Ficquett 2207 Williams Street Covington, Georgia 30014



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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).										
PROI	DUCER License # 0757776				CONTAC	^{C⊤} Healy Ra	ımey			
	arlsbad, CA-HUB International Insurance Services Inc. 525 Faraday Avenue, Suite 200					PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760)				
Carlsbad, CA 92008						_{ss:} healy.raı	ney@hubir	nternational.com		
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #
					INSURE	R A : Atlantic	Specialty	Ins. Co.		27154
INSU	RED				INSURE	RB:				
	P.C. Specialists, Inc. DBA: T	echn	olog	y Integration Group	INSURE	RC:				
	10240 Flanders Court				INSURER D:					
	San Diego, CA 92121				INSURER E :					
					INSURER F:					
CO	/ERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBE	R:	
IN Ce	IIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY ICLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORD	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT WITH R	ESPECT	TO WHICH THIS
NSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
Α	X COMMERCIAL GENERAL LIABILITY					•	•	EACH OCCURRENCE	\$	1,000,000
CLAIMS-MADE X OCCUR X 711008985-001						10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence	;e) \$	1,000,000
	χ zero deductible	TILLIVIOLO (LA OCCUITATION)							10,000	
								PERSONAL & ADV INJUF	RY \$	1,000,000
										2,000,000

LTR	I THE OF INSURANCE	INSD	WVD	POLICT NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	3	
Α	X COMMERCIAL GENERAL LIABILITY				,	,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ zero deductible						MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO- X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	DED X RETENTION\$ 0							\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE			406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
NMC, Inc. dba: New Mexico Consortium is named Additional Insured-Landlord as specified by contract in Form VCG207 regarding leased premises at 999 Central Ave., Los Alamos, NM waiver of subrogation applies to all coverages 90 days notice of cancellation/15 days for non-payment

CERTIFICATE HOLDER	CANCELLATION
NMC, Inc. dba: New Mexico Consortium 4200 West Jernez Rd., Ste. 200 Los Alamos. NM 87544	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
LOS Aldinos, Nin 01344	AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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).

PRODUCER License # 0757776	CONTACT Healy Ramey					
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-094					
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Atlantic Specialty Ins. Co.	27154				
INSURED	INSURER B:					
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:					
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:					
San Diego, CA 92121	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	SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	'S	
A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	T O LIO THOM DE IN	(MIM/DD/TTTT)	(MIM/DD/TTTT)	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ zero deductible						MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO- X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	DED X RETENTION \$ 0							\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH-		
	ANY PROPRIEDDRIPARTHER/EXECUTIVE	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Property Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Premises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf

CERTIFICATE HOLDER	CANCELLATION

North County Transit District Attn: Contracts & Procurement Dept. - Mindy Smith 810 Mission Ave. Oceanside, CA 92054-2825 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

Helre Diene





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

this certificate does not confer rights to the certificate holder in lieu of s PRODUCER License # 0757776										
				- I	CONTACT Healy Ramey NAME: PHONE (700) 204 2402					
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200					(A/C, No, Ext): (760) 804-0402 (A/C, No): (760) 804-0942					804-0942
	sbad, CA 92008				E-MAIL ADDRESS: he	ealy.ran	ney@hubin	ternational.com		
						INS	URER(S) AFFOR	DING COVERAGE		NAIC #
					INSURER A :	Atlantic	Specialty I	ns. Co.		27154
INSL	IRED				INSURER B:					
	P.C. Specialists Inc. DRA: 1	v Integration Group	INSURER C :							
P.C. Specialists, Inc. DBA: Technology Integration Group 10240 Flanders Court San Diego, CA 92121										
		INSURER E :								
~~	VED A OF C	TIE1	~ A TI	T NUMBER:	INSURER F:			DEVICION NUMBER		
				E NUMBER:		001155.7		REVISION NUMBER:		
IN C E	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY FERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PER POLI	IREM TAIN CIES	ENT, TERM OR CONDITION , THE INSURANCE AFFORN LIMITS SHOWN MAY HAVE	N OF ANY C DED BY THE BEEN REDUC	CONTRAC F POLICII CED BY F	CT OR OTHER ES DESCRIBI PAID CLAIMS.	DOCUMENT WITH RESPE	CT TC	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLI (MM/D	ICY EFF DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		711008985-0013	10/3	31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ zero deductible							MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO- JECT X LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							TRODUCTO - GOIWIT TOT AGG	\$	
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$ \$	1,000,000
	· ·			711008985-0013	10/2	31/2019	10/31/2020	(Ea accident)		,,
	ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS			711000900-0013	10/3	51/2019	10/31/2020	BODILY INJURY (Per person)	\$	
								BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	X HIRED AUTOS ONLY Comp Ded-\$1,000 X NON-OWNED AUTOS ONLY Coll Ded-\$1,000							PROPERTY DAMAGE (Per accident)	\$	
Α.	A								\$	15,000,000
Α	X UMBRELLA LIAB X OCCUR			744000005 0040	40/0	10010 40/0	40/24/2020	EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE	4		711008985-0013	10/3	31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	DED X RETENTION\$)						DED LOTH	\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		406038027-0008	10/3	31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED?							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	D 101. Additional Remarks Schedu	ile, may be attac	hed if more	e space is require	ed)		
Oah	u Transit Services, Inc. and the City and	d Cou	ınty o	of Honolulu are named Add	ditional Insur	red as sp	ecified by co	ntract per VCG207 & CG	2037 v	ith respects to
	rations of the Insured performed on the Managed print services for laser printe		nalf.	90 days notice of cancella	ition/15 for n	on-paym	ent of premi	um		
116.	managed print services for laser printer									
CE	RTIFICATE HOLDER				CANCELL	ATION				
								ESCRIBED POLICIES BE CA EREOF, NOTICE WILL		
	Oahu Transit Services, Inc.							Y PROVISIONS.	J_ DI	
	811 Middle St.				1					

ACORD 25 (2016/03)

Honolulu, HI 96819-2316

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AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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).									
PRODU	JCER License # 0757776				CONTACT Healy Ramey					
	Carlsbad, CA-HUB International Insurance Services Inc.					PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8				
1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008								nternational.con	1	-
						INS	SURER(S) AFFOI	RDING COVERAGE		NAIC #
					INSURE	R A : Atlantic	Specialty	Ins. Co.		27154
INSUR	ED				INSURE	RB:				
	P.C. Specialists, Inc. DBA: 1	echr	olog	y Integration Group	INSURE	R C :				
10240 Flanders Court					INSURER D:					
	San Diego, CA 92121				INSURER E:					
					INSURER F:					
COV	ERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMB	ER:	
IND	S IS TO CERTIFY THAT THE POLICII ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY	EQUI	REMI	ENT, TERM OR CONDITIO	N OF A	NY CONTRA	CT OR OTHER	R DOCUMENT WITH	RESPECT	TO WHICH THIS
	CLUSIONS AND CONDITIONS OF SUCH								SECTION	LE THE TERMS,
NSR TYPE OF INSURANCE ADDL SUBR POLICY NUMBER						POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
Α	X COMMERCIAL GENERAL LIABILITY					,	,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		711008985-0013		10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurre		1,000,000
	χ zero deductible							MED EXP (Any one per	son) \$	10,000

INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				,,	,,,,,,,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	Х	ANY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	Х	Comp Ded-\$1,000 X Coll Ded-\$1,000						,	\$	
Α	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$ 0							\$	
Α	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TO THE PROPRIETOR PARTNER PART			406038027-0008	10/31/2019	10/31/2019 10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	OFFI (Man	CER/MEMBER EXCLUDED? datory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf

CERTIFICATE HOLDER	CANCELLATION
Oconee County Schools P.O. Box 146 35-A School St.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Watkinsville, GA 30677	Authorized Representative Addie Representative





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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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).

PRODUCER License # 0757776		CONTACT Healy Ramey						
Carlsbad, CA-HUB International Insurance Service 1525 Faraday Avenue, Suite 200	s Inc.	PHONE (A/C, No, Ext): (760) 804-0402	FAX (A/C, No): (760)	804-0942				
Carlsbad, CA 92008		E-MAIL ADDRESS: healy.ramey@hubinternational.	com					
		INSURER(S) AFFORDING COVERAGE	E	NAIC #				
		INSURER A: Atlantic Specialty Ins. Co.	27154					
INSURED		INSURER B:						
P.C. Specialists, Inc. DBA: Technolog	y Integration Group	INSURER C:						
Entre, BTG, a TIG Company; 10240 Flanders Court		INSURER D:						
San Diego, CA 92121		INSURER E:						
		INSURER F:						
COVERACES CERTIFICATI	- NUMBED:	DEVICION NI	IMPED.					

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 INSD	SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	,,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Χ		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ zero deductible						MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO	Χ		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	DED X RETENTION\$							\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	X	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Property Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Premises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 & VCA201 with respects to operations of the Insured performed on their behalf Re:RFQ#:IS 43-14-Information Technology Services coverage is primary & non-contributory & waiver of subrogation applies on WC 90 days notice of cancellation/15 days for non-payment Jobsite: 602-C North Pearl St., Crestview, FL 32536

CERTIFICATE HOLDER	CANCELLATION
Okaloosa County 602-C North Pearl St. Crestview. FL 32536	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Olestview, i E 32330	AUTHORIZED REPRESENTATIVE
T	Harrice Chene



Certificate of Insurance

Producer

R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505

THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.

Named Insured PC Specialists, Inc. dba: Technology Integration Group Insurance Company

TIG Shanghal, Ltd Itex, Inc. dba: Technology Integration Group Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038

Technology Integration Group, Inc.

10240 Flanders Court, San Diego, CA 92121
THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.

x	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
-	ClickStream® 2.0 connected services with CyberInfusion® policy				\$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator sM content liability policy				\$
	BusinessWare® 2.0 E&O with CyberInfusion® policy		`		\$

Professional Liability, internet and Network Liability insurance with respects to operations of the insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium Re:RFQ#: IS 43-14 Jobsite: 602-C North Pearl St., Crestview, FL 32536

Certificate Holder Box

Okaloosa County 602-C North Pearl St. Crestylew FL 32536

IF THE POLICY DESCRIBED IN THIS CANCELLATION: CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.

THIS CERTIFICATE DOES NOT CONFER ANY COVERAGE RIGHTS ON THE CERTIFICATE HOLDER. THE CERTIFICATE HOLDER IS NOT AN ADDITIONAL INSURED UNLESS: (1) THE INSURANCE COMPANY HAS ISSUED AN ENDORSEMENT TO THE POLICY TO EFFECT SUCH COVERAGE, CERTIFICATE THE HOLDER SATISFIES ALL OF REQUIREMENTS IN THE POLICY TO QUALIFY AS AN ADDITIONAL INSURED AS DESCRIBED IN THE POLICY'S DEFINITION OF "YOU."

THIS CERTIFICATE DOES NOT CHANGE IN ANY WAY THE INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE DOES NOT CONTRACT CONSTITUTE BETWEEN THE HOLDER AND ANY OTHER PARTY.

Authorized Representative

10/25/2019

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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lf th	SUI	RTANT: If the certificate holder BROGATION IS WAIVED, subject Brificate does not confer rights to	ct to	the	terms and conditions of	the po	licy, certain	policies may			
PRODUCER License # 0757776					CONTAI NAME:	^{C⊤} Healy Ra	amey				
		d, CA-HUB International Insurance	e Sei	rvice	s Inc.		o, Ext): (760) 8		FAX (A/C	(C. No):(760) 804-0942
		raday Avenue, Suite 200 d, CA 92008				E-MAIL ADDRE	ss: healy.rai	mey@hubir	nternational.com	, , , ,	•
							INS	SURER(S) AFFOR	RDING COVERAGE		NAIC#
						INSURE	R A : Atlantic	Specialty	Ins. Co.		27154
INSU	RED					INSURE	RB:				
		P.C. Specialists, Inc. DBA: T	echr	oloa	v Integration Group	INSURER C :					
		10240 Flanders Court				INSURE	RD:				
		San Diego, CA 92121				INSURE	RE:				
						INSURER F:					
CO	/ER	AGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBE	R:	·
IN CE	DIC/ ERTI	S TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	REMI TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC	CT OR OTHER IES DESCRIB PAID CLAIMS.	R DOCUMENT WITH R	RESPECT	TO WHICH THIS
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
Α	X	COMMERCIAL GENERAL LIABILITY					,	,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		711008985-0013		10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrent	ce) \$	1,000,000
	X	zero deductible							MED EXP (Any one perso	.	10,000
									PERSONAL & ADV INJUI	RY \$	1,000,000
	GEN	N'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:							GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT X LOC							PRODUCTS - COMP/OP	AGG \$	2,000,000
		OTHER:								\$	
Α	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIM (Ea accident)	IT \$	1,000,000
	X	ANY AUTO			711008985-0013		10/31/2019	10/31/2020	BODILY INJURY (Per per	rson) \$	
		OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per acc	cident) \$	
	X	HIRED X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	X	Comp Ded-\$1,000 X Coll Ded-\$1,000								\$	
Α	X	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013		10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$ 0								\$	
Α	WOR	RKERS COMPENSATION EMPLOYERS' LIABILITY							X PER CE	OTH- R	
			N/A		406038027-0008		10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Man	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPL	LOYEE \$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY I		1,000,000
DESC	RIPT	ION OF OPERATIONS / LOCATIONS / VEHICL	LES (A	CORE	0 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	red)		

Okaloosa County is named Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on thier behalf.

CERTIFICATE HOLDER CANCELLATION

Okaloosa County Information Technology Department 5479A Old Bethel Rd. Crestview, FL 32536 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

Acres 16



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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.

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tine continuate accenter come, righte to the continuate fields, in hea of ca	on ondercomonico).				
PRODUCER License # 0757776	CONTACT Healy Ramey				
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942			
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com				
	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: Atlantic Specialty Ins. Co.	27154			
INSURED	INSURER B:				
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:				
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:				
San Diego, CA 92121	INSURER E:				
	INSURER F:				
COVERAGES CERTIFICATE NUMBER.	DEVISION NUMBED:				

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 S	SUBR	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY			(111117)	(IIIIII)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION\$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per CG2026 attached with respects to operations of the Insured performed on their behalf Re:installation of Cisco Nexus Environment

CERTIFICATE HOLDER	CANCELLATION

Orange County Fire Authority Attn: Purchasing Dept. 1 Fire Authority Road Irvine, CA 92602 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

Acres 16

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)

Orange County Fire Authority

<u>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</u>

Section II _**Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury, "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- **A.** In the performance of your ongoing operations; or
- **B.** In connection with your premises owned by or rented to you.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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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).

PRODUCER License # 0757776	CONTACT Healy Ramey					
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760)	804-0942				
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Atlantic Specialty Ins. Co.	27154				
INSURED	INSURER B:					
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:					
10240 Flanders Court	INSURER D:					
San Diego, CA 92121	INSURER E :					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR		TYPE OF INSURANCE	ADDL	SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	III	1112		(MINITED / 1 1 1 1)	(IIIIII)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$							\$	
Α	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	X	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mar	ICER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pro	perty Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Pre	mises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Parmenter Lenox, LLC (property owner), Parmenter, LLC and Parmenter Realty & Investment Co (property manager) are included as Additional Insured as specified by contract per VCG207 07 09 & CG2037 with respects to operations of the Insured performed on their behalf Waiver of Subrogation is provided by blanket form on both GL & WC Account #36385

CERTIFICATE HOLDER	CANCELLATION
	CANCELLATION

Parmenter Lenox, LLC, Parmenter, LLC Parmenter Realty & Investment Co. 3399 Peachtree Rd., NE #150 Atlanta, GA 30326 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

Acres 16



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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tine continuate acception content inglitte to the continuate metaer in hea of ca	on ondercomonico).				
PRODUCER License # 0757776	CONTACT Healy Ramey				
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942			
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com				
	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: Atlantic Specialty Ins. Co.	27154			
INSURED	INSURER B:				
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:				
10240 Flanders Court	INSURER D:				
San Diego, CA 92121	INSURER E :				
	INSURER F:				
COVERAGES CERTIFICATE NUMBER.	DEVISION NUMBED.				

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 S	SUBR	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY			(111117)	(IIIIII)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION\$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re:PC Specialists, Inc., 582 NW University Blvd., Suites 350,450 & 500, Port St. Lucie, FL 34986 - Certificate holder is named Additional Insured-Lessor of Leased Premises

CERTIFICATE HOLDER	CANCELLATION
	CANCELLATION

Peacock University and Asset Specialists, Inc. 3710 Buckeye St., Ste. 100 Palm Beach Gardens, FL 33410 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

Acres 16.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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).

	ate does not confer rights to the	certificate holder in lieu of	such endorsement(s).					
PRODUCER LIC	ense # 0757776		CONTACT Healy Ramey					
Carlsbad, CA-HUB International Insurance Services Inc.		PHONE (A/C, No, Ext): (760) 804-0402) 804-0942					
1525 Faráday Avenue, Suite 200 Carlsbad, CA 92008			E-MAIL ADDRESS: healy.ramey@hubinternational.com					
			INSURER(S) AFFORDING COV	NAIC #				
			INSURER A : Atlantic Specialty Ins. Co.	27154				
INSURED	P.C. Specialists, Inc. DBA: Technology Integration Group		INSURER B:					
			INSURER C :					
	Entre, BTG, a TIG Company; 10240 Flanders Court	• • •	INSURER D :					
	San Diego, CA 92121	INSURER E :						
			INSURER F:					
COVERAGE	S CERTIFIC	ATE NUMBER:	REVISIO	N NUMBER:				
THIS IS TO	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 REQUIR	REMENT TERM OR CONDI	TION OF ANY CONTRACT OR OTHER DOCUME	ENT WITH RESPECT T	O WHICH THIS			

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.

		CLUSIONS AND CONDITIONS OF SUCH								
INS	R∣	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A		X COMMERCIAL GENERAL LIABILITY				,	,,,,,,,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	2	χ zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	2	X ANY AUTO	Х		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	2	AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	2	X Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	. [2	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$							\$	
Α	W	VORKERS COMPENSATION ND EMPLOYERS' LIABILITY						X PER OTH-ER		
	A	NY PROPRIETOR/PARTNER/EXECUTIVE // N	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(1)	PFICER/MEMBER EXCLUDED? Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	lf D	yes, describe under ESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	P	roperty Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	P	remises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is named additional insured and loss payee for all vehicles leased, hired or rented from certificate holder \$1,000 comp/coll deds

CERTIFICATE HOLDER	CANCELLATION
Penske Truck Leasing 1400 Candelaria Rd. NE Albuquerque, NM 87107	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Albuquerque, Nivi or 107	Authorized Representative Halful Cienae



ACORD'

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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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).

PRODUCER License # 0757776	CONTACT Healy Ramey					
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942					
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Atlantic Specialty Ins. Co.	27154				
INSURED	INSURER B:					
P.C. Specialists, Inc. DBA: Technology Integration Group Entre, BTG, a TIG Company;	INSURER C:					
10240 Flanders Court	INSURER D:					
San Diego, CA 92121	INSURER E:					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER.	DEVICION NUMBER.					

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.

		CLUSIONS AND CONDITIONS OF SUCH								
INS	R∣	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A		X COMMERCIAL GENERAL LIABILITY				,	,,,,,,,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	2	χ zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	2	X ANY AUTO	Х		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	2	AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	2	X Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	. [2	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$							\$	
Α	W	VORKERS COMPENSATION ND EMPLOYERS' LIABILITY						X PER OTH-ER		
	A	NY PROPRIETOR/PARTNER/EXECUTIVE // N	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(1)	PFICER/MEMBER EXCLUDED? Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	lf D	yes, describe under ESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	P	roperty Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	P	remises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is named additional insured and loss payee for all vehicles leased, hired or rented from certificate holder \$1,000 comp/coll deds

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED

Penske Truck Leasing Co, LP and it's partners 2300 Weaver Way Norcross, GA 30071 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

Detru Chens



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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PRODUCER License # 0757776		CONTACT Healy Ramey		
Carlsbad, CA-HUB International Ins 1525 Faraday Avenue, Suite 200		PHONE (A/C, No, Ext): (760) 804-0402	FAX (A/C, No): (760) 8	304-0942
Carlsbad, CA 92008		E-MAIL ADDRESS: healy.ramey@hubinternational.com	om	
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Atlantic Specialty Ins. Co.		27154
INSURED		INSURER B:		
P.C. Specialists, Inc. D	DBA: Technology Integration Group	INSURER C:		
10240 Flanders Court		INSURER D:		
San Diego, CA 92121		INSURER E :		
		INSURER F:		
COVERAGES	CERTIFICATE NUMBER:	REVISION NUM	MRFR.	

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 S	SUBR WVD POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY	IIIOD		(MINUS STITLE)	(IIIIII)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO	Х	711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION\$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is named additional insured and loss payee for all vehicles leased, hired or rented from certificate holder \$1,000 comp/coll deds Customer #1527

CERTIFICATE HOLDER	CANCELLATION

Penske Truck Leasing Co, LP and its partners & Penske **Leasing and Rental Company** P.O. Box 563 Reading, PA 19603

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

PCSPECI-02

HRAMEY

1,000,000

200,000

1,000



DATE (MM/DD/YYYY) 10/25/2019

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this certificate does not confer rights to the certificate holder in lieu of s	uch endorsement(s).					
PRODUCER License # 0757776	CONTACT Healy Ramey					
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942				
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Atlantic Specialty Ins. Co.	27154				
INSURED	INSURER B:					
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:					
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:					
San Diego, CA 92121	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 ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) INSR LTR TYPE OF INSURANCE POLICY NUMBER LIMITS 1,000,000 Α X **COMMERCIAL GENERAL LIABILITY** EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 1,000,000 CLAIMS-MADE Х OCCUR 10/31/2019 10/31/2020 711008985-0013 zero deductible 10,000 MED EXP (Any one person)

1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: **GENERAL AGGREGATE** POLICY X PRO-2,000,000 X LOC PRODUCTS - COMP/OP AGG \$ OTHER COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** 10/31/2019 | 10/31/2020 X ANY AUTO 711008985-0013 X BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY Comp Ded-\$1,000 X Coll Ded-\$1,000 15,000,000 X X **UMBRELLA LIAB OCCUR EACH OCCURRENCE** 15,000,000 711008985-0013 10/31/2019 10/31/2020 **EXCESS LIAB CLAIMS-MADE** AGGREGATE 0 DED | X | RETENTION \$ OTH-FR WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER STATUTE 406038027-0008 10/31/2019 | 10/31/2020 1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is named additional insured and loss payee for all vehicles leased, hired or rented from certificate holder \$1,000 comp/coll deds

711008985-0013

711008985-0013

CERTIFICATE HOLDER	CANCELLATION
Penske Truck Leasing Co. Attn: Cheryl	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Attn: Cheryl 8645 E. 25th Street Indianapolis, IN 46219

If yes, describe under DESCRIPTION OF OPERATIONS below

Property Away From

Premises

AUTHORIZED REPRESENTATIVE

10/31/2019 10/31/2020

10/31/2019 10/31/2020

ACORD 25 (2016/03)

E.L. DISEASE - POLICY LIMIT

Limit:

Ded



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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PRODUCER License # 0757776	CONTACT Healy Ramey					
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942				
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Atlantic Specialty Ins. Co.	27154				
INSURED	INSURER B:					
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:					
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:					
San Diego, CA 92121	INSURER E:					
	INSURER F:					
COVERAGES CERTIFICATE MUMPER.	DEVICION NUMBER.					

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 S	SUBR WVD POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY	IIIOD		(MINUS STITLE)	(IIIIII)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO	Х	711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION\$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Penske Truck Leasing Co. LPs and its Partners are named additional insured and loss payee for all vehicles leased or rented from Penske Truck Leasing Co.
LPs and its Partners including substitute, extra, permanent replacement or interim vehicles \$1,000 comp/coll deds 90 days notice of cancellation/ 15 days for non-payment

CERTIFICATE HOLDER	CANCELLATI	ON

Penske Truck Leasing Co. LP and its Partners 8750 Production Ave. San Diego, CA 92121 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

Acres 16



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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).

PRODUCER License # 0757776	CONTACT Healy Ramey					
		FAX (A/C, No): (760) 8	04-0942			
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE		NAIC #			
	INSURER A: Atlantic Specialty Ins. Co.		27154			
INSURED	INSURER B:		1			
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:					
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:					
San Diego, CA 92121	INSURER E:					
	INSURER F:		1			

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 S	SUBR WVD POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY	IIIOD		(MINUS STITLE)	(IIIIII)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO	Х	711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION\$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is named additional insured and loss payee for all vehicles leased, hired or rented from certificate holder \$1,000 comp/coll deds Account #34T765

CERTIFICATE HOLDER	CANCELLATION

Penske Truck Leasing Co. LP and it's partners 11115 Texland Blvd. Charlotte, NC 28273 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

Helse Diens





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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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).

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PRODUCER License # 0757776	CONTACT Healy Ramey				
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942			
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com				
	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: Atlantic Specialty Ins. Co.	27154			
INSURED	INSURER B:				
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:				
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:				
San Diego, CA 92121	INSURER E:				
	INSURER F:				
COVERAGES CERTIFICATE NUMBER.	DEVISION NUMBED:				

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR WVD POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY	IIIOD		(MINUS STITLE)	(IIIIII)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO	Х	711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION\$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is named as additional insured and loss payee as their interst may appear, as respects to location/premises/vehicles/equipment leas leased/rented by named insured with respects to operations of insured while used in connection with. RE: 15' & 24' Trucks - Hired Auto Limit \$75,000. - Comp/Coll deductible \$1,000.

CERTIFICAT	re Holder	CANCELLATION
;	Penske Truck Leasing Co., L.P. 2300 Weaver Way	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
2	Norcross, GA 30092	Helse Claens



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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PRODUCER License # 0757776	CONTACT Healy Ramey						
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No	_{):} (760) 804-0942					
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: Atlantic Specialty Ins. Co.	27154					
INSURED	INSURER B:	27104					
P.C. Specialists, Inc. DBA: Technology Integration Group Entre, BTG, a TIG Company;	INSURER C:						
10240 Flanders Court	INSURER D:						
San Diego, CA 92121	INSURER E:						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER.	DEVICION NUMBER.						

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.

		DSIONS AND CONDITIONS OF SUCH								
INSR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AU	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$							\$	
A	WOF	RKERS COMPENSATION DEMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE // N	N/A	X	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mai	ICER/MEMBER EXCLUDED?	IN / A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If ye	s, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pro	pperty Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Pre	emises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
P & M Holding Group, LLP and its subsidiaries and affiliates are included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf. Waiver of Subrogation applies to W/C

CERTIFICATE HOLDER	CANCELLATION
Plante & Moran, PLLC 3000 Town Center, Suite 400 Southfield. MI 48075	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Goutimola, iii 40073	AUTHORIZED REPRESENTATIVE
	Herri Cheni



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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PRODUCER License # 0757776	CONTACT Healy Ramey					
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0					
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Atlantic Specialty Ins. Co.	27154				
INSURED	INSURER B:					
P.C. Specialists, Inc. DBA: Technology Integration Group Entre, BTG, a TIG Company;	INSURER C:					
10240 Flanders Court	INSURER D:					
San Diego, CA 92121	INSURER E :					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	,,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Χ		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ zero deductible						MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO	Χ		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	DED X RETENTION\$							\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	X	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Property Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Premises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Long Beach Harbor Department, its boards, officers, agents and employees are included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf. GL is primary and contains a severability of interest clause. Additional Insured includer Auto and Waiver of Subrogation included under Workers Compensation by endorsement 90 Days Notice of Cancellation/15 Days Notice for Non-Payment of Premium Project:On-Call Information Technology Services

CERTIFICATE HOLDER	CANCELLATION

Port of Long Beach On-Call Information Technology Services Attn: Charles Mallory P.O. Box 570 Long Beach, CA 90801 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

Den Mon



Certificate of Insurance

Producer

R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505

THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.

Named Insured

PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd Itex, Inc. dba: Technology Integration Group

Technology Integration Group, Inc.

Insurance Company

Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038

10240 Flanders Court, San Diego , CA 92121 THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.

х	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$
Х	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator sM content liability policy				\$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$

Description or Comments

Professional Liability, internet and Network Liability insurance with respects to operations of the insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium Re:On-Call Information Technology Services

Certificate Holder Box

Port of Long Beach On-Call Information Technology Services P.O. Box 570 Long Beach CA 90801

CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY AND FOR FAILURE TO MAIL SUCH NOTICE.

THIS CERTIFICATE DOES NOT CONFER ANY COVERAGE RIGHTS ON THE CERTIFICATE HOLDER. THE CERTIFICATE HOLDER IS NOT ΑN ADDITIONAL INSURED UNLESS: (1) THE INSURANCE COMPANY HAS ISSUED AN ENDORSEMENT TO THE POLICY TO EFFECT SUCH COVERAGE, CERTIFICATE HOLDER SATISFIES ALL OF THE REQUIREMENTS IN THE POLICY TO QUALIFY AS AN ADDITIONAL INSURED AS DESCRIBED IN THE POLICY'S DEFINITION OF "YOU."

CERTIFICATE THIS DOES NOT ANY THE CHANGE IN WAY INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE NOT DOES CONSTITUTE CONTRACT BETWEEN THE HOLDER AND ANY OTHER PARTY.

Authorized Representative

10/25/2019

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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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).

PRODUCER License # 0757776	CONTACT Healy Ramey	
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B:	
P.C. Specialists, Inc. DBA: Technology Integration Group Entre, BTG, a TIG Company;	INSURER C:	
10240 Flanders Court	INSURER D:	
San Diego, CA 92121	INSURER E:	
	INSURER F:	
COVER A CEC.	DEVICION NUMBER.	

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 S	SUBR	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY			(111117)	(IIIIII)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION\$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf

CERTIFICATE HOLDER	CANCELLATION

Port of San Diego Purchasing Department 3165 Pacific Highway San Diego, CA 92101 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

Den Mon





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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tł	nis ce	ertificate does not confer rights t	o the	cert	ificate holder in lieu of su		orsement(s) [⊤] Healy Ra				
		d, CA-HUB International Insuranc	e Se	rvice	s Inc.				FAX	760)	804-0942
152	5 Far	ráday Avenue, Suite 200			5 II.G.	(A/C, No, E-MAIL	Ext): (760) 8	304-0402 2000 @bubir	(A/C, No):\ nternational.com	760)	504-0942
Car	spac	d, CÅ 92008				ADDRES					1
								•	RDING COVERAGE		NAIC#
								Specialty	ins. Co.		27154
INSU	IRED					INSURER	R B :				
		P.C. Specialists, Inc. DBA:	Гесhr	nolog	y Integration Group	INSURER	RC:				
		10240 Flanders Court San Diego, CA 92121				INSURER	RD:				
		oan biego, oa 32121				INSURER	RE:				
						INSURER	RF:				
CO	VER	RAGES CEF	RTIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	IDIC <i>A</i> ERTII	IS TO CERTIFY THAT THE POLICI ATED. NOTWITHSTANDING ANY F IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	REQUI PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF AN DED BY	NY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESPE LED HEREIN IS SUBJECT T	CT TO	WHICH THIS
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY					(\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			711008985-0013		10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	Х	zero deductible							MED EXP (Any one person)	\$	10,000
									PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	OL!	POLICY X PRO- JECT X LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							TRODUCTO - COMITOT ACC	\$ \$	
Α	AUT	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	1,000,000
	X	ANY AUTO			711008985-0013		10/31/2019	10/31/2020	(Ea accident)	*	
		OWNED SCHEDULED			711000303-0013		10/31/2013	10/31/2020	BODILY INJURY (Per person)	\$	
	Х								BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	
	X	HIRED AUTOS ONLY Comp Ded-\$1,000 X NON-OWNED AUTOS ONLY Coll Ded-\$1,000							(Per accident)	\$	
Α	X	A A								\$	15,000,000
^	^	UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE			711008985-0013		10/31/2019	10/31/2020	EACH OCCURRENCE	\$	15,000,000
			-					10,01,2020	AGGREGATE	\$	
Α	WOR	DED X RETENTIONS							X PER OTH- STATUTE ER	\$	
^		RKERS COMPENSATION DEMPLOYERS' LIABILITY Y/N			406038027-0008		10/31/2019	10/31/2020			1,000,000
	OFFI	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A		10000021 0000		10/01/2010	10/01/2020	E.L. EACH ACCIDENT	\$	1,000,000
	If yes	s, describe under							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DES	SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
DES Re:F	CRIPT Prope	TION OF OPERATIONS / LOCATIONS / VEHIC erty of Others in the Insured's care	LES (/	ACORI t ody (3 101, Additional Remarks Schedu & control. Value: \$1,546,50	ıle, may be 05. Spec	attached if mor	e space is requir rerage applie	^{·ed)} s subject to a \$1,000 Ded	uctible	a
	•	•	•	,	, , ,	•		0	•		
CE	RTIF	FICATE HOLDER				CANC	ELLATION				
							II B 4107 5= -	THE ABOVE -	FOODIDED DC: :0:=0 F = 5	. N.C=-	. =
									ESCRIBED POLICIES BE CA IEREOF, NOTICE WILL		
		Portsmouth Public Schools							Y PROVISIONS.		

ACORD 25 (2016/03)

3651 Hartford Street Portsmouth, VA 23707

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AUTHORIZED REPRESENTATIVE





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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lt tr	SUBROGATION IS WAIVED, subjecting subjections in a subject in the	ct to o the	the	terms and conditions of ificate holder in lieu of su	the po uch end	licy, certain lorsement(s)	oolicies may	require an endorseme	nt. As	statement on
PRO	DUCER License # 0757776					^{C⊤} Healy Ra				
	Isbad, CA-HUB International Insurance	e Ser	rvice	s Inc.		o, Ext): (760) 8		FAX (A/C, No)	(760)	804-0942
	5 Faraday Avenue, Suite 200 Isbad, CA 92008				E-MAIL ADDRE	ss: healy.rar	ney@hubir	nternational.com	,	
								RDING COVERAGE		NAIC #
					INSURE	R A : Atlantic	Specialty	Ins. Co.		27154
INSU	JRED				INSURE	RB:				
	P.C. Specialists, Inc. DBA: T	echn	olog	y Integration Group	INSURE	RC:				
	10240 Flanders Court		_		INSURE	RD:				
	San Diego, CA 92121				INSURE	RE:				
					INSURE	RF:				
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT WITH RESP	ECT TO	O WHICH THIS
INSR		ADDL	SUBR		DELIVI	POLICY FFF	POLICY EXP	LIMI	TS	
A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	TOLIOT NOMBER		(MIM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			711008985-0013		10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ zero deductible							MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$							PER OTH- STATUTE ER	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR (AND THER (EXCOUTING									
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEI E.L. DISEASE - POLICY LIMIT		
Α	Rental Equip Cvrg			711008985-0013		10/31/2019	10/31/2020	Limit	3	75,000
DES Re:	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI Leased/Rented Equipment	LES (A	ACORE	0 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requir	ed)		
CF	RTIFICATE HOLDER				CANO	ELLATION				
	Premier Platforms, Inc. 1469 Dogwood Dr. SE Conyers, GA 30012				SHO THE ACC	ULD ANY OF	N DATE TH	ESCRIBED POLICIES BE C EREOF, NOTICE WILL Y PROVISIONS.		_
					Del	a Don				



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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PRODUCER License # 0757776	CONTACT Healy Ramey	
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B:	
P.C. Specialists, Inc. DBA: Technology Integration Group Entre, BTG, a TIG Company;	INSURER C:	
10240 Flanders Court	INSURER D:	
San Diego, CA 92121	INSURER E:	
	INSURER F:	
COVER A CEC.	DEVICION NUMBER.	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY			(111117)	(IIIIII)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION\$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf

CERTIFICATE HOLDER	CANCELLATION

PriceSmart, Inc. and its subsidiaries 9740 Scranton Rd. San Diego, CA 92121 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

Den Mon



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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this	UBROGATION IS WAIVED, subjectificate does not confer rights							require an endorsemen	it. A	statement on
PRODU	CER License # 0757776				CONTA NAME:	^{ст} Healy Ra	amey			
	oad, CA-HUB International Insurand Faraday Avenue, Suite 200	e Ser	vice	s Inc.	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-094					804-0942
	ead, CA 92008							nternational.com		
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC#
					INSURE	R A : Atlantic	Specialty	Ins. Co.		27154
INSUR	NSURED					R B :				
P.C. Specialists, Inc. DBA: Technology Integration Group 10240 Flanders Court				INSURER C : INSURER D :						
	San Diego, CA 92121				INSURER E :					
					INSURER F:					
COVI	RAGES CEI	RTIFIC	ATE	NUMBER:				REVISION NUMBER:		
IND	S IS TO CERTIFY THAT THE POLIC CATED. NOTWITHSTANDING ANY I	REQUI	REME	ENT, TERM OR CONDITION	N OF A	NY CONTRA	CT OR OTHER	R DOCUMENT WITH RESPE	ECT T	O WHICH THIS
	TIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUCH								TO ALI	L THE TERMS,
NSR LTR	TYPE OF INSURANCE	ADDL INSD				POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A 2	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	v		711009095-0013		10/21/2010	10/21/2020	DAMAGE TO RENTED		1.000.000

INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY				(111112)	,,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	Х	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	s	2,000,000
		OTHER:							s	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	Х	ANY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	Ť	
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	Х	Comp Ded-\$1,000 X Coll Ded-\$1,000						(i oi dooidont)	\$	
Α	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	s	15,000,000
		DED X RETENTION\$ 0						AGGREGATE	\$	
Α	WOF	KERS COMPENSATION						X PER OTH-	Ψ	
		EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE			406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	OFFI	CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	<u> </u>	1,000,000
	If ves	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		1,000,000
	DES	DITE HON OF OPERATIONS DEIDW						L.L. DISEASE - POLIC I LIMIT	φ	
									l	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
PSL Business Center Partnership is named Additional Insured-Landlord as specified by contract in Form VCG207 regarding leased premises at 582 NW University Blvd, Port St. Lucie, FL 34986 90 days notice of cancellation/15 days for non-payment

CERTIFICATE HOLDER	CANCELLATION
PSL Business Center Partnership 13280 N.E. 6 Avenue OFC/#100 North Miami, FL 33161	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
North Midni, 1 E 33101	AUTHORIZED REPRESENTATIVE
	Herri Riens



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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

ti	nis certificate does not confer rights to				ıch enc		j.	, roquiro un ondorocino.		
Carlsbad, CA-HUB International Insurance Services Inc.			PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942							
1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008				E-MAIL ADDRESS: healy.ramey@hubinternational.com						
Odrisbad, OA 32000					INSURER(S) AFFORDING COVERAGE NAIC #					
				INSURER A: Atlantic Specialty Ins. Co.				27154		
INSURED				INSURER B:						
P.C. Specialists, Inc. DBA: Technology Integration Group Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121			INSURER C:							
			INSURER D :							
				INSURER E :						
•					INSURER F:					
COVERAGES CERTIFICATE NUMBER:					REVISION NUMBER:					
IN C E	HIS IS TO CERTIFY THAT THE POLICIENDICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAC THE POLICE REDUCED BY	CT OR OTHER IES DESCRIE PAID CLAIMS	R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T	ECT TO	O WHICH THIS
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	4 000 000
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR Y zero deductible			711008985-0013		10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	x zero deductible							MED EXP (Any one person)	\$	10,000 1,000,000
								PERSONAL & ADV INJURY	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO- OTHER:						PRODUCTS - COMP/OP AGG	\$	2,000,000	
A	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO	711008985-0013		711008985-0013		10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	X Comp Ded-\$1,000 X Coll Ded-\$1,000							(* 5* 55555)	\$	
Α	X UMBRELLA LIAB X OCCUR						10/31/2020	EACH OCCURRENCE	\$	15,000,000
	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2	10/31/2019		AGGREGATE	\$	15,000,000
	DED X RETENTION\$ 0								\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A			10/31/2019		X PER OTH-			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			406038027-0008		10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
								E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
Α	Property Away From			711008985-0013		10/31/2019				200,000
Α	Premises			711008985-0013		10/31/2019	10/31/2020	Ded		1,000
DES Re:0	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Operations of the Insured performed on	LES (A	ACORE	D 101, Additional Remarks Schedu Certificate Holder	ıle, may b	e attached if mor	 re space is requi	red)		
CE	RTIFICATE HOLDER				CANO	CELLATION				
	Purdue University				THE	EXPIRATION	N DATE TH	DESCRIBED POLICIES BE CHEREOF, NOTICE WILL CYPROVISIONS.		

ACORD 25 (2016/03)

Purdue University 401 S. Rant St.

West Lafayette, IN 47907

AUTHORIZED REPRESENTATIVE





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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.

tr	iis c	certificate does not confer rights to ER License # 0757776	the	certi	ficate holder in lieu of su						
		ER LICENSE # 0737776 Id, CA-HUB International Insurance	. 60.	n de co	n Ino		Healy Ra		FAX		
		id, CA-HOB international insurance iraday Avenue, Suite 200	e Ser	vice	s inc.	(A/C, No, Ext): (760) 804-0402 (A/C, No): (760) 804-0942					804-0942
Car	sbac	id, CÁ 92008				ADDRESS:	healy.ran	ney@hubir	nternational.com		
							INS	URER(S) AFFOR	RDING COVERAGE		NAIC #
						INSURER A	: Atlantic	Specialty	Ins. Co.		27154
INSU	IRED					INSURER B	3:				
		P.C. Specialists, Inc. DBA: To	echn	oloa	v Integration Group	INSURER C	:				
		10240 Flanders Court		olog	y mogration oroup	INSURER D:					
		San Diego, CA 92121				INSURER E					
						INSURER F					
	VED	RAGES CER	TIEI	`	NUMBER:	INCONLIN			REVISION NUMBER:		
		IS TO CERTIFY THAT THE POLICIE				UAVE DEE	N ICCLIED T			.ne bc	NICY BEDIOD
IN C	IDIC <i>I</i> ERTI	ATED. NOTWITHSTANDING ANY RI IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH I	EQUI PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORD	N OF ANY DED BY T	CONTRACTHE POLICI	CT OR OTHER ES DESCRIB	DOCUMENT WITH RESPE	CT TC	O WHICH THIS
INSR	_		ADDL	SUBR WVD		P	OLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A LTR	Х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	. 02:01 110:112:11	(IVI	W/DD/TTTT)	(MIM/DD/TTTT)		\$	1,000,000
		CLAIMS-MADE X OCCUR	v		711008985-0013	10	0/31/2019	10/31/2020	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)		1,000,000
	х	zero deductible	X		711000303-0013	''	0/31/2019	10/31/2020		\$	10,000
	_	-							MED EXP (Any one person)	\$	1,000,000
									PERSONAL & ADV INJURY	\$	2,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT X LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
_		OTHER:							COMPINED CINICLE LIMIT	\$	4 000 000
Α		TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			711008985-0013	10	0/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	X	Comp Ded-\$1,000 X Coll Ded-\$1,000								\$	
Α	Х	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10	0/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION \$ 0							ACOREONIE	\$	
Α	WOR	RKERS COMPENSATION DEMPLOYERS' LIABILITY							X PER OTH-	, , , , , , , , , , , , , , , , , , ,	
		D EMPLOYERS' LIABILITY (PROPRIETOR/PARTNER/EXECUTIVE			406038027-0008	10	0/31/2019	10/31/2020		•	1,000,000
	OFFI (Man	FICER/MEMBER EXCLUDED?	N/A NH) e under					E.L. EACH ACCIDENT	\$	1,000,000	
	If ves	es, describe under							E.L. DISEASE - EA EMPLOYEE		1,000,000
	DES	SĆRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
thie	beh	TION OF OPERATIONS / LOCATIONS / VEHICL s of University of California is named half. Data Center Risk Assessment	ES (A I Add	lition	101, Additional Remarks Schedu al Insured as specified by	ile, may be at contract p	ttached if more	e space is requir 7 with respec	ed) ts to operations of the In	sured	performed on
CE	DTIF	EICATE HOLDER				CANCE	LLATION				
UE	<u> </u>	FICATE HOLDER				CANCE	LLATION				
						•					

Regents of University of California 131 Innovation Dr., Ste. 250

Irvine, CA 92697

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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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).

PRODUCER License # 0757776	CONTACT Healy Ramey							
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942						
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com							
	INSURER(S) AFFORDING COVERAGE	NAIC #						
	INSURER A: Atlantic Specialty Ins. Co.	27154						
INSURED	INSURER B:							
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:							
10240 Flanders Court	INSURER D:							
San Diego, CA 92121	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	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY				,	(EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	Х	Х	711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$							\$	
Α	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
		PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A	X	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mar	datory in NH)	117.7					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
		perty Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Pre	mises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Retirement Housing Foundation, etal is included as Additional Insured as specified by contract per VCG207, CG2037 and VA201 attached with respects to operations of the Insured performed on their behalf Re:Retirement Housing Foundation, etal, 911 N. Studebaker Rd., Long Beach, CA 90815 90 days notice of cancellation/15 days for non-payment Primary & Non-contributory & Waiver of Subrogation provided in GL Extension endorsement attached No Cross Suits Exclusion, Defense Expense Outside Limits of Liability & ISO Form CG0001 Waiver of subrogation included on Workers Compensation per WC252 attached;

CERTIFICATE HOLDER	CANCELLATION

Retirement Housing Foundation Attn: Certificate Tracking 911 N. Studebaker Rd. Long Beach, CA 90815 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

Den Mo

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT - CALIFORNIA

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.

(The following "attached clause" need be completed only when this endorsement is issued subsequent to preparation of the policy.)

This endorsement, effective on 10/31/19 at 12:01 A.M. standard time, forms a part of

(DATE)

Policy No. 406038027-0008

Endorsement No.

hile him

of the

ATLANTIC SPECIALTY INSURANCE

(NAME OF INSURANCE COMPANY)

issued to P.C. SPECIALISTS, INC.

Premium (if any) \$ included

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be

% of the California workers' compensation premium

otherwise due on such remuneration.

Schedule

Person or Organization

Job Description

Retirement Housing Foundation



Certificate of Insurance

Producer

R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505

THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.

Named Insured

PC Specialists, Inc. dba: Technology Integration Group

TIG Shanghal, Ltd

Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc.

Insurance Company

Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038

10240 Flanders Court, San Diego, CA 92121 THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.

X	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator sM content liability policy				\$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$

Description or Comments

Re:Retirement Housing Foundation, 911 N. Studebaker Rd., Long Beach, CA 90815 Professional Liability, internet and Network Liability insurance with respects to operations of the insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium

Certificate Holder Box

Retirement Housing Foundation Attn: Corporate Risk Manager 911 N. Studebaker Rd. Long Beach CA 90815

CANCELLATION: IF THE POLICY DESCRIBED IN THIS CANCELLED BY THE INSURANCE CERTIFICATE IS COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY FOR FAILURE TO MAIL SUCH NOTICE.

THIS CERTIFICATE DOES NOT CONFER ANY COVERAGE RIGHTS ON THE CERTIFICATE HOLDER. THE CERTIFICATE HOLDER IS NOT AN ADDITIONAL INSURED UNLESS: (1) THE INSURANCE COMPANY HAS ISSUED AN ENDORSEMENT TO THE POLICY TO EFFECT SUCH COVERAGE, CERTIFICATE HOLDER SATISFIES ALL THE THE REQUIREMENTS IN THE POLICY TO QUALIFY AS AN ADDITIONAL INSURED AS DESCRIBED IN THE POLICY'S DEFINITION OF "YOU."

THIS CERTIFICATE DOES NOT WAY THE CHANGE IN ANY INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE NOT DOES CONSTITUTE CONTRACT BETWEEN THE HOLDER AND ANY OTHER PARTY.

Authorized Representative

10/25/2019

Date





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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ADDITIONAL INCLIDED

lf	IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) 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).											
PROD	UCER License # 0757776				CONTACT Healy Ramey							
	bad, CA-HUB International Insurance	e Se	rvice	s Inc.	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942							
Carls	Faraday Avenue, Suite 200 bad, CA 92008				E-MAIL ADDRESS: healy.ramey@hubinternational.com							
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #		
						R A : Atlantic	Specialty	Ins. Co.		27154		
INSURED						RB:						
P.C. Specialists, Inc. DBA: Technology Integration Group					INSURE	RC:						
	10240 Flanders Court		INSURER D:									
	San Diego, CA 92121				INSURER E:							
					INSURER F:							
COV	ERAGES CEF	RTIFIC	CATE	NUMBER:	REVISION NUMBER:							
	IS IS TO CERTIFY THAT THE POLICI DICATED. NOTWITHSTANDING ANY F											
	RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH							ED HEREIN IS SUBJECT 1	TO ALL	THE TERMS,		
NSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs			
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000		
	CLAIMS-MADE X OCCUR	Х		711008985-0013		10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000		
	χ zero deductible							MED EXP (Any one person)	\$	10,000		
								PERSONAL & ADV INJURY	\$	1,000,000		
Г		1	1			1	I		1	2 000 000		

LTR	I THE OF INSURANCE	INSD	WVD	POLICT NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	3	
Α	X COMMERCIAL GENERAL LIABILITY				,	,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ zero deductible						MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO- X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	DED X RETENTION\$ 0							\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE			406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Rockwell Properties, LLC is included as Additional Insured-Lessor of Premises as specified by contract per VCG207 with respects to leased location at 249 E. Ocean Blvd. #1010, Long Beach, CA 90802 90 days notice of cancellation/15 days for non-payment of premium

CERTIFICATE HOLDER	CANCELLATION
Rockwell Properties, LLC 16518 E. Valley Blvd. La Puente, CA 91744	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
La ruente, CA 31744	Authorized Representative Addrew Cienae



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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).

th	is certificate does not confer rights t						require an endorsement	t. A statement on
PROI	DUCER License # 0757776			CONTACT Healy Ramey				
Carl	sbad, CA-HUB International Insuranc Faraday Avenue, Suite 200	e Service	es Inc.					760) 804-0942
Carl	sbad, CA 92008						nternational.com	
					INS	URER(S) AFFOR	RDING COVERAGE	NAIC #
				INSURE	R A : Atlantic	Specialty	Ins. Co.	27154
INSURED					INSURER B:			
P.C. Specialists, Inc. DBA: Technology Integration Group				INSURER C:				
	10240 Flanders Court			INSURER D:				
	San Diego, CA 92121			INSURER E:				
				INSURER F:				
CO	VERAGES CER	RTIFICAT	E NUMBER:				REVISION NUMBER:	
	HIS IS TO CERTIFY THAT THE POLICI							
	DICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY							
E	CLUSIONS AND CONDITIONS OF SUCH	POLICIES	LIMITS SHOWN MAY HAVE		REDUCED BY	PAID CLAIMS.		
INSR LTR	TYPE OF INSURANCE	ADDL SUB INSD WVI	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	S
Α	X COMMERCIAL GENERAL LIABILITY				[•	FACULOGOUPPENOS	1.000.000

INSR LTR		TYPE OF INSURANCE	ADDL	SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				(,	,,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	Х	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	Х	ANY AUTO	х		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY	-					BODILY INJURY (Per accident)	\$	
	Χ	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	Χ	Comp Ded-\$1,000 X Coll Ded-\$1,000						, ,	\$	
Α	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$ 0							\$	
Α	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TIME			406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	OFFI (Man	CER/MEMBER EXCLUDED? datory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is named additional insured and loss payee for all vehicles leased, hired or rented from certificate holder \$1,000 comp/coll deds

CERTIFICATE HOLDER	CANCELLATION

Rush Enterprises, Inc. and its Affiliates ATIMA Richmond Idealease PO Box 11716 Richmond, VA 23230 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

Den Mon

ACORD'

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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).

this certificate does not confer rights to the certificate holder in fieu or st	uch endorsement(s).	
PRODUCER License # 0757776	CONTACT Healy Ramey	
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760)	804-0942
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B:	
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:	
10240 Flanders Court	INSURER D:	
San Diego, CA 92121	INSURER E:	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:	
THIS IS TO CEPTIEV THAT THE POLICIES OF INSUIDANCE LISTED BELOW	HAVE BEEN ISSUED TO THE INSUIDED NAMED ABOVE FOR THE DE	JI ICV DEDIOD

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	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY				,,	,,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	Х	ANY AUTO	х	Х	711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY	-					BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	Х	Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$ 0						- NOONLONNE	\$	
Α	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-	Ψ	
		PROPRIETOR/PARTNER/EXECUTIVE // N			406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	OFFI	CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE		1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		1,000,000
	DLO	ON TION OF OF LIVATIONS BEIOW						L.L. DIOLAGE - FOLIO / LIWIT	Ψ	
			1				l .			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is named Additional Insured as specified by contract per VCG207 & VCA201 coverage is primary-non-contributory and waiver of subrogation applies to General Liability and Auto Liability 90 days notice of cancellation/15 days for non-payment Re:Repair Depot Work

CERTIFICATE HOLDER	CANCELLATION

Rush Enterprises, Inc. And/or Its Subsidiaries And/or Its Affiliates Successors And Assigns, ATIMA PO Box 34630 San Antonio, TX 78265

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

Hetre Diene



Certificate of Insurance

Producer

R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505

THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.

Named Insured

PC Specialists, Inc. dba: Technology Integration Group

Tig Shanghal, Ltd Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc.

Insurance Company

Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038

10240 Flanders Court, San Diego , CA 92121 THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.

х	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy	,	·		\$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	DisseminatorSM content liability policy				\$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$ \$

Professional Liability, internet and Network Liability Insurance with respects to operations of the insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium

Certificate Holder Box

Rush Enterprises, Inc. AOIS AOIASA ATIMA PO Box 34630 San Antonio TX 78265

CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.

THIS CERTIFICATE DOES NOT CONFER ANY COVERAGE RIGHTS ON THE CERTIFICATE HOLDER. THE CERTIFICATE HOLDER IS NOT AN ADDITIONAL INSURED UNLESS: (1) THE INSURANCE COMPANY HAS ISSUED AN ENDORSEMENT TO THE POLICY TO EFFECT SUCH COVERAGE, OR (2) THE CERTIFICATE HOLDER SATISFIES ALL OF THE REQUIREMENTS IN THE POLICY TO QUALIFY AS AN ADDITIONAL INSURED AS DESCRIBED IN THE POLICY'S DEFINITION OF "YOU."

THIS CERTIFICATE NOT ANY WAY THE CHANGE IN INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE NOT DOES CONSTITUTE CONTRACT BETWEEN THE HOLDER AND ANY OTHER PARTY.

dely Authorized Representative 10/25/2019

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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PRODUCER License # 0757776	CONTACT Healy Ramey							
	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942						
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com							
	INSURER(S) AFFORDING COVERAGE	NAIC #						
	INSURER A: Atlantic Specialty Ins. Co.	27154						
INSURED	INSURER B:							
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:							
10240 Flanders Court	INSURER D:							
San Diego, CA 92121	INSURER E:							
	INSURER F:							

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR WVD POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY	IIIOD		(MINUS STITLE)	(IIIIII)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO	Х	711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION\$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Ryder Truck Rental Inc and Ryder Truck Rental LT and affiliates are named Additional Insured per VCA201 and Loss Payee for all vehicles rented, leased or supplied as substitute vehicles. \$1,000 Comp & Coll Deductible Applies; Limited to Value of \$75,000. Lessee Number: 055632

CERTIFICATE HOLDER	CANCELLATION
OLIVIII IOATE HOLDEN	OANOLLLATION

Ryder Truck Rental Inc. Ryder Truck Rental LT & Affiliates 6000 Windward Parkway Alpharetta, GA 30005 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

Acres 16.



DATE (MM/DD/YYYY)

10/25/2019

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PRODUCER License # 0757776	CONTACT Healy Ramey						
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942					
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: Atlantic Specialty Ins. Co.	27154					
INSURED	INSURER B:						
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:						
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:						
San Diego, CA 92121	INSURER E:						
	INSURER F:						

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY			(111117)	(IIIIII)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION\$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Metropolitan Transit Development Board(MTDB), San Diego Association of Governments(SANDAG), San Diego Trolley, Inc.(SDTI), San Diego Transit
Corporation(SDTC), San Diego & Arizona Eastern Railway Company(SD&AE), San Diego & Imperial Valley Railroad(SD&IV), their directors, officers, agents
and employees are named Additional Insured's as specified by contract per VCG207. General Liability protection is primary. Agreement #G0830.0-03

CERTIFICATE HOLDER	CANCELLATION

San Diego Association of Government (SANDAG) 401 "B" Street #800 San Diego, CA 92101-4231 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

 Ω Ω

ACORD"

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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PRODUCER License # 0757776	CONTACT Healy Ramey						
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760)	804-0942					
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: Atlantic Specialty Ins. Co.	27154					
INSURED	INSURER B:						
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:						
10240 Flanders Court	INSURER D:						
San Diego, CA 92121	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.

		ISIONS AND CONDITIONS OF SUCH								
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				,,	,,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	Х	ANY AUTO	Х		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$							\$	
A	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
		PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A	X	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mar	idatory in NH)	II, A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
San Diego County Regional Airport Authority, its agents, officers and employees are included as Additional Insured as specified by contract per VCG207 & VCA201 and Waiver of Subrogation on WC per WC252 attached with respects to operations of the Insured performed on their behalf. 90 days notice of cancellation/15 days for non-payment of premium. Primary/non-contributory wording included in Al forms.

CERTIFICATE HOLDER	CANCELLATION

San Diego County Regional Airport Authority P.O. Box 82776 San Diego, CA 92138-2776 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

Detru Queni

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT - CALIFORNIA

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.

(The following "attached clause" need be completed only when this endorsement is issued subsequent to preparation of the policy.)

This endorsement, effective on 10/31/19

at 12:01 A.M. standard time, forms a part of

(DATE)

Policy No. 406038027-0008

Endorsement No.

hile him

of the

ATLANTIC SPECIALTY INSURANCE

(NAME OF INSURANCE COMPANY)

issued to P.C. SPECIALISTS, INC.

Premium (if any) \$ included

Authorized Representative

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be otherwise due on such remuneration.

% of the California workers' compensation premium

are wise due on such remaineration.

Schedule

Person or Organization

Job Description

San Diego County Regional Airport Authority, its agents, officers and employees



ACORD*

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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).

tl	nis certificate does not confer rights t	o the	cert	ificate holder in lieu of su							
	DUCER License # 0757776	_			CONTACT Heals						
Car 152	Isbad, CA-HUB International Insuranc 5 Faraday Avenue, Suite 200	e Se	rvice	s Inc.	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942						
	Isbad, CA 92008				E-MAIL ADDRESS: healy.ramey@hubinternational.com						
						INS	SURER(S) AFFOI	RDING COVERAGE			NAIC #
					INSURER A : Atla	ntic	Specialty	Ins. Co.			27154
INS	JRED				INSURER B:						
	P.C. Specialists, Inc. DBA: T	echr	oloc	v Integration Group	INSURER C :						
	10240 Flanders Court		10.09	y integration Group	INSURER D :						
	San Diego, CA 92121		INSURER E :								
					INSURER F:						
	VERAGES CER	TIFI	^ A T I	E NUMBER:	INCORER :			REVISION NUI	MRED.		
T IN C	HIS IS TO CERTIFY THAT THE POLICIENDICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	ES O EQUI PER POLI	F INS IREM TAIN, CIES.	SURANCE LISTED BELOW ENT, TERM OR CONDITIO , THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF ANY CON DED BY THE PO BEEN REDUCED	TRA(OLICI) BY I	TO THE INSUI CT OR OTHEF IES DESCRIB PAID CLAIMS	RED NAMED ABO R DOCUMENT WI BED HEREIN IS S	VE FOR T	CT T	O WHICH THIS
<u>LTR</u>	I TPE OF INSURANCE	INSD	SUBR	POLICY NUMBER	(MM/DD/Y	YYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	S	4 000 000
Α	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			711008985-0013	10/31/2	019	10/31/2020	DAMAGE TO RENT PREMISES (Ea occ	CE ED	\$	1,000,000 1,000,000
	χ zero deductible							MED EXP (Any one		\$	10,000
								PERSONAL & ADV		\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE		\$	2,000,000
	POLICY X PRO- JECT X LOC							PRODUCTS - COM		\$	2,000,000
	OTHER:								.,	\$	
Α	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	s	1,000,000
	X ANY AUTO			711008985-0013	10/31/2	019	10/31/2020	BODILY INJURY (P	er nerson)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS				10/01/2010		BODILY INJURY (P		\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$	
	X AUTOS ONLY Comp Ded-\$1,000 X Coll Ded-\$1,000							(Per accident)		\$	
Α	X UMBRELLA LIAB X OCCUR							EACH OCCURREN	CE	\$	15,000,000
	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2	019	10/31/2020		CE	\$	15,000,000
	DED X RETENTION\$ 0							AGGREGATE		\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER STATUTE	OTH- ER		
				406038027-0008	10/31/2	019	10/31/2020			\$	1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDE		_	1.000.000
	If yes, describe under							E.L. DISEASE - EA			1,000,000
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$	-,,
DE0	ORDITION OF OREDATIONS (LOCATIONS (VEHIC		1000	D 404 Additional Demonstra Octorio		· · · · · · · ·		D			
Re:0	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Operations of the Insured performed on	befò	re of	Certificate Holder - Re: XP	PPS Cost Per Pri	nt Ag	greement	.,			
CE	RTIFICATE HOLDER				CANCELLATI	ON					
					SHOULD ANY	OF 1	THE ABOVE D	ESCRIBED POLICE	CIES BE C	ANCE	LLED BEFORE

ACORD 25 (2016/03)

San Elijo Joint Powers Authority

2695 Manchester Ave. Cardiff, CA 92007

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THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



1,000,000

1,000,000



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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.

lf thi	MPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on his certificate does not confer rights to the certificate holder in lieu of such endorsement(s).										
PROD	DUCER License # 0757776				CONTACT Healy Ramey						
	sbad, CA-HUB International Insurance	s Inc.	PHONE (A/C, No	. Ext): (760) 8	04-0402	FAX (A/C, No):	(760)	804-0942			
	Faraday Avenue, Suite 200 sbad, CA 92008			E-MAIL ADDRES	ss: healy.rar	ney@hubir	ternational.com	, ,			
						INS	URER(S) AFFOR	DING COVERAGE		NAIC #	
						R A : Atlantic	Specialty	Ins. Co.		27154	
INSUI	RED				INSURE	RB:					
	P.C. Specialists, Inc. DBA: To	echr	oloa	v Integration Group	INSURE	RC:					
	10240 Flanders Court		Ū	, , ,	INSURE	RD:					
	San Diego, CA 92121					INSURER E:					
					INSURER F:						
COV	/ERAGES CERT	TIFIC	CATE	NUMBER:				REVISION NUMBER:			
INI CE	IIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY ICLUSIONS AND CONDITIONS OF SUCH F	EQUI PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORD	N OF A	NY CONTRAC	CT OR OTHER ES DESCRIB	DOCUMENT WITH RESP	ECT TO	WHICH THIS	
NSR LTR		ADDL	SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMI	rs		
A	X COMMERCIAL GENERAL LIABILITY	11430	****			(141141/20/11111)	(MINI/DD/1111)	EACH OCCURRENCE	s	1,000,000	
İ	CLAIMS-MADE X OCCUR	X		711008985-0013		10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
Ī	χ zero deductible							MED EXP (Any one person)	\$	10,000	
Ī								PERSONAL & ADV INJURY	\$	1,000,000	
Ì	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY X PRO- JECT X LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
[OTHER:								\$		
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	

X ANY AUTO 711008985-0013 10/31/2019 10/31/2020 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY Coll Ded-\$1,000 Comp Ded-\$1,000 X 15,000,000 X X **UMBRELLA LIAB OCCUR EACH OCCURRENCE** 10/31/2019 10/31/2020 15,000,000 711008985-0013 **EXCESS LIAB CLAIMS-MADE** AGGREGATE 0 DED | X | RETENTION \$ OTH-ER WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X PER STATUTE 1,000,000 406038027-0008 10/31/2019 | 10/31/2020 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Sarasota County Government as their interests may appear is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf Re:Storage Refresh

N/A

CERTIFICATE HOLDER	CANCELLATION
Sarasota County Government 1660 Ringling Blvd. Sarasota. FL 34236-6808	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Sarasota, 1 E 34230-0000	AUTHORIZED REPRESENTATIVE
	Herre Ruene

If yes, describe under DESCRIPTION OF OPERATIONS below

E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT

1,000,000

1,000,000



N/A

DATE (MM/DD/YYYY) 10/25/2019

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lf	SU		ct to	the	terms and conditions of	ne policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. of the policy, certain policies may require an endorsement. A statement on such endorsement(s).							
PROD	UCE	ER License # 0757776				CONTACT Healy Ramey							
		d, CA-HUB International Insuranc	e Sei	rvice	s Inc.		o, Ext): (760) 8		FAX (A/C, No):	(760) 8	804-0942		
1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008							E-MAIL ADDRESS: healy.ramey@hubinternational.com						
							INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #		
							R A : Atlantic	Specialty	Ins. Co.		27154		
INSURED						INSURE	RB:						
P.C. Specialists, Inc. DBA: Technology Integration Group						INSURE	RC:						
		10240 Flanders Court				INSURER D:							
		San Diego, CA 92121				INSURE	RE:						
						INSURE	RF:						
COVERAGES CERTIFICATE NUMBER:									REVISION NUMBER:				
IN CE	DIC.	IS TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	EQUI PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORM	N OF A	ANY CONTRACT	CT OR OTHER IES DESCRIB	DOCUMENT WITH RESPE	CT TO	WHICH THIS		
NSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
Α	Χ	COMMERCIAL GENERAL LIABILITY			74400005 0040		,	,	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000 1,000,000		
	Х	CLAIMS-MADE X OCCUR	X		711008985-0013		10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	10,000		
	^	Zero deddelible							MED EXP (Any one person)	\$	1,000,000		
									PERSONAL & ADV INJURY	\$	2,000,000		
	GEI	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000		
- }		POLICY X PRO- JECT X LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000		
		OTHER:								\$			

COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** X 711008985-0013 10/31/2019 10/31/2020 ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY Coll Ded-\$1,000 Comp Ded-\$1,000 X 15,000,000 X X OCCUR **UMBRELLA LIAB EACH OCCURRENCE** 10/31/2019 10/31/2020 15,000,000 711008985-0013 **EXCESS LIAB CLAIMS-MADE** AGGREGATE 0 DED | X | RETENTION \$ OTH-FR WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X PER STATUTE 1,000,000 406038027-0008 10/31/2019 | 10/31/2020 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
School Board of the City of Hampton is named Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on thier behalf.

Re:ITB: 18-180825/EA

If yes, describe under DESCRIPTION OF OPERATIONS below

CERTIFICATE HOLDER	CANCELLATION
School Board of the City of Hampton 1 Franklin St. Hampton, VA 23669	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Hampton, VA 20000	AUTHORIZED REPRESENTATIVE
	Hetre Diene

E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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.

lf th	PORTANT: If the certificate holde SUBROGATION IS WAIVED, subjetis certificate does not confer rights to the subject of the su	ct to	the	terms and conditions of	the po	licy, certain lorsement(s)	policies may).				
PROD	DUCER License # 0757776				CONTA	ст Healy Ra	amey				
	sbad, CA-HUB International Insurand Faraday Avenue, Suite 200	e Se	rvice	s Inc.	PHONE (A/C, No	304-0942					
Carl	sbad, CA 92008				E-MAIL ADDRESS: healy.ramey@hubinternational.com						
					INSURER(S) AFFORDING COVERAGE					NAIC#	
					INSURE	R A : Atlantic	Specialty	Ins. Co.		27154	
INSUI	RED				INSURE	RB:					
	P.C. Specialists, Inc. DBA:	Гесhr	nolog	y Integration Group	INSURE	R C :					
	10240 Flanders Court						INSURER D :				
	San Diego, CA 92121				INSURER E:						
					INSURER F:						
CO	/ERAGES CEF	RTIFI	CATE	E NUMBER:	REVISION NUMBER:						
IN CE	IIS IS TO CERTIFY THAT THE POLICI DICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY ICLUSIONS AND CONDITIONS OF SUCH	REQU PER	REMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	NY CONTRA THE POLIC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESPE	CT TO	WHICH THIS	
NSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3		
Α	X COMMERCIAL GENERAL LIABILITY					,	,	EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR	Х		711008985-0013		10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
	χ zero deductible							MED EXP (Any one person)	\$	10,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY X PRO- X LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	

Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000
	Property Away From		711008985-0013	10/31/2019		Limit:	200,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	ANY DEODETOD/DADTNED/EVECUTIVE Y/N		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-ER	
	DED X RETENTION\$						\$
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	X Comp Ded-\$1,000 X Coll Ded-\$1,000					(\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	-
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	OTHER:					TROBUGIO SOMITOI AGG	\$
	POLICY X PRO X LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	χ zero deductible	^		1000000		MED EXP (Any one person)	\$ 10,000
	CLAIMS-MADE X OCCUR	х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
Α	X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	s 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf

CERTIFICATE HOLDER	CANCELLATION
Scripps Laboratories 6838 Flanders Drive San Diego, CA 92121	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Gail Diego, GA 32121	AUTHORIZED REPRESENTATIVE
	Detru Olieni
4.00 DD 05 (004.0/00)	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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PRODUCER License # 0757776	CONTACT Healy Ramey							
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (76	60) 804-0942						
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com							
	INSURER(S) AFFORDING COVERAGE	NAIC #						
	INSURER A: Atlantic Specialty Ins. Co.	27154						
INSURED	INSURER B:							
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:							
10240 Flanders Court	INSURER D:							
San Diego, CA 92121	INSURER E:							
	INSURER F:							
COVERAGES CERTIFICATE NUMBER.								

<u>COVERAGES</u> 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,

		JSIONS AND CONDITIONS OF SUCH								
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				,,	,,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AU1	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	Comp Ded-\$1,000 X Coll Ded-\$1,000						·	\$	
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$							\$	
Α	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	X	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α		perty Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Pre	mises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000
	_			1	1	I .	1			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
San Diego Gas & Electric Company and its parent company, Sempra Energy, its subsidiaries and affiliates and their respective officers, directors, employees, agents, representatives, successors and assigns are named Additional Insured on GL as specified by contract per VCG207. Waiver of Subrogation in favor of San Diego Gas & Electric Company on GL & WC 90 Days Notice of Cancellation/15 Days for Non-Payment of Premium Supplier Id#:0000024379, Agreement 5660048999 & Agreement 5660050310

CERTIFICATE HOLDER	CANCELLATION
Sempra Energy Insurance Compliance P.O. Box 100085-E1 Duluth, GA 30096	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Bulutii, OA 30030	AUTHORIZED REPRESENTATIVE
<u>.</u>	Harri Rienz

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT - CALIFORNIA

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.

(The following "attached clause" need be completed only when this endorsement is issued subsequent to preparation of the policy.)

This endorsement, effective on 10/31/19 at 12:01 A.M. standard time, forms a part of

(DATE)

Policy No. 406038027-0008

Endorsement No.

hile him

of the

ATLANTIC SPECIALTY INSURANCE

(NAME OF INSURANCE COMPANY)

issued to P.C. SPECIALISTS, INC.

Premium (if any) \$ included

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be

% of the California workers' compensation premium

otherwise due on such remuneration.

Schedule

Person or Organization

Job Description

Sempra Energy, San Diego, Gas & Electric Company





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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).

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PRODUCER License # 0757776	CONTACT Healy Ramey						
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942					
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: Atlantic Specialty Ins. Co.	27154					
INSURED	INSURER B:						
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:						
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:						
San Diego, CA 92121	INSURER E:						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER.	DEVISION NUMBED:						

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR		TYPE OF INSURANCE	ADDL	SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	III	,,,,		(MINITED / 1 1 1 1)	(IIIIII)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$							\$	
Α	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	X	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mar	ICER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pro	perty Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Pre	mises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Sempra Global and its parent company Sempra Energy, its subsidiaries, affiliates and their respective officers, directors, employees, agents, representatives, successors and assigns are named Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf General Liability policy provides severability of interest and is primary and non-contributory. Waiver of Subrogation in favor of Sempra Energy Subsidiary Company provided by General Liability & Employers Liability policies 90 days notice of cancellation/15 days notice for non-payment of premium

CERTIFICATE HOLDER	CANCELLATION					
Sempra Global 101 Ash Street San Diego, CA 92101-3017	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Gail Diego, GA 32101-3017	Authorized representative Authorized Representative					
	~					





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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 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.

this	UBROGATION IS WAIVED, subjecertificate does not confer rights to						require an endorsemer	nt. As	tatement on	
PRODU	CER License # 0757776				CONTACT Healy Ramey					
	oad, CA-HUB International Insurance	e Se	rvice	es Inc.	PHONE (A/C, No	o. Ext): (760) 8	304-0402	FAX (A/C, No):	(760)	804-0942
	Faraday Avenue, Suite 200 oad, CA 92008				E-MAIL ADDRE	_{ss:} healy.raı	mey@hubir	nternational.com		
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #
					INSURE	R A : Atlantic	Specialty	Ins. Co.		27154
INSURI	:D				INSURE	RB:				
	P.C. Specialists, Inc. DBA:	Гесhr	olog	y Integration Group	INSURE	RC:				
	10240 Flanders Court				INSURER D:					
	San Diego, CA 92121				INSURER E :					
					INSURER F:					
COV	ERAGES CEF	RTIFIC	CATI	E NUMBER:				REVISION NUMBER:		
IND CEF EXC	S IS TO CERTIFY THAT THE POLICI CATED. NOTWITHSTANDING ANY F ITIFICATE MAY BE ISSUED OR MAY ILUSIONS AND CONDITIONS OF SUCH	REQUI PER	REM TAIN	ENT, TERM OR CONDITION , THE INSURANCE AFFORI	N OF A	ANY CONTRA THE POLIC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT 1	ECT TO	WHICH THIS
NSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBF	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs	
A [COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		711008985-0013		10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
Г.	r mana ala di catilala	1	1			1	1			40 000

INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				(111112)	,,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	Х	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	s	2,000,000
		OTHER:							s	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	Х	ANY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	Ť	
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	Х	Comp Ded-\$1,000 X Coll Ded-\$1,000						(i oi dooidont)	\$	
Α	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	s	15,000,000
		DED X RETENTION\$ 0						AGGREGATE	\$	
Α	WOF	KERS COMPENSATION						X PER OTH-	Ψ	
		EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE			406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	OFFI	CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	<u> </u>	1,000,000
	If ves	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		1,000,000
	DES	DITE HON OF OPERATIONS DEIDW						L.L. DISEASE - POLIC I LIMIT	φ	
									l	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Shadow Mountain Community Church, Christian Unified Schools of San Diego and Southern California Seminary are named Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on thier behalf. Coverage is primary/non-contributory per VCG207; 90 days notice of cancellation/15 days for non-payment

CERTIFICATE HOLDER	CANCELLATION
Shadow Mountain Community Church, Inc. 2100 Greenfield Dr. El Cajon, CA 92019	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Li Gajon, GA 92019	AUTHORIZED REPRESENTATIVE HERE CENTER OF THE PROPERTY OF THE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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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).

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PRODUCER License # 0757776	CONTACT Healy Ramey					
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200		A/C, No): (760) 804-0942				
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A : Atlantic Specialty Ins. Co.	27154				
INSURED	INSURER B:					
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:					
10240 Flanders Court	INSURER D :					
San Diego, CA 92121	INSURER E:					
	INSURER F:					
COVEDAGES CERTIFICATE NUMBER.	DEVISION NUM	DED.				

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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					LIMITS SHOWN MAY HAVE BEEN F					
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				,	,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	X	X	711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$							\$	
Α	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TO THE PROPRIETOR PARTNER PROPRIETOR PARTNER PROPRIETOR PARTNER PROPRIETOR PARTNER PROPRIETOR PARTNER PARTNER PROPRIETOR PARTNER	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	i, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Shaw Industries Group Inc., and its subsidiaries are included as Additional Insured as specified by contract per VCG207 & VCA201 with respects to operations of the Insured performed on their behalf. Waiver of Subrogation coverage included. 90 days notice of cancellation/15 days for non-payment of premium

CERTIFICATE HOLDER	CANCELLATION

Shaw Industries Group Inc. Attn: Risk Management P.O. Box 2128 Mail Drop 0WD-53 Dalton, GA 30722 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

Den Mon



ACORD'

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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tine continuate accenter come, righte to the continuate fields, in hea of ca	on ondercomonico).						
PRODUCER License # 0757776	CONTACT Healy Ramey						
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942					
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: Atlantic Specialty Ins. Co.	27154					
INSURED	INSURER B:						
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:						
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:						
San Diego, CA 92121	INSURER E:						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER.	DEVISION NUMBED:						

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 S	UBR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY			(,,	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION \$ 0						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/ A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf

CERTIFICATE HOLDER	CANCELLATION
Shell Point 15000 Shell Point Blvd., #100 Fort Myers, FL 33908	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

Hetru Clean

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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 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).

PRODUCER License # 0757776	CONTACT Healy Ramey					
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8					
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE	NAIC#				
	INSURER A: Atlantic Specialty Ins. Co.	27154				
INSURED	INSURER B:					
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:					
10240 Flanders Court	INSURER D:					
San Diego, CA 92121	INSURER E :					
	INSURER F:					
COVERAGES CERTIFICATE MUMPER.	DEVICION NUMBER.					

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 S	SUBR	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY			(111117)	(IIIIII)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION\$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Lincoln Center LLC, Shorenstein Realty Services, L.P., Shorenstein Properties LLC, Shorenstein Company LLC, Shorenstein Management, LLC, Shorenstein MB, Inc., and their respective Members, Partners, Officers, Directors and Shareholders are named Additional Insured-Landlord as specified by contract in Form VCG207 regarding leased premises at 10300 SW Greenburg Rd., Ste. 265, Portland, OR 97223 90 days notice of cancellation/15 days for non-payment

CERTIFICATE HOLDER	CANCELLATION
Shorenstein Realty Services, LP 10220 SW Greenburg Rd., Ste. 310 Portland. OR 97223	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1 of daild, OK 97223	AUTHORIZED REPRESENTATIVE
	Herri Riene

ACORD 25 (2016/03)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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 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).

PRODUCER License # 0757776	CONTACT Healy Ramey					
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804					
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Atlantic Specialty Ins. Co.	27154				
INSURED	INSURER B:					
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:					
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:					
San Diego, CA 92121	INSURER E:					
	INSURER F:					
COVERAGES CERTIFICATE MUMPER.	DEVICION NUMBER.					

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	SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	III	,,,,		(MINITED / 1 1 1 1)	(IIIIII)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$							\$	
Α	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	X	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mar	ICER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pro	perty Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Pre	mises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Southern California Gas Co. and its parent company, its subsidiaries and affiliates, and their respective officers, directors, employees, agents, representatives, successors and assigns are named as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf Waiver of Subrogation included for General Liability and Workers Compensation-WC252 attached. 90 days notice of cancellation/15 days notice for non-payment of premium Supplier ID#:0000003826

CERTIFICATE HOLDER	CANCELLATION
	OANOLLEANON

Southern California Gas Co. c/o Ebix BPO 501 W. Broadway, Suite A San Diego, CA 92101

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

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT - CALIFORNIA

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.

(The following "attached clause" need be completed only when this endorsement is issued subsequent to preparation of the policy.)

This endorsement, effective on 10/31/19

at 12:01 A.M. standard time, forms a part of

(DATE)

Policy No. 406038027-0008

Endorsement No.

hile him

of the

ATLANTIC SPECIALTY INSURANCE

(NAME OF INSURANCE COMPANY)

issued to P.C. SPECIALISTS, INC.

Premium (if any) \$ included

Authorized Representative

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be otherwise due on such remuneration.

% of the California workers' compensation premium

Schedule

Person or Organization

Job Description

Southern California Gas Co. and its parent company, its subsidiaries and affiliates, and their respective officers, directors, employees, agents, representatives, successors and assigns



Certificate of Insurance

Producer

R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505 THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.

Named Insured

PC Specialists, Inc. dba: Technology Integration Group

TIG Shanghal, Ltd

Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc. Insurance Company

Hudson Specialty insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038

THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.

X	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EAGH GLITCH \$7,000,000 AGGREGATE
	Disseminator^{ak} content liability policy				\$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$

Description or Comments
Professional Liability, Internet and Network Liability insurance with respects to operations of the insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium Reference Number: 000003826

Certificate Holder Box

Sempra Energy Insurance Compilance PO Box 12010-S1 Hemet CA 925468010 CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.

THIS CERTIFICATE DOES NOT CONFER ANY COVERAGE RIGHTS ON THE CERTIFICATE HOLDER. THE CERTIFICATE HOLDER IS NOT AN ADDITIONAL INSURED UNLESS: (1) THE INSURANCE COMPANY HAS ISSUED AN ENDORSEMENT TO THE POLICY TO EFFECT SUCH COVERAGE, OR (2) THE CERTIFICATE HOLDER SATISFIES ALL OF THE REQUIREMENTS IN THE POLICY TO QUALIFY AS AN ADDITIONAL INSURED AS DESCRIBED IN THE POLICY'S DEFINITION OF "YOU."

THIS CERTIFICATE DOES NOT CHANGE ANY WAY THE IN INSURANCE PROVIDED THE POLICY DESCRIBED HEREIN. THE CERTIFICATE DOES NOT CONTRACT CONSTITUTE BETWEEN THE HOLDER AND ANY OTHER PARTY.

Authorized Representative

10/25/2019

Date





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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this certificate does not confer rights to the certificate holder in	i lieu of such endorsement(s).	
PRODUCER License # 0757776	CONTACT Healy Ramey	
Carlsbad, CA-HUB International Insurance Services Inc.		760) 804-0942
1525 Faráday Avenue, Suite 200 Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B:	
P.C. Specialists, Inc. DBA: Technology Integration G	roup INSURER C :	
10240 Flanders Court	INSURER D :	
San Diego, CA 92121	INSURER E:	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:	
	D BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE	

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.

		HONS AND CONDITIONS OF SUCH								
INSR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X c	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χΖ	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L	AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	P	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
	0	OTHER:							\$	
Α	AUTO	MOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		NY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	8	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	A	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	omp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	Χυ	MBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
	E	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	D	DED X RETENTION\$							\$	
A	WORKE AND EN	ERS COMPENSATION MPLOYERS' LIABILITY						X PER OTH- STATUTE OTH-		
	ANY PR	ROPRIETOR/PARTNER/EXECUTIVE TO THE	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Manda	ER/MEMBER EXCLUDED?	IN/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, d	describe under RIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Prope	erty Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Premi	ises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf

CERTIFICATE HOLDER	CANCELLATION
Southern Erectors, Inc. 6540 W Nine Mile Rd Pensacola. FL 32526	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 HALLE COLORED





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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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).

PRODUCER License # 0757776	CONTACT Healy Ramey					
	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942				
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Atlantic Specialty Ins. Co.	27154				
INSURED	INSURER B:					
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:					
10240 Flanders Court	INSURER D:					
San Diego, CA 92121	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.

	XCLUSIONS AND CONDITIONS OF SUCH F								
INSR LTR		ADDL:	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY				<u> </u>	\	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ zero deductible						MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO- X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	DED X RETENTION\$							\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH- STATUTE OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	X	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Property Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Premises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000
				1		I .			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf
Waiver of subrogation is included on WC.

St. Lucia Bublia Sabada	ULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ORDANCE WITH THE POLICY PROVISIONS.
,	RIZED REPRESENTATIVE



Certificate of Insurance

Producer

R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505

THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.

Named Insured

PC Specialists, inc. dba: Technology integration Group TiG Shanghal, Ltd Itex, Inc. dba: Technology Integration Group

Technology Integration Group, Inc. 10240 Flanders Court, San Diego , CA 92121

Insurance Company

Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038

THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.

х	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator sM content liability policy				\$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$

Description or Comments Professional Liability, internet and Network Liability Insurance with respects to operations of the insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium

Certificate Holder Box

St. Lucie Public Schools 4204 Okeechobee Rd. Fort Plerce FL 34947

CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.

THIS CERTIFICATE DOES NOT CONFER ANY COVERAGE RIGHTS ON THE CERTIFICATE HOLDER. THE CERTIFICATE HOLDER IS NOT AN ADDITIONAL INSURED UNLESS: (1) THE INSURANCE COMPANY HAS ISSUED AN ENDORSEMENT TO THE POLICY TO EFFECT SUCH COVERAGE, OR (2) THE CERTIFICATE HOLDER SATISFIES ALL OF THE REQUIREMENTS IN THE POLICY TO QUALIFY AS AN ADDITIONAL INSURED AS DESCRIBED IN THE POLICY'S DEFINITION OF "YOU."

THIS CERTIFICATE ANY WAY CHANGE IN THE INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE DOES NOT CONTRACT CONSTITUTE BETWEEN THE HOLDER AND ANY OTHER PARTY.

Authorized Representative

10/25/2019

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

tł	SUBROGATION IS WAIVED, subjecting certificate does not confer rights to				ıch end	orsement(s)		require an endorsemen			
	DUCER License # 0757776	_			CONTACT Healy Ramey						
152	lsbad, CA-HUB International Insuranc 5 Faraday Avenue, Suite 200 Isbad, CA 92008	e Sei	rvice	s Inc.	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com					804-0942	
					INSURER(S) AFFORDING COVERAGE					NAIC #	
					INSURE	R A : Atlantic	Specialty	Ins. Co.		27154	
INSU	JRED				INSURE	RB:					
	P.C. Specialists, Inc. DBA: 1	echr	olog	y Integration Group	INSURE	RC:					
	10240 Flanders Court		Ŭ		INSURER D:						
	San Diego, CA 92121				INSURE	RE:					
					INSURE	RF:					
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:			
INSR	HIS IS TO CERTIFY THAT THE POLICII NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH TYPE OF INSURANCE	EQUI PER POLI	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A DED BY	NY CONTRAC THE POLICI REDUCED BY	CT OR OTHER	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	O AL	O WHICH THIS	
LTR A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	TOLIOT NOMBER		(MIM/DD/YYYY)	(MIM/DD/YYYY)	EACH OCCURRENCE	s	1,000,000	
	CLAIMS-MADE X OCCUR	Х		711008985-0013		10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
	χ zero deductible	_ ^						MED EXP (Any one person)	\$	10,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY X PRO- JECT X LOC OTHER:							PRODUCTS - COMP/OP AGG	\$	2,000,000	
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	s	1,000,000	
	X ANY AUTO		711008985-0013		10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$			
	X Comp Ded-\$1,000 X Coll Ded-\$1,000							, , , , , ,	\$		
Α	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	15,000,000	
	EXCESS LIAB CLAIMS-MADE			711008985-0013		10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000	
	DED X RETENTION\$ 0								\$		
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER OTH-			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		406038027-0008		10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000	
	(Mandatory in NH)	III / A						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
DES St. I beh	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Lucie Public Schools is named Addition alf.	LES (A	ACORE Sured	0 101, Additional Remarks Schedu as specified by contract p	ile, may b er VCG	e attached if mor 207 with resp	e space is requir Dects to opera	red) ations of the Insured perf	orme	d on thier	
CE	RTIFICATE HOLDER				CANC	ELLATION					
	St. Lucie Public Schools 501 NW University Blvd. Port Saint Lucie, FL 34986					EXPIRATION ORDANCE WI	N DATE TH	ESCRIBED POLICIES BE C EREOF, NOTICE WILL CY PROVISIONS.			
					AUTHORIZED REPRESENTATIVE						



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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PRODUCER License # 0757776	CONTACT Healy Ramey					
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	60) 804-0942				
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Atlantic Specialty Ins. Co.	27154				
INSURED	INSURER B:					
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:					
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:					
San Diego, CA 92121	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 S	UBR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY			(,,	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION \$ 0						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/ A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: Operations of the Insured performed on behalf of Certificate Holder - Project NT2XP

CERTIFICATE HOLDER	CANCELLATION
OLIVIII IOATE HOLDEN	OANOLLLATION

State of California Department of Health Services c/o DGS/Procurement Division 707 3rd St., 2nd Floor W. Sacramento, CA 95605

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

Halru Diene



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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PRODUCER License # 0757776	CONTACT Healy Ramey					
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942				
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE	NAIC#				
	INSURER A: Atlantic Specialty Ins. Co.	27154				
INSURED	INSURER B:					
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:					
10240 Flanders Court	INSURER D:					
San Diego, CA 92121	INSURER E :					
	INSURER F:					
COVERAGES CERTIFICATE MUMPER.	DEVICION NUMBER.					

CERTIFICATE NUMBER: COVERAGES REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY			(111117)	(IIIIII)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION\$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf Re:Cisco FL - NVP AR233 (14-19) - PA 43220000-WSCA-14-ACS

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE AROVE DESCRIBED POLICIES BE CA

State of Florida **Purchasing & Procurement** 4050 Esplanade Way #360 Tallahassee, FL 32399

THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

ACORD'

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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PRODUCER License # 0757776	CONTACT Healy Ramey					
	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942				
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Atlantic Specialty Ins. Co.	27154				
INSURED	INSURER B:					
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:					
10240 Flanders Court	INSURER D:					
San Diego, CA 92121	INSURER E:					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY			(111117)	(IIIIII)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION\$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
State of Georgia is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf eRFP (Event) Number:SWC 99999-SPD-SPD0000025 90 days notice of cancellation/15 days for non-payment

CERTIFICATE HOLDER	CANCELLATION

State of Georgia Georgia Department of Administrative Services 200 Piedmont Ave., SW Atlanta, GA 30334-9010 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

Acres 16



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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and comments accessed in the comment of the comment						
PRODUCER License # 0757776	CONTACT Healy Ramey					
Carlsbad, CA-HUB International Insurance Services Inc.		AX A/C, No): (760) 8	804-0942			
1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE		NAIC #			
	INSURER A: Atlantic Specialty Ins. Co.	27154				
INSURED	INSURER B:					
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:					
10240 Flanders Court	INSURER D :					
San Diego, CA 92121	INSURER E :					
	INSURER F:		1			

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY	INCO		(MM), 25, 1111)	(MINI/OD/1111)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION\$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
State of Georgia is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf RFP (Event) Number: 99999-SPD-SPD00048-0006 for Certified Audio Visual Product and Select Services

CERTIFICATE HOLDER	CANCELLATION

State of Georgia Department of Administrative Services 200 Piedmont Ave., SW Atlanta, GA 30334-9010

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

Detru Chens



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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).

PRODUCER License # 0757776	CONTACT Healy Ramey	
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942
Carlsbad, CA 92008	E-MAIL address: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B:	
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:	
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:	
San Diego, CA 92121	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	SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	TODO: NOMED IN	(MIM/DD/TTTT)	(MINI/DD/TTTT)	EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
	χ zero deductible						MED EXP (Any one person)	\$	10,000	
							PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000	
	POLICY X PRO- X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:							\$		
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X ANY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
	X Comp Ded-\$1,000 X Coll Ded-\$1,000							\$		
Α	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000	
	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000	
	DED X RETENTION\$							\$		
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH-			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	11,7					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
Α	Property Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000	
Α	Premises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000	
i										

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf RFP (Event) Number:99999-SPD0000024-0002

CERTIFICATE HOLDER	CANCELLATION

State of Georgia Dept of Admin Services 200 Piedmont Ave. SE #1308 West Tower Atlanta, GA 30334-9010 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

Den Mon



Certificate of Insurance

Producer

R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505

THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.

Named Insured PC Specialists, Inc. dba: Technology Integration Group TIG Shanghal, Ltd Itex, Inc. dba: Technology Integration Group Insurance Company

Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038

Technology Integration Group, Inc. 10240 Flanders Court, San Diego , CA 92121

THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.

x	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator sM content liability policy				\$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$
					\$

Description or Comments Professional Liability, internet and Network Liability insurance with respects to operations of the insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium

Certificate Holder Box

State of Georgia Georgia Dept of Admin Services 200 Piedmond Ave., SE, #1302, West Tower Atlanta GA 303349010

CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.

THIS CERTIFICATE DOES NOT CONFER ANY COVERAGE RIGHTS ON THE CERTIFICATE HOLDER. THE CERTIFICATE HOLDER IS NOT AN ADDITIONAL INSURED UNLESS: (1) THE INSURANCE COMPANY HAS ISSUED AN ENDORSEMENT TO THE POLICY TO EFFECT SUCH COVERAGE, OR (2) THE CERTIFICATE HOLDER SATISFIES ALL OF THE REQUIREMENTS IN THE POLICY TO QUALIFY AS AN ADDITIONAL INSURED AS DESCRIBED IN THE POLICY'S DEFINITION OF "YOU."

THIS CERTIFICATE CHANGE ANY WAY IN THE INSURANCE PROVIDED BY THE THE POLICY DESCRIBED HEREIN. CERTIFICATE DOES NOT CONTRACT CONSTITUTE Α BETWEEN THE HOLDER AND ANY OTHER PARTY.

Authorized Representative

10/25/2019

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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ting certificate does not come rights to the certificate holder in hea of se	ien endorsement(s).	
PRODUCER License # 0757776	CONTACT Healy Ramey	
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760)	804-0942
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B:	
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:	
10240 Flanders Court	INSURER D:	
San Diego, CA 92121	INSURER E:	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:	

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	XCLUSIONS AND CONDITIONS OF SUCH F						
INSR LTR		ADDL SI	UBR VVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s
Α	X COMMERCIAL GENERAL LIABILITY			(,	,,	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO- X LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION\$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000
					1		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
State of Georgia is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf eRFP (Event) Number:99999-SPD-SPD0000060 90 days notice of cancellation/15 days for non-payment

CERTIFICATE HOLDER	CANCELLATION
	OANOLLEANON

State of Georgia Dept of Admin Services 200 Piedmont Ave., SE, #1308, West Tower Atlanta, GA 30334-9010 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

Den Mo



Producer

R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505

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Named Insured PC Specialists, inc. dba: Technology Integration Group TIG Shanghal, Ltd Itex, Inc. dba: Technology Integration Group

Insurance Company

Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038

Technology Integration Group, Inc. 10240 Flanders Court, San Diego , CA 92121

THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.

х	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator sM content liability policy				\$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$

Description or Comments Professional Liability, internet and Network Liability insurance with respects to operations of the insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium

Certificate Holder Box

State of Georgia Georgia Dept of Admin Services 200 Piedmond Ave., SE, #1302, West Tower Atlanta GA 303349010

CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.

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Authorized Representative

10/25/2019





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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tine continuate account control rights to the continuate heres. In how or co	on ondercomonicoji					
PRODUCER License # 0757776	CONTACT Healy Ramey					
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942				
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Atlantic Specialty Ins. Co.	27154				
INSURED	INSURER B:					
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:					
10240 Flanders Court	INSURER D:					
San Diego, CA 92121	INSURER E:					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY			(111117)	(IIIIII)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION\$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
State of Georgia is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf Contract: CCTV Products, Services and Installation SWC, 99999-SPD-SPD0000025. 90 days notice of cancellation/15 days for non-payment

CERTIFICATE HOLDER	CANCELLATION

State of Georgia Dept of Admin Services 200 Piedmont Ave., SE, #1308, West Tower Atlanta, GA 30334 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

Detru Queni



Producer

R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505

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Named Insured PC Specialists, inc. dba: Technology Integration Group TIG Shanghal, Ltd Itex, Inc. dba: Technology Integration Group

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Technology Integration Group, Inc. 10240 Flanders Court, San Diego , CA 92121

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х	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator sM content liability policy				\$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$

Description or Comments Professional Liability, internet and Network Liability insurance with respects to operations of the insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium

Certificate Holder Box

State of Georgia Georgia Dept of Admin Services 200 Piedmond Ave., SE, #1302, West Tower Atlanta GA 303349010

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Authorized Representative

10/25/2019



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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).

PRODUCER License # 0757776	CONTACT Healy Ramey	
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B:	
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:	
10240 Flanders Court	INSURER D:	
San Diego, CA 92121	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 S	SUBR	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY			(111117)	(IIIIII)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION\$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
State of Georgia and Cisco Systems, Inc. are included as Additional Insured as specified by contract per VCG207 & CG2037 with respects to operations of the Insured performed on their behalf - Contract #99999-SPD-T20120501-0006 - Networking Equipment and IT Infrastructure 90 days notice of cancellation/15 days for non-payment primary & non-contrib per VCG207

CERTIFICATE HOLDER CANCELLATION

State of Georgia, Dept of Admin Services State Purchasing Division 200 Piedmont Ave., SE, #1308, West Tower Atlanta, GA 30334-9010 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

Age Mo



Producer

R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505

THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.

Named Insured PC Specialists, inc. dba: Technology Integration Group TIG Shanghal, Ltd Itex, Inc. dba: Technology Integration Group

Insurance Company

Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038

Technology Integration Group, Inc. 10240 Flanders Court, San Diego , CA 92121

THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.

х	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator sM content liability policy				\$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$

Description or Comments Professional Liability, internet and Network Liability insurance with respects to operations of the insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium

Certificate Holder Box

State of Georgia Georgia Dept of Admin Services 200 Piedmond Ave., SE, #1302, West Tower Atlanta GA 303349010

CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.

THIS CERTIFICATE DOES NOT CONFER ANY COVERAGE RIGHTS ON THE CERTIFICATE HOLDER. THE CERTIFICATE HOLDER IS NOT AN ADDITIONAL INSURED UNLESS: (1) THE INSURANCE COMPANY HAS ISSUED AN ENDORSEMENT TO THE POLICY TO EFFECT SUCH COVERAGE, OR (2) THE CERTIFICATE HOLDER SATISFIES ALL OF THE REQUIREMENTS IN THE POLICY TO QUALIFY AS AN ADDITIONAL INSURED AS DESCRIBED IN THE POLICY'S DEFINITION OF "YOU."

THIS CERTIFICATE CHANGE ANY WAY IN THE INSURANCE PROVIDED BY THE THE POLICY DESCRIBED HEREIN. CERTIFICATE DOES NOT CONTRACT CONSTITUTE Α BETWEEN THE HOLDER AND ANY OTHER PARTY.

Authorized Representative

10/25/2019



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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PRODUCER License # 0757776	CONTACT Healy Ramey					
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (76	60) 804-0942				
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Atlantic Specialty Ins. Co.	27154				
INSURED	INSURER B:					
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:					
10240 Flanders Court	INSURER D:					
San Diego, CA 92121	INSURER E:					
	INSURER F:					
POVEDA OFO OFFICIAL AND						

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY	IIIOD	****		(MINIO D) 1111)	(MIMI/OD/1111)	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ zero deductible						MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO	Х		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	DED X RETENTION\$							\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Property Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Premises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The State of Hawaii is included as Additional Insured as specified by contract per VCG207 & VCA201 with respects to operations of the Insured performed for the State of Hawaii Coverage is Primary & Non-Contributory Re:RFP D15-053-Audio Visual (AV) Equipment and Services

CERTIFICATE HOLDER	CANCELLATION
OLIVIII IOATE HOLDEN	OANOLLLATION

State of Hawaii Department of Education Procurement Dept. 94-275 Mokuola St. rm 200 Waipahu, HI 96797 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

Den Mon



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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PRODUCER License # 0757776	CONTACT Healy Ramey						
	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942					
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: Atlantic Specialty Ins. Co.	27154					
INSURED	INSURER B:						
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:						
10240 Flanders Court	INSURER D:						
San Diego, CA 92121	INSURER E:						
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COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY	IIIOD	****		(MINIO D) 1111)	(MIMI/OD/1111)	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ zero deductible						MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO	Х		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	DED X RETENTION\$							\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Property Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Premises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The State of Hawaii is included as Additional Insured on General Liability and Auto Liability as specified by contract per VCG207 & VCA201 with respects to operations of the Insured performed for the State of Hawaii Coverage is Primary & Non-Contributory Re:RFP D16-085-Audio Visual (AV) Equipment and

CERTIFICATE HOLDER	CANCELLATION

State of Hawaii Department of Education 94-275 Mokuola St., Rm 200 Waipahu, HI 96797

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

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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	ignis to the certificate holder in hed of su	ch endorsement(s).		
PRODUCER License # 0757776		CONTACT Healy Ramey		
Carlsbad, CA-HUB International In: 1525 Faraday Avenue, Suite 200	surance Services Inc.	PHONE (A/C, No, Ext): (760) 804-0402	FAX (A/C, No): (760) 8	304-0942
Carlsbad, CA 92008		E-MAIL ADDRESS: healy.ramey@hubinternational.co	om	
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Atlantic Specialty Ins. Co.		27154
INSURED		INSURER B:		
	DBA: Technology Integration Group	INSURER C:		
Entre, BTG, a TIG Cor 10240 Flanders Court		INSURER D:		
San Diego, CA 92121		INSURER E :		
		INSURER F:		
COVERAGES	CERTIFICATE NUMBER:	REVISION NUM	IBER:	

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY	IIIOD	****		(MINIO D) 1111)	(MIMI/OD/1111)	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
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							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO	Х		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
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	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
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CERTIFICATE HOLDER	CANCELLATION
	CANCELLATION

State of Hawaii Department of Education 94-275 Mokuola St. #200 Waipahu, HI 96797

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AUTHORIZED REPRESENTATIVE

Den Mo



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lf th	SU is c	RTANT: If the certificate holde BROGATION IS WAIVED, subject ertificate does not confer rights to	ct to	the	terms and conditions of	the po	licy, certain	policies may				
PROD	UCE	:R License # 0757776				CONTA	^{CT} Healy Ra	ımey				
	Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200					PHONE (A/C, No	o, Ext): (760) 8	804-0402		(760)) 804-0942	
Carlsbad, CÁ 92008						E-MAIL ADDRE	_{ss:} healy.rai	mey@hubir	ternational.com			
							INS	URER(S) AFFOR	RDING COVERAGE		NAIC #	
						INSURE	R A : Atlantic	Specialty	Ins. Co.		27154	
INSU	RED					INSURE	RB:					
		P.C. Specialists, Inc. DBA: T		olog	y Integration Group	INSURE	RC:					
		Entre, BTG, a TIG Company: 10240 Flanders Court	;			INSURE	RD:					
		San Diego, CA 92121				INSURE	ERE:					
		•				INSURE	RF:					
CO	/ER	AGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:			
IN Ce	DIC	IS TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	EQUI PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORD	N OF A	ANY CONTRAC	CT OR OTHER IES DESCRIB	DOCUMENT WITH RESP	ECT TO	WHICH THIS	
NSR LTR		TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS		
Α	Χ	COMMERCIAL GENERAL LIABILITY						· · · · · · · · · · · · · · · · · · ·	EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE X OCCUR	X		711008985-0013		10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
	Χ	zero deductible							MED EXP (Any one person)	\$	10,000	
									PERSONAL & ADV INJURY	\$	1,000,000	
	GEI	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	JLI	POLICY X PRO- JECT X LOC							PRODUCTS - COMP/OP AGG	Ť	2,000,000	
		OTHER:								\$		
Α	ΑU	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X	ANY AUTO	Х		711008985-0013		10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$		

OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY Comp Ded-\$1,000 X Coll Ded-\$1,000 15,000,000 X X **UMBRELLA LIAB OCCUR EACH OCCURRENCE** 10/31/2019 10/31/2020 15,000,000 711008985-0013 **EXCESS LIAB CLAIMS-MADE** AGGREGATE 0 DED | X | RETENTION \$ OTH-ER PER STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 1,000,000 406038027-0008 10/31/2019 | 10/31/2020 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT

N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The State of Hawaii is included as Additional Insured as specified by contract per VCG207 & VCA201 with respects to operations of the Insured performed for the State of Hawaii Coverage is Primary & Non-Contributory Re:RFP-10-003-SW-Office Supplies and Printer Cartridges - Statewide

CERTIFICATE HOLDER	CANCELLATION
State of Hawaii State Procurement Office P.O. Box 119 Honolulu. HI 96810-0119	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 DEPRECENTATIVE

ACORD 25 (2016/03)

If yes, describe under DESCRIPTION OF OPERATIONS below

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E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT



DATE (MM/DD/YYYY)

10/25/2019

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 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).

PRODUCER License # 0757776	CONTACT Healy Ramey		
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760)	:(760) 804-0942	
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com		
	INSURER(S) AFFORDING COVERAGE	NAIC #	
	INSURER A: Atlantic Specialty Ins. Co.	27154	
INSURED	INSURER B:		
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:		
10240 Flanders Court	INSURER D:		
San Diego, CA 92121	INSURER E:		
	INSURER F:		
	DEVICION NUMBER		

<u>COVERAGES</u> 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.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR	INSR I TR TYPE OF INSURANCE			SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X c	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χΖ	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L	AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	P	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
	0	OTHER:							\$	
Α	AUTO	MOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		NY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	8	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	_ ^ _ A	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	omp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	Χυ	MBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
	E	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	D	DED X RETENTION\$							\$	
A	WORKE AND EN	ERS COMPENSATION MPLOYERS' LIABILITY						X PER OTH- STATUTE OTH-		
	ANY PR	ROPRIETOR/PARTNER/EXECUTIVE TO THE	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Manda	ER/MEMBER EXCLUDED?	IN/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, d	describe under RIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Prope	erty Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Premi	ises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf

CERTIFICATE HOLDER	CANCELLATION

State of Hawaii, Department of Education P.O. Box 2360 Honolulu, HI 96804

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



Producer

R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505

THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.

Named Insured

PC Specialists, Inc. dba: Technology Integration Group TIG Shanghal, Ltd

Itex, Inc. dba: Technology Integration Group

Insurance Company

Hudson Specialty Insurance Company (a stock company)

100 William Street, 5th Floor, New York, NY 10038

Technology Integration Group, Inc.

10240 Flanders Court, San Diego, CA 92121

THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.

х	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator ^{aM} content liability policy				\$
	BuainessWare® 2.0 E&O with CyberInfusion® policy				\$

Description or Comments

Professional Liability, Internet and Network Liability Insurance with respects to operations of the insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium

Certificate Holder Box

State of Hawall, Department of Education P.O. Box 2360 Honolulu HI 96804

CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.

THIS CERTIFICATE DOES NOT CONFER ANY COVERAGE RIGHTS ON THE CERTIFICATE HOLDER. THE CERTIFICATE HOLDER IS NOT AN ADDITIONAL INSURED UNLESS: (1) THE INSURANCE COMPANY HAS ISSUED AN ENDORSEMENT TO THE POLICY TO EFFECT SUCH COVERAGE, THE CERTIFICATE HOLDER SATISFIES REQUIREMENTS IN THE POLICY TO QUALIFY AS AN ADDITIONAL INSURED AS DESCRIBED IN THE POLICY'S DEFINITION OF "YOU."

NOT THIS CERTIFICATE DOES CHANGE IN ANY WAY THE INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE DOES NOT CONTRACT CONSTITUTE BETWEEN THE HOLDER AND ANY OTHER PARTY.

Authorized Representative

10/25/2019





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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 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.

th	is c	BROGATION IS WAIVED, subject tificate does not confer rights to							require an endorsemer	nt. As	statement on
PRODUCER License # 0757776						CONTA NAME:	CT Healy Ra	amey			
		d, CA-HUB International Insuranc	e Sei	vice	s Inc.	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804					
Carl	sba	raday Avenue, Suite 200 d, CA 92008							nternational.com		
							INS	SURER(S) AFFOI	RDING COVERAGE		NAIC #
						INSURE	R A : Atlantic	Specialty	Ins. Co.		27154
INSUI	RED					INSURE	RB:				
		P.C. Specialists, Inc. DBA: T	echn	olog	y Integration Group	INSURE	RC:				
		10240 Flanders Court				INSURER D:					
		San Diego, CA 92121				INSURER E:					
						INSURER F:					
CO	/ER	AGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN	DICA	S TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY RESEARCH	EQUI	REM	ENT, TERM OR CONDITION	N OF A	ANY CONTRA	CT OR OTHER	R DOCUMENT WITH RESP	ECT TO	WHICH THIS
		FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH								I O ALL	. THE TERIVIS,
NSR TYPE OF INSURANCE ADDL SUBR FOLICY NUMBER					POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	гѕ			
Α	X	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		711008985-0013		10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	Χ	zero deductible							MED EXP (Any one person)	\$	10,000
Ī											1 000 000

LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	īS	
Α	Х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	ΑU	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	X		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$ 0							\$	
Α	WOF	RKERS COMPENSATION DEMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
		ICER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
	_					-		I .		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The State of Hawaii is included as Additional Insured as specified by contract per VCG207 & VCA201 with respects to operations of the Insured performed for the State of Hawaii Coverage is Primary & Non-Contributory RFP D19-053-Audio Visual Equipment and Installation Related Services for HIDOE

CERTIFICATE HOLDER	CANCELLATION
State of Hawaii, Dept of Education 94-275 Mokuola St., Ste. 200 Waipahu, HI 96797	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Waipana, ili 30737	Authorized representative
	0



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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).

this certificate does not confer rights to the certificate holder in lieu of s	such endorsement(s).	
PRODUCER License # 0757776	CONTACT Healy Ramey	
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760)	804-0942
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B:	
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:	
10240 Flanders Court	INSURER D:	
San Diego, CA 92121	INSURER E :	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOV	V HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE PO	LICY PERIOD

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	SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY					,,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	Х	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	Х	Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$ 0							\$	
Α	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TO THE	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Man	CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The Office of Hawaiian Affairs, its trustee, employees, representatives and agents and the State of Hawaii' are added as additional insureds as respects to operations performed for the Office of Hawaiian Affairs as specified by contract per VCG207 Coverage includes primary/non-contributory wording 90 days notice of cancellation/15 days for non-payment
Re: RFQ No. IT 2018-4

CERTIFICATE HOLDER	CANCELLATION
State of Hawai'i, Office of Hawaiian Affairs 560 North Nimitz Highway, Ste. 200 Honolulu. HI 96817	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
110110101010, 111 00017	AUTHORIZED REPRESENTATIVE
1	Herri Diene



Producer

R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91605

THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.

Named Insured

PC Specialists, inc. dba: Technology Integration Group TIG Shanghai, Ltd

Itex, Inc. dba: Technology Integration Group

Insurance Company

Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038

Technology Integration Group, Inc.

10240 Flanders Court, San Diego, CA 92121

THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.

x	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator sM content liability policy				\$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$

Description or Comments Professional Liability, internet and Network Liability Insurance with respects to operations of the insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium Re: RFQ No. 1T 2018-45

Certificate Holder Box

State of Hawal'l, Office of Hawalian Affairs 560 North Nimitz Highway, Ste. 200 Honolulu HI 96B17

CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.

THIS CERTIFICATE DOES NOT CONFER ANY COVERAGE RIGHTS ON THE CERTIFICATE HOLDER. THE CERTIFICATE HOLDER IS NOT ΑN ADDITIONAL INSURED UNLESS: (1) THE INSURANCE COMPANY HAS ISSUED AN ENDORSEMENT TO THE POLICY TO EFFECT SUCH COVERAGE, CERTIFICATE HOLDER SATISFIES ALL OF THE REQUIREMENTS IN THE POLICY TO QUALIFY AS AN ADDITIONAL INSURED AS DESCRIBED IN THE POLICY'S DEFINITION OF "YOU."

NOT THIS CERTIFICATE DOES WAY THE CHANGE IN ANY INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE NOT DOES CONSTITUTE CONTRACT BETWEEN THE HOLDER AND ANY OTHER PARTY.

Authorized Representative

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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 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 this certificate does not confer rights to the certificate holder in lieu of s		itement on			
PRODUCER License # 0757776	CONTACT Healy Ramey				
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942				
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com				
	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A : Atlantic Specialty Ins. Co.	27154			
INSURED	INSURER B:				
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:				
10240 Flanders Court	INSURER D:				
San Diego, CA 92121	INSURER E :				
	INSURER F:				
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION	ON OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO V	WHICH THIS			
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOI EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAV		HE TERMS,			
NSR TYPE OF INSURANCE ADDL SUBR NSD WVD POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS				
A X COMMERCIAL GENERAL LIABILITY	EACH OCCURRENCE \$	1,000,000			
CLAIMS-MADE X OCCUR X 711008985-0013	10/31/2019 10/31/2020 DAMAGE TO RENTED PREMISES (Fa occurrence) \$	1,000,000			

INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY	INOD			(MINUSSITE 1)	(MINI/OD/1111)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	X		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION \$ 0							\$	
Α	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
1										

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The State of Hawaii is included as Additional Insured as specified by contract per VCG207 & VCA201 with respects to operations of the Insured performed for the State of Hawaii. It is agreed that any insurance maintained by the State of Hawaii will apply in excess of, and not contribute with, insurance provided by this policy.

RFP-17-006-SW Office Supplies and Printer Cartridges Statewide

CERTIFICATE HOLDER	CANCELLATION
State of Hawaii, State Procurement Office 1151 Punchbowl St., Rm. 416 Honolulu, HI 96813	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1101101a1a, 111 30013	AUTHORIZED REPRESENTATIVE
	Harulliene



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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).

PRODUCER License # 0757776	CONTACT Healy Ramey					
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942				
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Atlantic Specialty Ins. Co.	27154				
INSURED	INSURER B:					
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:					
10240 Flanders Court	INSURER D:					
San Diego, CA 92121	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.

	XCLUSIONS AND CONDITIONS OF SUCH F						
INSR LTR		ADDL SI	UBR VVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s
Α	X COMMERCIAL GENERAL LIABILITY			(,	,,	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO- X LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION\$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000
					1		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf
Re:Cisco IN - QPA-12921

CERTIFICATE HOLDER	CANCELLATION
OLIVIII IOATE HOLDEN	OANOLLLATION

State of Indiana Indiana Office of Technology Att: QPA Manager IGCN, 100 N. Senate Avenue; Room 551 Indianapolis, IN 46204 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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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PRODUCER License # 0757776	CONTACT Healy Ramey					
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	804-0942				
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Atlantic Specialty Ins. Co.	27154				
INSURED	INSURER B:					
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:					
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:					
San Diego, CA 92121	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 INSD	SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY	III	****		(MINIODITITITY	(MIMI/DD/11111)	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ zero deductible						MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO	X		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
	EXCESS LIAB CLAIMS-MADE	X		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	DED X RETENTION\$							\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Property Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Premises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
State of Oregon, and its agencies, departments, divisions, commissions, branches, offiers, employees and agents & Cisco are included as Additional Insured as specified by contract per VCG207 & VCA201 with respects to operations of the Insured performed on their behalf Re:Cisco OR - NVP AR233 OR # 4723
Umbrella is excess over GL & Auto

CERTIFICATE HOLDER	CANCELLATION
	CANCELLATION

State of Oregon Department of Administrative Services, State Procurement Office 1225 Ferry St SE, U140 Salem, OR 97301-4285 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

N. 167



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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 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).

PRODUCER License # 0757776	CONTACT Healy Ramey					
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 80					
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Atlantic Specialty Ins. Co.	27154				
INSURED	INSURER B:					
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:					
10240 Flanders Court	INSURER D:					
San Diego, CA 92121	INSURER E :					
	INSURER F:					
COVERAGES CERTIFICATE MUMPER.	DEVICION NUMBER.					

CERTIFICATE NUMBER: COVERAGES 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		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICI NOMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$							\$	
Α	WOR	RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mar	CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Cisco Systems, Inc. and State of Texas are included as Additional Insured as specified by contract per VCG207 & VCA201 with respects to operations of the Insured performed on their behalf. Waiver of Subrogation applies to GL. 90 days notice of cancellation/15 for non-payment of premium Re: Contract # TX DIR-TSO-2542

CERTIFICATE HOLDER CANCELLATION

> State of Texas, Manager, Contract and Vendor Management **Department of Information Rersources** 300 W. 15th St., Ste. 1300 Austin, TX 78701

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





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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ting certificate does not come rights to the certificate holder in hea of se	ien endorsement(s).	
PRODUCER License # 0757776	CONTACT Healy Ramey	
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760)	804-0942
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B:	
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:	
10240 Flanders Court	INSURER D:	
San Diego, CA 92121	INSURER E:	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:	

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INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY			(111117)	(IIIIII)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION\$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder and Cisco are included as Additoinal Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf WSCA Master Agreement AR-223 & Participating State Addendum T10-MST-325

CERTIFICATE HOLDER	CANCELLATION
State of Washington DIS 1110 Jefferson St. SE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Olympia, WA 98504	Authorized Representative Addrew Cieras



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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PRODUCER License # 0757776	CONTACT Healy Ramey					
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942				
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Atlantic Specialty Ins. Co.	27154				
INSURED	INSURER B:					
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:					
10240 Flanders Court	INSURER D:					
San Diego, CA 92121	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 S	SUBR	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			(111117)	(IIIIII)	EACH OCCURRENCE	\$ 1,000,000	
	CLAIMS-MADE X OCCUR	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	
	χ zero deductible					MED EXP (Any one person)	\$ 10,000	
						PERSONAL & ADV INJURY	\$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000	
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000	
	OTHER:						\$	
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$	
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000	
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000	
	DED X RETENTION\$						\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000	
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE		
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT		
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000	
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf. Primary and Non-Contributory Wording is included in policy as well as Severability of Interest. Re:Cisco WA-DES T12-MST-642

CERTIFICATE HOLDER	CANCELLATION

State of Washington **Department of Information Services Master Contract Administrator** P.O. Box 42445 Olympia, WA 98504-1460

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



1,000,000

1,000,000

1,000,000



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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.

R	REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.														
lf th	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).														
PRO	DUCE	R License # 0757	7776	and a				CONTACT Heal	y R	amey					
Carlsbad, CA-HUB International Insurance Services Inc.							s Inc.	PHONE (A/C, No, Ext): (70				FAX (A/C	No)-(7	760) 8	304-0942
152: Carl	sba	raday Avenue, Si d, CA 92008	uite 2	200				E-MAIL ADDRESS: heal	,.ra	mey@hubir	nternational		,,. (
		.,						ADDRESS.			RDING COVERAG				NAIC #
								INSURER A : Atla							27154
INSU	RED							INSURER B :							
		P.C. Snecia	liete	Inc DBA: T	'echn	oloa	y Integration Group	INSURER C :							
		10240 Fland			CCIIII	lolog	y integration Group	INSURER D :							
		San Diego,	CA 9	92121				INSURER E :							
								INSURER F:							
CO	VFR	AGES		CER	TIFIC	`ΔTF	NUMBER:	INCORLECT :			REVISION N	IIMRE	R.		
IN CI EX	DIC/ ERTI	ATED. NOTWITHS FICATE MAY BE	STAN ISSU	IDING ANY R ED OR MAY	EQUI PER POLIC	REME TAIN, CIES.	SURANCE LISTED BELOW FENT, TERM OR CONDITION THE INSURANCE AFFORE LIMITS SHOWN MAY HAVE	N OF ANY CON DED BY THE PO BEEN REDUCED	TRA OLIC) BY	CT OR OTHER CIES DESCRIB PAID CLAIMS.	R DOCUMENT \	NITH R	ESPEC	CT TO	WHICH THIS
NSR LTR		TYPE OF INS	URAN	CE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY (MM/DD/Y	EFF YYY)	POLICY EXP (MM/DD/YYYY)			LIMITS		
Α	X	COMMERCIAL GENE	_	1							EACH OCCURR			\$	1,000,000
		CLAIMS-MADE		OCCUR	Х		711008985-0013	10/31/2	019	10/31/2020	DAMAGE TO RE PREMISES (Ea d	NIED occurrenc	e) 5	\$	1,000,000
	X	zero deductible									MED EXP (Any o	ne perso	n) :	\$	10,000
											PERSONAL & AI	OV INJUF	RY S	\$	1,000,000
	GEN	N'L AGGRE <u>GAT</u> E LIMIT		IES PER:							GENERAL AGGI	REGATE		\$	2,000,000
		POLICY X PRO-)	LOC							PRODUCTS - CO	OMP/OP	AGG S	\$	2,000,000
		OTHER:												\$	
Α	AUT	OMOBILE LIABILITY									COMBINED SING (Ea accident)	GLE LIMI	Т ;	\$	1,000,000
	X	ANY AUTO	_				711008985-0013	10/31/2	019	10/31/2020	BODILY INJURY	(Per pers	son)	\$	
		OWNED AUTOS ONLY	_ SC	HEDULED ITOS							BODILY INJURY		ident)	\$	
	Х	HIRED AUTOS ONLY	NC AL	N-OWNED JTOS ONLY							PROPERTY DAM (Per accident)	MAGE		\$	
	X	Comp Ded-\$1,000	Col	I Ded-\$1,000										\$	
Α	X	UMBRELLA LIAB	X	OCCUR							EACH OCCURR	ENCE		\$	15,000,000
		EXCESS LIAB		CLAIMS-MADE			711008985-0013	10/31/2	019	10/31/2020	AGGREGATE			\$	15,000,000
		DED X RETENT	ION \$	0										\$	
Α	WOF	RKERS COMPENSATION EMPLOYERS' LIABILI	N TY								X PER STATUTE	O EI	TH- R		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is named Additional Insured-Landlord as specified by contract in Form VCG207 regarding leased premises at 1125 12th Ave. NW, Issaquah,
WA 98027 90 days notice of cancellation/15 days for non-payment

10/31/2019 10/31/2020

406038027-0008

CERTIFICATE HOLDER	CANCELLATION
Sterling Realty Organization Co. 600 106th Ave. NE, Ste. 200 Bellevue. WA 98004	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Believile, WA 30004	Authorized representative Advice Cient

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

If yes, describe under DESCRIPTION OF OPERATIONS below E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE \$

E.L. DISEASE - POLICY LIMIT





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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 contificate holder is an ADDITIONAL INSURED, the notice/(ics) must have ADDITIONAL INSURED provisions or be endorsed

If	SUBROGATION IS WAIVED, subjecting subjections to subject the subjection of the subje	t to	the	terms and conditions of	the po	licy, certain	policies may	•		
PRODUCER License # 0757776						CT Healy Ra	amey			
Carlsbad, CA-HUB International Insurance Services Inc.						o, Ext): (760) 8		FAX (A/C, I	No): (760)	804-0942
Carls	Faraday Avenue, Suite 200 sbad, CA 92008				E-MAIL ADDRES	_{ss:} healy.rai	mey@hubir	nternational.com		
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #
					INSURE	RA: Atlantic	Specialty	Ins. Co.		27154
INSU	RED				INSURE	RB:				
	P.C. Specialists, Inc. DBA: Te	echr	olog	y Integration Group	INSURE	RC:				
	10240 Flanders Court				INSURER D:					
	San Diego, CA 92121				INSURER E :					
					INSURE	RF:				
COV	YERAGES CERT	ΓIFIC	CATE	NUMBER:				REVISION NUMBER	l:	
INI CE	IS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY	QUI PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORE	N OF A	NY CONTRAC	CT OR OTHER IES DESCRIB	DOCUMENT WITH RE	SPECT T	O WHICH THIS
	CLUSIONS AND CONDITIONS OF SUCH F		CIES. SUBR		BEEN F	POLICY EFF	PAID CLAIMS. POLICY EXP			
NSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER			(MM/DD/YYYY)	L	IMITS	4 000 000
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
ļ	CLAIMS-MADE X OCCUR	X		711008985-0013		10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	x zero deductible							MED EXP (Any one person)	\$	10,000
ļ								PERSONAL & ADV INJURY	' \$	1,000,000
	OFNII ACORECATE LIMIT APPLIEC PER							OFNEDAL ACODECATE	1	2,000,000

LIK			IIVOD	** V D					
Α	X	COMMERCIAL GENERAL LIABILITY				,		EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR	x		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	Х	zero deductible						MED EXP (Any one person)	\$ 10,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
		POLICY X PRO- X LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
Α	AU.	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X	ANY AUTO	X		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
	X	Comp Ded-\$1,000 X Coll Ded-\$1,000							\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
A	WOI	RKERS COMPENSATION DEMPLOYERS' LIABILITY						X PER OTH-	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
		ICER/MEMBER EXCLUDED?	, A					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
Α	Rei	ntal Equip Cvrg			711008985-0013	10/31/2019		Limit	75,000
Α	Spe	ecial Form			711008985-0013	10/31/2019	10/31/2020	Deductible	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Sunstate Equipment Co LLC is included as Additional Insured on General Liability and Auto Liability per Forms VCG207 & VCA201 attached and Loss Payee on the Auto Hired Car Physical Damage and Rental Equipment coverage.

CERTIFICATE HOLDER	CANCELLATION
Sunstate Equipment Co LLC 5552 E. Washington Phoenix, AZ 85034	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
THOURIN, AZ 00004	AUTHORIZED REPRESENTATIVE
	Harrican



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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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).

PRODUCER License # 0757776	CONTACT Healy Ramey					
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942				
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Atlantic Specialty Ins. Co.	27154				
INSURED	INSURER B:					
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:					
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:					
San Diego, CA 92121	INSURER E:					
	INSURER F:					
COVERAGES CERTIFICATE MUMPER.	DEVICION NUMBER.					

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			ADDL	SUBR	LIMITS SHOWN MAY HAVE BEE	POLICY EFF	POLICY EXP			
LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
Α	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	х	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	Χ	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION \$ 0							\$	
Α	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR PARTNER/EXECUTIVE	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pro	perty Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Pre	mises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Tarrant County and its officers, employees and elected representatives are included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf 90 days notice of cancellation/15 days for non-payment Waiver of Sub incl. Bid No. 2014-062-Annual contract for toner cartridges for inkjet and laser printers

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE

Tarrant County Purchasing Department 100 E. Weatherford #303 Fort Worth, TX 76102 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

Acres 16



Producer

R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505

THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.

Named insured

PC Specialists, inc. dba: Technology Integration Group TIG Shanghal, Ltd

Itex, Inc. dba: Technology Integration Group

Insurance Company

Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038

THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.

X	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	CilckStream® 2.0 connected services with CyberInfusion® policy				\$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator sM content liability policy				\$
	BusinessWare® 2.0 E&O with CyberInfusion® policy	:	•	·	\$

Description or Comments

Professional Liability, Internet and Network Liability insurance with respects to operations of the insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium Bid No. 2014-062-Annual contract for toner cartridges for inkjet and laser printers

Certificate Holder Box

Tarrant County Purchasing Department 100 E. Weatherford #303 Fort Worth TX 76102

CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS REPRESENTATIVES WILL NOT BE LIABLE IN ANY AND WAY FOR FAILURE TO MAIL SUCH NOTICE.

THIS CERTIFICATE DOES NOT CONFER ANY COVERAGE RIGHTS ON THE CERTIFICATE HOLDER. THE CERTIFICATE HOLDER IS NOT AN ADDITIONAL INSURED UNLESS: (1) THE INSURANCE COMPANY HAS ISSUED AN ENDORSEMENT TO THE POLICY TO EFFECT SUCH COVERAGE CERTIFICATE HOLDER SATISFIES ALL OF THE REQUIREMENTS IN THE POLICY TO QUALIFY AS AN ADDITIONAL INSURED AS DESCRIBED IN THE POLICY'S DEFINITION OF "YOU."

THIS CERTIFICATE DOES NOT CHANGE IN ANY WAY THE INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE NOT CERTIFICATE DOES CONSTITUTE CONTRACT BETWEEN THE HOLDER AND ANY OTHER PARTY.

Authorized Representative

10/25/2019



DATE (MM/DD/YYYY) 10/25/2019

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tine contineate accenter come. Fighte to the contineate helder in hea of ca	on ondercomonico).					
PRODUCER License # 0757776	CONTACT Healy Ramey					
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942				
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Atlantic Specialty Ins. Co.	27154				
INSURED	INSURER B:					
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:					
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:					
San Diego, CA 92121	INSURER E:					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:					

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		DSIGNS AND CONDITIONS OF SUCH								
INSF	3	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GE	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AU.	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	Х	Х	711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$ 0							\$	
Α	WOI	RKERS COMPENSATION DEMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE // N	N/A	X	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Ma	ICER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If ye	s, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pro	perty Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Pre	emises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
TVA, the U.S., their officers, agents, employees, and volunteers are named as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf - Contract #2205 Coverage is provided on a primary, noncontributory basis, waiver of subrogation applies & contains severability of interest clause 90 days notice of cancellation/15 days notice for non-payment of premium

CERTIFICATE HOLDER	CANCELLATION
	OANGELLATION

Tennessee Valley Authority TVA IT Contracts LP 4T, 1101 Market Street Chattanooga, TN 37402 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

Den Mo



Producer

R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505

THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.

Named Insured

PC Specialists, Inc. dba: Technology Integration Group TIG Shanghal, Ltd

Itex, Inc. dba: Technology Integration Group

Insurance Company

Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038

Technology Integration Group, Inc.
10240 Flanders Court, San Diego, CA 92121
THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.

х	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$ \$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator sM content liability policy				\$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$

Professional Liability, internet and Network Liability insurance with respects to operations of the insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium

Certificate Holder Box

Tennessee Valley Authority TVA IT Contracts LP 4T, 11011 Market Street Chattanooga TN 37402

CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.

THIS CERTIFICATE DOES NOT CONFER ANY COVERAGE RIGHTS ON THE CERTIFICATE HOLDER. THE CERTIFICATE HOLDER IS NOT AN ADDITIONAL INSURED UNLESS: (1) THE INSURANCE COMPANY HAS ISSUED AN ENDORSEMENT TO THE POLICY TO EFFECT SUCH COVERAGE, THE CERTIFICATE HOLDER SATISFIES ALL OF REQUIREMENTS IN THE POLICY TO QUALIFY AS AN ADDITIONAL INSURED AS DESCRIBED IN THE POLICY'S DEFINITION OF "YOU."

NOT THIS CERTIFICATE DOES CHANGE IN ANY THE PROVIDED INSURANCE BY THE POLICY DESCRIBED HEREIN. THE DOES CERTIFICATE NOT CONTRACT CONSTITUTE Α BETWEEN THE HOLDER AND ANY OTHER PARTY.

Authorized Representative

10/25/2019





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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 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).

PRODUCER License # 0757776		CONTACT Healy Ramey						
Carlsbad, CA-HUB International	Insurance Services Inc.	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942						
1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008		E-MAIL ADDRESS: healy.ramey@hubinternational.com	om					
		INSURER(S) AFFORDING COVERAGE		NAIC #				
		INSURER A: Atlantic Specialty Ins. Co.		27154				
INSURED		INSURER B:						
• •	c. DBA: Technology Integration Group	INSURER C:						
Entre, BTG, a TIG C 10240 Flanders Cou	• • •	INSURER D:						
San Diego, CA 9212	21	INSURER E :						
		INSURER F:						
COVERAGES	CERTIFICATE NUMBER:	REVISION NUI	MBFR.					

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	SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	'S
A	X COMMERCIAL GENERAL LIABILITY	IIIOD	1112		(MINIO D) 1111)	(MIMI/OD/1111)	EACH OCCURRENCE	\$ 1,000,00
	CLAIMS-MADE X OCCUR	Χ	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,00
	χ zero deductible						MED EXP (Any one person)	\$ 10,00
							PERSONAL & ADV INJURY	1,000,00
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,00
	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$ 2,000,00
	OTHER:							\$
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	1,000,00
	X ANY AUTO	Χ	Χ	711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000							\$
Α	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 15,000,00
	EXCESS LIAB CLAIMS-MADE	X	X	711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,00
	DED X RETENTION \$ 0							\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	X	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,00
	(Mandatory in NH)	11/ 7					E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	
Α	Property Away From			711008985-0013	10/31/2019	10/31/2020	Limit:	200,00
Α	Premises			711008985-0013	10/31/2019	10/31/2020	Ded	1,00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
TVA, the U.S., their officers, agents, employees, and volunteers are named as Additional Insured as specified by contract per VCG207 & VCA201 regarding operations of the Insured performed on their behalf - Contract #10411 Coverage is provided on a primary, noncontributory basis, waiver of subrogation applies & contains severability of interest clause 90 days notice of cancellation/10 days for non-payment of premium

CERTIFICAT	re Holder	CANCELLATION
	Tennessee Valley Authority 1101 Market St, LP 4T-C Chattanooga, TN 37402	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	onattanooga, 111 01 402	AUTHORIZED REPRESENTATIVE
1		Harrican



Producer

R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505

THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.

Named Insured

PC Specialists, Inc. dba: Technology Integration Group TIG Shanghal, Ltd

Itex, Inc. dba: Technology Integration Group

Insurance Company

Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038

Technology Integration Group, Inc.
10240 Flanders Court, San Diego, CA 92121
THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.

x	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator sM content liability policy				\$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$

Description or Comments

Professional Liability, internet and Network Liability Insurance with respects to operations of the insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium Re:Contract #10411

Certificate Holder Box

Tennessee Valley Authority 11011 Market St, LP 4T-C Chattanooga TN 37402

CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE

THIS CERTIFICATE DOES NOT CONFER ANY COVERAGE RIGHTS ON THE THE CERTIFICATE HOLDER IS NOT AN CERTIFICATE HOLDER. ADDITIONAL INSURED UNLESS: (1) THE INSURANCE COMPANY HAS ISSUED AN ENDORSEMENT TO THE POLICY TO EFFECT SUCH COVERAGE, CERTIFICATE HOLDER SATISFIES OF THE THE ALL REQUIREMENTS IN THE POLICY TO QUALIFY AS AN ADDITIONAL INSURED AS DESCRIBED IN THE POLICY'S DEFINITION OF "YOU."

THIS CERTIFICATE DOES NOT CHANGE IN ANY WAY THE INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE NOT CERTIFICATE DOES CONSTITUTE CONTRACT BETWEEN THE HOLDER AND ANY OTHER PARTY.

Authorized Representative

10/25/2019





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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.

th	SUBROGATION IS WAIVED, subjents certificate does not confer rights to success the success of the	o the	cert	ificate holder in lieu of su	uch end	dorsement(s) CT Healy Ra	•	require an end	ioi seilleli	A	siatement on
Car	Isbad, CA-HUB International Insurance	e Se	rvice	s Inc.		o, Ext): (760) 8			FAX	760	804-0942
152	5 Faraday Avenue, Suite 200 Isbad, CA 92008				E-MAIL	o, Ext): (100) c	nev@hubii	nternational.c		700	004-0342
Cai	15Dau, CA 92000				ADDRE				U 111		NAIG #
					INIQUIDE	R A : Atlantic	• •	Ins Co			NAIC #
INICI	JRED						Specially	iiis. Co.			21134
INSC					INSURE						
	P.C. Specialists, Inc. DBA: 10240 Flanders Court	lechr	olog	y Integration Group	INSURE						
	San Diego, CA 92121				INSURE						
	_				INSURE						
~~	VERAGES CEF	TIF1	~ A T	- NUMBED.	INSURE	:K F :		DEVISION NUI	MDED.		
T	HIS IS TO CERTIFY THAT THE POLICI NDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY	ES O	F INS	ENT, TERM OR CONDITIO	N OF A	ANY CONTRAC	TO THE INSUI	R DOCUMENT WI	VE FOR T	CT T	O WHICH THIS
Е	XCLUSIONS AND CONDITIONS OF SUCH	POLI	CIES.	LIMITS SHOWN MAY HAVE		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)		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURREN	CE	\$	1,000,000
	CLAIMS-MADE X OCCUR	X	X	711008985-0013		10/31/2019	10/31/2020	DAMAGE TO RENT PREMISES (Ea occ	ED urrence)	\$	1,000,000
	χ zero deductible							MED EXP (Any one	person)	\$	10,000
								PERSONAL & ADV	INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	2,000,000
	POLICY X PRO-							PRODUCTS - COM	P/OP AGG	\$	2,000,000
	OTHER:							COMBINED SINGLE	T LINAUT	\$	4 000 000
Α	AUTOMOBILE LIABILITY							(Ea accident)	E LIMIT	\$	1,000,000
	X ANY AUTO SCHEDULED			711008985-0013		10/31/2019	10/31/2020	BODILY INJURY (P	er person)	\$	
	AUTOS ONLY AUTOS							BODILY INJURY (P	er accident)	\$	
	X HIRED AUTOS ONLY AUTOS ONLY Comp Ded-\$1,000 X Coll Ded-\$1,000							PROPERTY DAMAG	JE .	\$	
_	X X									\$	45 000 000
Α	X UMBRELLA LIAB X OCCUR			74400000 0040		40/24/2040	40/04/0000	EACH OCCURREN	CE	\$	15,000,000
	EXCESS LIAB CLAIMS-MADE		X	711008985-0013		10/31/2019	10/31/2020	AGGREGATE		\$	15,000,000
	DED X RETENTION \$	'						N/ DED	OTH	\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			406020027 0000		10/31/2019	10/31/2020	X PER STATUTE	OTH- ER		1 000 000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		406038027-0008		10/31/2019	10/31/2020	E.L. EACH ACCIDE	NT	\$	1,000,000 1,000,000
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$	1,000,000
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POI	LICY LIMIT	\$	1,000,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC O Villa Park LLC and the Thalhimer are i	LES (ACORE	0 101, Additional Remarks Schedus Additional Insured as se	ule, may b	e attached if mor	e space is requi	red) rith respects to b	eased loc	ation	at 8040 Villa
	c Dr. #500 & #800, Richmond, VA 23228										at 0040 Villa
				-							
CE	RTIFICATE HOLDER				CANO	CELLATION					
						-		ESCRIBED POLIC			
	Thalhimer 11100 West Broad St.							IEREOF, NOTIC CY PROVISIONS.	L VVILL I	DE L	LLIVERED IN
	Glen Allen, VA 23060				AUTHORIZED REPRESENTATIVE						



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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 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 noider in lieu of s	such endorsement(s).				
PRODUCER License # 0757776		CONTACT Healy Ramey				
Carlsbad, CA-HUB International Insurance Services	rices Inc.	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760)	804-0942			
Carlsbad, CA 92008	Faráday Avenue, Suite 200 bad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com				
		INSURER(S) AFFORDING COVERAGE	NAIC #			
		INSURER A: Atlantic Specialty Ins. Co.	27154			
INSURED		INSURER B:				
P.C. Specialists, Inc. DBA: Techno	ology Integration Group	INSURER C:				
		INSURER D:				
San Diego, CA 92121		INSURER E:				
		INSURER F:				
COVERAGES CERTIFIC	ATE 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 PERIO						

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	Π	TYPE OF INSURANCE	ADDL	SUBR		POLICY EFF	POLICY EXP	LIMIT	s	
A A	Х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICT NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	Х		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE	X		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$ 0							\$	
Α	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mar	CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The City of Wilsonville, its elected and appointed officials, officers, agents, emplyees, and voluneers are included as Additional Insured as specified by contract per VCG207, CG2037 & VCA201 with respects to operations of the Insured performed on their behalf. Waiver of Subrogation applies to GL and coverage is primary and non-contributory re:Library Switching Upgrade 90 days notice of cancellation/15 days for non-payment

CERTIFICATE HOLDER	CANCELLATION
The City of Wilsonville 29799 SW Town Center Loop E. Wilsonville, OR 97070	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Wilsonville, SK 37070	AUTHORIZED REPRESENTATIVE
1	Herre Chene



Producer

R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505

THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.

Named Insured

PC Specialists, Inc. dba: Technology Integration Group

TIG Shanghal, Ltd

Itex, Inc. dba: Technology Integration Group

Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038

Technology Integration Group, Inc.

10240 Flanders Court, San Diego, CA 92121

THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.

Insurance Company

x	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	DisseminatorsM content liability policy				\$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$

Professional Liability, internet and Network Liability Insurance with respects to operations of the insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium Re: Library Switching Upgrade

Certificate Holder Box

The City of Wilsonville 29799 SW Town Center Loop E. Wilsonville OR 97070

CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY FOR FAILURE TO MAIL SUCH NOTICE.

THIS CERTIFICATE DOES NOT CONFER ANY COVERAGE RIGHTS ON THE CERTIFICATE HOLDER. THE CERTIFICATE HOLDER IS NOT AN ADDITIONAL INSURED UNLESS: (1) THE INSURANCE COMPANY HAS ISSUED AN ENDORSEMENT TO THE POLICY TO EFFECT SUCH COVERAGE, THE CERTIFICATE HOLDER SATISFIES ALL OF THE REQUIREMENTS IN THE POLICY TO QUALIFY AS AN ADDITIONAL INSURED AS DESCRIBED IN THE POLICY'S DEFINITION OF "YOU."

THIS CERTIFICATE DOES NOT WAY THE CHANGE · IN ANY INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE NOT DOES CONSTITUTE CONTRACT A BETWEEN THE HOLDER AND ANY OTHER PARTY.

Authorized Representative

10/25/2019



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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).

PRODUCER License # 0757776	CONTACT Healy Ramey					
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C	, No):(760) 804-0942				
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Atlantic Specialty Ins. Co.	27154				
INSURED	INSURER B:					
P.C. Specialists, Inc. DBA: Technology Integration Group Entre, BTG, a TIG Company;	INSURER C:					
10240 Flanders Court	INSURER D:					
San Diego, CA 92121	INSURER E :					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER.	DEVICION NUMBE	n.				

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 S	SUBR	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY	INCO		(MM), 25, 1111)	(MINI/OD/1111)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION\$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf

CERTIFICATE HOLDER	CANCELLATION
The College of William and Mary P.O. Box 8795 Williamsburg, VA 23187-8795	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ACORD 25 (2016/03)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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PRODUCER License # 0757776	CONTACT Healy Ramey					
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942				
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Atlantic Specialty Ins. Co.	27154				
INSURED	INSURER B:					
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:					
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:					
San Diego, CA 92121	INSURER E:					
	INSURER F:					
COVERAGES CERTIFICATE MUMPER.	DEVICION NUMBER.					

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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	XCLUSIONS AND CONDITIONS OF SUCH F								
INSR LTR		ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY				,,	\	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ zero deductible						MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO- X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	DED X RETENTION\$							\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH- STATUTE OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	X	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Property Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Premises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000
				1		I .			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Metropolitan, its officers, officials, employees and agents are included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf Coverage is primary 90 days notice of cancellation/15 for non-payment WOS included on W/C on a blanket basis MWD Agreement 145640

CERTIFICATE HOLDER	CANCELLATION

The Metropolitan Water District of Southern California 700 North Alameda St. Los Angeles, CA 90012

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

Detru Queni



Producer.

R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505

THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.

Named Insured

PC Specialists, Inc. dba: Technology Integration Group TIG Shanghal, Ltd

Insurance Company

Hudson Specialty Insurance Company (a stock company)

itex, inc. dba: Technology Integration Group
Technology Integration Group, inc.
10240 Flanders Court, San Diego, CA 92121
THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.

х	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator ^{aM} content liability policy				\$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$

Description or Comments

Professional Liability, internet and Network Liability insurance with respects to operations of the insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium MWD Agreement 145640

Certificate Holder Box

The Metropolitan Water District of Southern California 700 North Alameda St. Los Angeles CA 90012

CANCELLATION: IF THE POLICY DESCRIBED IN THIS CANCELLED BY THE INSURANCE CERTIFICATE IS COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.

THIS CERTIFICATE DOES NOT CONFER ANY COVERAGE RIGHTS ON THE THE CERTIFICATE HOLDER IS NOT AN CERTIFICATE HOLDER. ADDITIONAL INSURED UNLESS: (1) THE INSURANCE COMPANY HAS ISSUED AN ENDORSEMENT TO THE POLICY TO EFFECT SUCH COVERAGE SATISFIES CERTIFICATE HOLDER THE ALL REQUIREMENTS IN THE POLICY TO QUALIFY AS AN ADDITIONAL INSURED AS DESCRIBED IN THE POLICY'S DEFINITION OF "YOU."

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Authorized Representative

10/25/2019



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).						
PRODUCER License # 0757776	CONTACT Healy Ramey					
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No	o):(760) 804-0942				
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Atlantic Specialty Ins. Co.	27154				
INSURED	INSURER B:					
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:					
10240 Flanders Court	INSURER D:					
San Diego, CA 92121	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 CONDITIO	N OF ANY CONTRACT OR OTHER DOCUMENT WITH RES	PECT 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	SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY					,,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	Х	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	Х	Comp Ded-\$1,000 X Coll Ded-\$1,000						·	\$	
Α	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$ 0							\$	
Α	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TO THE PROPRIETOR PARTNER PROPRIETOR PROPRIETOR PARTNER PROPRIETOR PARTNER PROPRIETOR PROPRIETOR PARTNER PROPRIETOR PROP	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Man	CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The Navajo Nation is named Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on thier behalf.

CERTIFICATE HOLDER	CANCELLATION

The Navajo Nation SW Corner of Route 12, HWY 264, Suite #2A Window Rock, AZ 86515

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

ACORD'

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B:	
P.C. Specialists, Inc. DBA: Technology Integration Group Entre, BTG, a TIG Company;	INSURER C:	
10240 Flanders Court	INSURER D:	
San Diego, CA 92121	INSURER E:	
	INSURER F:	
COVER A CEC.	DEVICION NUMBER.	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY			(111117)	(IIIIII)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
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	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION\$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf
Primary & non-contributory wording included on GL

CERTIFICATE HOLDER	CANCELLATION

The Regents of the University of California; UC Davis 135 Young Hall-ID #115E One Shields Ave. Davis, CA 95616

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

Detru Diens

CERTIFICATE OF LIABILITY INSURANCE

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INSURED	INSURER B:	
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:	
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San Diego, CA 92121	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 S	SUBR	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY			(111117)	(IIIIII)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION\$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The Regents of the University of New Mexico Hospitals, the University of New Mexico, its agents, servants and employees are included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf 90 days notice of cancellation/15 for non-payment

CERTIFICATE HOLDER	CANCELLATION

The University of New Mexico Hospitals Procurement Specialist 933 Bradbury Dr. SE, Suite 3165 Albuquerque, NM 87106 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

 $\sim 1 \sim 100$



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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).

PRODUCER License # 0757776	CONTACT Healy Ramey	
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B:	
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:	
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:	
San Diego, CA 92121	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		ADDI	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	X COMMERCIAL GENERAL LIABI		1112		(MINUSER TETT	(MINIOS)	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCC	CUR X		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ zero deductible						MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES I	PER:					GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO-	.oc					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	OWNED SCHED AUTOS ONLY	ULED					BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-O' AUTOS	WNED ONLY					PROPERTY DAMAGE (Per accident)	\$	
	X Comp Ded-\$1,000 X Coll Ded	-\$1,000						\$	
Α	X UMBRELLA LIAB X OCC	CUR					EACH OCCURRENCE	\$	15,000,000
	EXCESS LIAB CLA	MMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	DED X RETENTION\$	0						\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUT	TIVE Y/N N/A	X	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	w					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Property Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Premises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Time Warner Cable Inc, its subsidiareis, affiliated companies, directors, officers employees and agents ATIMA are included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf coverage is primary & non-contributory 90 Days Notice of Cancellation/15 Days for Non-Payment Waiver of Sub on WC

CERTIFICATE HOLDER	CANCELLATION
OLIVIII IOATE HOLDEN	OANOLLLATION

Time Warner Cable Inc, its subsidiaries & affiliated companies c/o Oceanic Time Warner Cable,200 Akamainui St. Mililani, HI 96789

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

Age Mo



Certificate of Insurance

Producer

R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91605 THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.

Named Insured PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd Insurance Company

TIG Shanghai, Ltd Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc. Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038

THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.

x	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
······································	Disseminator ^{3M} content liability policy	3.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.			\$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$

Description or Comments
Professional Liability, internet and Network Liability Insurance with respects to operations of the insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium

Certificate Holder Box

Time Warner Cable Inc its subsidiaries & affiliated companies companies c/o Oceanic Time Warner Cable,200 Akamainui St.
Miiliani Hi 96789

CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.

THIS CERTIFICATE DOES NOT CONFER ANY COVERAGE RIGHTS ON THE CERTIFICATE HOLDER. THE CERTIFICATE HOLDER IS NOT AN ADDITIONAL INSURED UNLESS: (1) THE INSURANCE COMPANY HAS ISSUED AN ENDORSEMENT TO THE POLICY TO EFFECT SUCH COVERAGE, OR (2) THE CERTIFICATE HOLDER SATISFIES ALL OF THE REQUIREMENTS IN THE POLICY TO QUALIFY AS AN ADDITIONAL INSURED AS DESCRIBED IN THE POLICY'S DEFINITION OF "YOU."

NOT THIS CERTIFICATE DOES CHANGE IN ANY WAY THE INSURANCE PROVIDED THE BY POLICY DESCRIBED HEREIN. THE CERTIFICATE DOES NOT CONTRACT CONSTITUTE BETWEEN THE HOLDER AND ANY OTHER PARTY.

Authorized Representative

10/25/2019

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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PRODUCER License # 0757776	CONTACT Healy Ramey					
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760)	760) 804-0942				
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Atlantic Specialty Ins. Co.	27154				
INSURED	INSURER B:					
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:					
10240 Flanders Court	INSURER D:					
San Diego, CA 92121	INSURER E:					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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	XCLUSIONS AND CONDITIONS OF SUCH F							
INSR LTR		ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s
Α	X COMMERCIAL GENERAL LIABILITY				<u> </u>	\	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	1,000,000
	χ zero deductible						MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO- X LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO	X	X	711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED AUTOS ONLY SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000							\$
Α	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		X	711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION\$							\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	X	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
Α	Property Away From			711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises			711008985-0013	10/31/2019	10/31/2020	Ded	1,000
				1		I.		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Tosoh Quartz, Inc. is named Additional Insured as specified by contract per VCG207 & VCA201 coverage is primary/non-contributory; waiver of subrogation applies to all coverages 90 days notice of cancellation/15 days for non-payment Locations:

14270 , 14380 & 14250 NW Science Park Dr., Portland OR 97229 5665-C A/C NW Wagon Way, Hillsboro OR 97124

CERTIFICATE HOLDER	CANCELLATION
Tosoh Quartz, Inc. 14380 NW Science Park Dr. Portland. OR 97229	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1 ordana, on 37223	AUTHORIZED REPRESENTATIVE
	B. a. a.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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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).

PRODUCER License # 0757776	CONTACT Healy Ramey					
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942				
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Atlantic Specialty Ins. Co.	27154				
INSURED	INSURER B:					
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:					
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:					
San Diego, CA 92121	INSURER E:					
	INSURER F:					
COVERAGES CERTIFICATE MUMPER.	DEVICION NUMBER.					

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.

		HONS AND CONDITIONS OF SUCH								
INSR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X c	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χΖ	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L	AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	P	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
	0	OTHER:							\$	
Α	AUTO	MOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		NY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	8	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	A	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	omp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	Χυ	MBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
	E	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	D	DED X RETENTION\$							\$	
A	WORKE AND EN	ERS COMPENSATION MPLOYERS' LIABILITY						X PER OTH- STATUTE OTH-		
	ANY PR	ROPRIETOR/PARTNER/EXECUTIVE TO THE	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Manda	ER/MEMBER EXCLUDED?	IN/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, d	describe under RIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Prope	erty Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Premi	ises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Trustees of the Estate of Bernice Pauahi Bishop dba Kamehameha Schools are included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf

CERTIFICATE HOLDER	CANCELLATION
	OANOLLEANON

Trustees of the Estate of Bernice Pauahi Bishop dba: Kamehameha Schools 567 S. King Street #190 Honolulu, HI 96813

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





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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	is certificate does not confer rights to	o the	cert	ificate holder in lieu of su						
PRO	DUCER License # 0757776				CONTA NAME:	^{C⊤} Healy Ra	amey			
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200						PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942				
Carlsbad, CA 92008						E-MAIL ADDRESS: healy.ramey@hubinternational.com				
,								RDING COVERAGE		NAIC #
							Specialty			27154
INICI	RED						Opeciaity	1113. 00.		27134
INSC					INSURE					
P.C. Specialists, Inc. DBA: Technology Integration Group 10240 Flanders Court						RC:				-
	San Diego, CA 92121				INSURE	R D :				-
					INSURE	RE:				
					INSURE	RF:				
<u>co</u>	VERAGES CER	TIFI	CATE	E NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQU PER	REMI TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	ANY CONTRA 7 THE POLIC	CT OR OTHER	R DOCUMENT WITH RESPE	ECT TO	WHICH THIS
NSR LTR	TYPE OF INSURANCE	ADDL	SUBR			POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	rs	
A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD			(WIW/DD/TTTT)	(MIM/DD/TTTT)	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			711008985-0013		10/31/2019	10/31/2020	DAMAGE TO RENTED	T .	1,000,000
	X zero deductible			7 1 1000303-00 13		10/31/2013	10/31/2020	PREMISES (Ea occurrence)	\$	10,000
	X							MED EXP (Any one person)	\$	1,000,000
								PERSONAL & ADV INJURY	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- X LOC							GENERAL AGGREGATE	\$	2,000,000
	3201							PRODUCTS - COMP/OP AGG	\$	2,000,000
Α	OTHER:							COMBINED SINGLE LIMIT	\$	1,000,000
^	AUTOMOBILE LIABILITY			T440000F 0040		40/04/0040	40/04/0000	(Ea accident)	\$	1,000,000
	X ANY AUTO SCHEDULED			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	X HIRED X NON-OWNED AUTOS ONLY Comp Ded-\$1,000 V Coll Ded-\$1,000							PROPERTY DAMAGE (Per accident)	\$	
	A A								\$	15.000.000
Α	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	15,000,000
	EXCESS LIAB CLAIMS-MADE			711008985-0013	13 10/31/2019		10/31/2020	AGGREGATE	\$	15,000,000
	DED X RETENTION\$								\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		406038027-0008		10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	II, A						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORE	D 101. Additional Remarks Schedu	ıle. mav b	e attached if mo	re space is requi	red)		
Re:	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL Operations of the Insured performed or	n beł	alf o	f Certificate Holder	, ,			,		
CE	RTIFICATE HOLDER				CANO	CELLATION				
					SHO	ULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE C	ANCEL	LED BEFORE
	Type				THE	EXPIRATION	N DATE TH	IEREOF, NOTICE WILL		
	Tyco 90 Goodway Dr.							CY PROVISIONS.		
	Rochester, NY 14623									
	·				AUTHORIZED REPRESENTATIVE					



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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 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

ting octanioate accession content rights to the octanioate notaer in hea or sa	ion chaorschicht(s).							
PRODUCER License # 0757776 CONTACT Healy Ramey								
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760)	804-0942						
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com							
	INSURER(S) AFFORDING COVERAGE	NAIC #						
	INSURER A: Atlantic Specialty Ins. Co.	27154						
INSURED	INSURER B:							
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:							
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:							
San Diego, CA 92121	INSURER E :							
	INSURER F:							
COVERAGES CERTIFICATE NUMBER:	DEVISION NUMBED.							

CERTIFICATE 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.

		HONS AND CONDITIONS OF SUCH								
INSR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X c	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χΖ	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L	AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	P	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
	0	OTHER:							\$	
Α	AUTO	MOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		NY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	8	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	A	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	omp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	Χυ	MBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
	E	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	D	DED X RETENTION\$							\$	
A	WORKE AND EN	ERS COMPENSATION MPLOYERS' LIABILITY						X PER OTH- STATUTE OTH-		
	ANY PR	ROPRIETOR/PARTNER/EXECUTIVE TO THE	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Manda	ER/MEMBER EXCLUDED?	IN/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, d	describe under RIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Prope	erty Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Premi	ises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf

CERTIFICATE HOLDER	CANCELLATION
U.S. Department of Energy 1000 Independence Ave. SW Washington, DC 20585	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 HAMMA DILIPAT





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

this	certi	OGATION IS WAIVED, subjection files ficate does not confer rights				ich end	lorsement(s)).	require an endors	sement. A s	tatement on
PRODUCER License # 0757776						CONTA NAME:	^{ст} Healy Ra	amey			
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200									FA (A)	X (C, No):(760)	804-0942
		CA 92008							nternational.com)	
							INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #
						INSURE	R A : Atlantic	Specialty	Ins. Co.		27154
INSURE	ĒD					INSURE	R B :				
		P.C. Specialists, Inc. DBA:		olog	y Integration Group	INSURER C:					
		Entre, BTG, a TIG Company 10240 Flanders Court	y ,			INSURER D : INSURER E :					
		San Diego, CA 92121									
						INSURER F:					
COVE	ERAG	SES CEI	RTIFIC	CATE	NUMBER:				REVISION NUMB	ER:	
IND CEF	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	
A	X co	MMERCIAL GENERAL LIABILITY		2					EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	X		711008985-0013		10/31/2019	10/31/2020	DAMAGE TO RENTED	nce) \$	1,000,000

INSR LTR	TYPE OF INSURANCE	ADDL	SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	'S	
A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	T O LIO THOM DE IN	(MIM/DD/TTTT)	(MIM/DD/TTTT)	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	х		711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	χ zero deductible						MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO- X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
	EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	DED X RETENTION \$ 0							\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH-		
	ANY PROPRIEDDE PARTIER/EXECUTIVE	N/A		406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Property Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Premises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf

CERTIFICATE HOLDER	CANCELLATION
University of California 1111 Franklin St. Oakland, CA 94607-5200	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Cantanu, CA 34007-3200	Authorized Representative Adher Rocar



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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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).

PRODUCER License # 0757776	CONTACT Healy Ramey						
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 8	304-0942					
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: Atlantic Specialty Ins. Co.	27154					
INSURED	INSURER B:						
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:						
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:						
San Diego, CA 92121	INSURER E:						
	INSURER F:						

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY			(111117)	(IIIIII)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION\$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The Regents of the University of New Mexido, the University of New Mexico, its agents, servants and employees are included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf. The insurance coverage certified herin shall not be canceled or materially changed except after forty five (45) days written notice has been provided to the owner.

CERTIFICATE HOLDER	CANCELLATION

University of New Mexico Purchasing Department Gary Prososki 700 Lomas Blvd. NE, #2600 MSC01 1240 Albuquerque, NM 87131-0001 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

 Ω Ω



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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PRODUCER License # 0757776	CONTACT Healy Ramey						
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942						
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: Atlantic Specialty Ins. Co.	27154					
INSURED	INSURER B:						
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:						
Entre, BTG, a TIG Company; 10240 Flanders Court	INSURER D:						
San Diego, CA 92121	INSURER E:						
	INSURER F:						
COVERAGES CERTIFICATE MUMPER.	DEVICION NUMBER.						

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY			(111117)	(IIIIII)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION\$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf

CERTIFICATE HOLDER	CANCELLATION

University of Southern California Attn: John Ostrowski 3470 Mcclintock Ave. Los Angeles, CA 90089

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





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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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).

	certificate does not confer rights to					Cles Illay	require an endo	nsement. As	,tatement on
PRODUC	ER License # 0757776			CONTACT Heal	/ Rame	:y			
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200				PHONE (A/C. No. Ext): (760) 804-0402 FAX (A/C. No): (760) 804-094					804-0942
	nd, CA 92008		E-MAIL ADDRESS: healy	ramey.	/@hubin	ternational.co	m		
					INSURE	R(S) AFFOR	DING COVERAGE		NAIC #
				INSURER A : Atla	ntic Sp	ecialty I	ns. Co.		27154
INSURED	•			INSURER B:					
P.C. Specialists, Inc. DBA: Technology Integration Group 10240 Flanders Court			egration Group	INSURER C:					
				INSURER D:					
	San Diego, CA 92121			INSURER E:					
				INSURER F:					
COVER	RAGES CER	TIFICATE NU	MBER:			F	REVISION NUM	BER:	
	IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY R								
	TIFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH						ED HEREIN IS SU	BJECT TO ALL	THE TERMS,
INSR LTR		ADDL SUBR	POLICY NUMBER	POLICY	FF PO	LICY EXP		LIMITS	
A V	COMMEDCIAL CENEDAL LIABILITY			1,	,				1 000 000

EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 1,000,000 CLAIMS-MADE X OCCUR 711008985-0013 10/31/2019 10/31/2020 Χ \$ zero deductible 10,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: **GENERAL AGGREGATE** POLICY X PRO-2,000,000 X LOC PRODUCTS - COMP/OP AGG \$ OTHER COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** Χ ANY AUTO 711008985-0013 10/31/2019 | 10/31/2020 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY Coll Ded-\$1,000 Comp Ded-\$1,000 X 15,000,000 X X **UMBRELLA LIAB OCCUR EACH OCCURRENCE** 15,000,000 711008985-0013 10/31/2019 10/31/2020 **EXCESS LIAB CLAIMS-MADE** AGGREGATE 0 DED | X | RETENTION \$ OTH-ER WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER STATUTE 406038027-0008 10/31/2019 | 10/31/2020 1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Victory Park LLC/Mann Properties Management LLC are named Additional Insured-Landlord as specified by contract in Form VCG207 regarding leased premises at 5460 Victory Dr., Suite 100, Indianapolis, IN 46203

CERTIFICATE HOLDER	CANCELLATION

Victory Park LLC/Mann Properties Management LLC 6925 E. 96th St., Ste. 200 Indianapolis, IN 46250 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	REF	PRESENTATIVE

Astrul Ciens

1,000



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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).

this certificate does not confer rights to the certificate holder in lieu of su	ich endorsement(s).				
PRODUCER License # 0757776	CONTACT Healy Ramey				
PRODUCER License # 0757776 PARTICIPATION OF THE POLICIES OF INSURANCE LISTED BELOW INDICATED. P.C. Specialists, Inc. DBA: Technology Integration Group 10240 Flanders Court San Diego, CA 92121 COVERAGES THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDIT	PHONE (A/C, No, Ext): (760) 804-0402	FAX (A/C, No): (760) 8	04-0942		
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.co	om			
	INSURER(S) AFFORDING COVERAGE		NAIC #		
	INSURER A: Atlantic Specialty Ins. Co.		27154		
INSURED	INSURER B:				
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:				
	INSURER D:				
San Diego, CA 92121	INSURER E :				
	INSURER F:				
COVERAGES CERTIFICATE NUMBER:	REVISION NUM	MBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOR	N OF ANY CONTRACT OR OTHER DOCUMENT WIDDED BY THE POLICIES DESCRIBED HEREIN IS S	TH RESPECT TO V	WHICH THIS		

ADDL SUBR INSR LTR POLICY EFF TYPE OF INSURANCE POLICY NUMBER LIMITS (MM/DD/YYYY) (MM/DD/YYYY) 1,000,000 Α Χ **COMMERCIAL GENERAL LIABILITY** EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 1,000,000 CLAIMS-MADE Х OCCUR 10/31/2019 10/31/2020 711008985-0013 X zero deductible 10,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: **GENERAL AGGREGATE** POLICY X PRO-2,000,000 X LOC PRODUCTS - COMP/OP AGG \$ OTHER COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** X ANY AUTO 711008985-0013 10/31/2019 | 10/31/2020 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY Comp Ded-\$1,000 X Coll Ded-\$1,000 15,000,000 X X **UMBRELLA LIAB OCCUR** EACH OCCURRENCE 711008985-0013 10/31/2019 10/31/2020 15,000,000 **EXCESS LIAB CLAIMS-MADE** AGGREGATE 0 DED | X | RETENTION \$ OTH-FR WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER STATUTE 406038027-0008 10/31/2019 10/31/2020 1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT 711008985-0013 10/31/2019 10/31/2020 200,000 Property Away From Limit:

10/31/2019 10/31/2020

Ded

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re:Property of Others in the Insured's care, custody & control. Value: \$1,500,000. Special Form coverage applies subject to a \$1,000 Deductible

711008985-0013

CERTIFICATE HOLDER	CANCELLATION
Walton County School District Technology Information Officer 145 Park Street	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
De Funiak Springs, FL 32435	AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

Premises

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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).

PRODUCER License # 0757776	CONTACT Healy Ramey					
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-094					
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Atlantic Specialty Ins. Co.	27154				
INSURED	INSURER B:					
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:					
10240 Flanders Court	INSURER D:					
San Diego, CA 92121	INSURER E:					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER.	DEVICION NUMBER.					

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 S	SUBR	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY			(111117)	(IIIIII)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	χ zero deductible					MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X Comp Ded-\$1,000 X Coll Ded-\$1,000						\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 15,000,000
	EXCESS LIAB CLAIMS-MADE		711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$ 15,000,000
	DED X RETENTION\$						\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property Away From		711008985-0013	10/31/2019	10/31/2020	Limit:	200,000
Α	Premises		711008985-0013	10/31/2019	10/31/2020	Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf
Re:Cisco WA - NVP AR233 (14-19) - PA WA #01114

CERTIFICATE HOLDER	CANCELLATION
OLIVIII IOATE HOLDEN	OANOLLLATION

Washington State Department of Enterprise Services, Finance Department 1500 Jefferson St. S.E. Olympia, WA 98504-1460 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

 $\sim 1 \sim 100$



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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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).							statement on			
PRODU	CER License # 0757776				CONTACT Healy Ramey					
Carlsh	oad, CA-HUB International Insurand Faraday Avenue, Suite 200	e Se	rvice	s Inc.				FAX (A/C, No):(760)	804-0942
Carlsbad, CA 92008								nternational.com		
						INS	SURER(S) AFFOI	RDING COVERAGE		NAIC #
					INSURE	R A : Atlantic	Specialty	Ins. Co.		27154
INSURE	ED				INSURE	RB:				
P.C. Specialists, Inc. DBA: Technology Integration Group				INSURE	RC:					
10240 Flanders Court				INSURER D:						
	San Diego, CA 92121				INSURER E:					
					INSURER F:					
COVE	ERAGES CEF	RTIFIC	CATE	NUMBER:				REVISION NUMBER:		
INDI	S IS TO CERTIFY THAT THE POLICI CATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY	REQUI	REM	ENT, TERM OR CONDITION	N OF A	NY CONTRA	CT OR OTHER	R DOCUMENT WITH RES	PECT TO	O WHICH THIS
	CLUSIONS AND CONDITIONS OF SUCH								TO ALL	I THE TERIVIS,
NSR LTR TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER						POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIN	/ITS	
A ()	COMMERCIAL GENERAL LIABILITY						,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х	X	711008985-0013		10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
)	zero deductible							MED EXP (Any one person)	\$	10,000

INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	,,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AU ⁻	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	Comp Ded-\$1,000 X Coll Ded-\$1,000						·	\$	
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
		DED RETENTION \$							\$	
Α	WOI	RKERS COMPENSATION DEMPLOYERS' LIABILITY						X PER OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
			N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If ye	s, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
WCCP Palm Plaza, LLC and Avison Young are named Additional Insured-Landlord as specified by contract in Form VCG207 regarding leased premises at 3120 N. Arizona Ave., Ste. 104, Chandler, AZ 85225 coverage is primary/non-contributory; waiver of subrogation applies to General Liability 90 days notice of cancellation/15 days for non-payment

CERTIFICATE HOLDER	CANCELLATION
	OANOLLEANON

WCCP Palm Plaza, LLC **Avison Young** 2777 E Camelback Rd., Ste. 230 Phoenix, AZ 85016

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





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

this certificate does not confer rights to the certificate holder in lieu										
	DUCER License # 0757776	_			CONTACT Healy Ramey PHONE (7CO) 204 0402					
152	lsbad, CA-HUB International Insurand 5 Faraday Avenue, Suite 200 Isbad, CA 92008	e Sei	rvice	s Inc.	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	,				7,55,125			RDING COVERAGE		NAIC #
					INSURE		Specialty			27154
INSU	JRED				INSURE	R B :				
	P.C. Specialists, Inc. DBA: 1	echr	oloa	v Integration Group	INSURE	RC:				
10240 Flanders Court				,	INSURE	RD:				
	San Diego, CA 92121				INSURE	RE:				
					INSURE	RF:				
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
INSR	HIS IS TO CERTIFY THAT THE POLICII NDICATED. NOTWITHSTANDING ANY FERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF AI DED BY BEEN R	NY CONTRAC THE POLICI EDUCED BY I	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT TO	O WHICH THIS
LTR A	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT		1,000,000
•	CLAIMS-MADE X OCCUR	v		711008985-0013		10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X zero deductible	X		711000303-0013		10/31/2019	10/31/2020		\$	10,000
								MED EXP (Any one person) PERSONAL & ADV INJURY	\$ \$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO- X LOC OTHER:							PRODUCTS - COMP/OP AGG	\$	2,000,000
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO	711008985-0013	711008985-0013		10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
	X Comp Ded-\$1,000 X Coll Ded-\$1,000							, , , , , , , , , , , , , , , , , , , ,	\$	
Α	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	15,000,000
	EXCESS LIAB CLAIMS-MADE			711008985-0013		10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
	DED X RETENTION\$								\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		406038027-0008		10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	.,,,						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
DES Woo	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC odruff Arts Center is named Additional I	LES (A	ACORE	o 101, Additional Remarks Schedu specified by contract per '	ile, may be VCG207	e attached if mor with respect	e space is requints to operatic	red) nns of the Insured perforn	ned o	າ thier behalf.
CE	RTIFICATE HOLDER				CANC	ELLATION				
Woodruff Arts Center 1280 Peachtree St. NE Atlanta, GA 30309					THE	EXPIRATION ORDANCE WI	N DATE TH	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL I Y PROVISIONS.		
, 0,1,0000					AUTHOR	IZED REPRESE	NTATIVE			



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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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 terr this certificate does not confer rights to the certification.					ıch end	dorsement(s)	j.	require an endorseme	nt. A	Statement on	
	DUCER License # 0757776				CONTACT Healy Ramey						
	lsbad, CA-HUB International Insurand 5 Faraday Avenue, Suite 200	e Se	rvice	s Inc.	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942						
	Isbad, CA 92008				E-MAIL ADDRE	_{ss:} healy.raı	mey@hubii	nternational.com			
						INS	SURER(S) AFFOI	RDING COVERAGE		NAIC #	
					INSURE	R A : Atlantic	Specialty	Ins. Co.		27154	
INSU	JRED				INSURE	ERB:	•				
	P.C. Specialists, Inc. DBA:	Techr	nolog	v Integration Group	INSURE	ER C :					
	10240 Flanders Court			,,g	INSURER D :						
	San Diego, CA 92121				INSURER E :						
					INSURE						
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:			
IN C E INSR	HIS IS TO CERTIFY THAT THE POLICI NDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH TYPE OF INSURANCE	PER POLI	IREMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAI Y THE POLIC REDUCED BY POLICY EFF	CT OR OTHEF IES DESCRIB PAID CLAIMS POLICY EXP	R DOCUMENT WITH RESI BED HEREIN IS SUBJECT	PECT T	O WHICH THIS	
LTR A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICT NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			1.000.000	
•	CLAIMS-MADE X OCCUR			711008985-0013		10/31/2019	10/31/2020	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
	X zero deductible	X		711000905-0015		10/31/2019	10/31/2020	i i	\$	10,000	
X								MED EXP (Any one person)	\$	1,000,000	
								PERSONAL & ADV INJURY	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- JECT X LOC							GENERAL AGGREGATE	\$	2,000,000	
								PRODUCTS - COMP/OP AGO		_,,,,,,,	
Α	OTHER: AUTOMOBILE LIABILITY					10/31/2019		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X ANY AUTO			711008985-0013			10/31/2020	,			
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per acciden			
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	X Comp Ded-\$1,000 X Coll Ded-\$1,000							(Fer accident)	\$		
Α	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	15,000,000	
	EXCESS LIAB CLAIMS-MADE			711008985-0013		10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000	
	DED X RETENTION \$	1						AGGILGATE	s		
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER OTH-	- "		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			406038027-0008		10/31/2019	10/31/2020	E.L. EACH ACCIDENT	s	1,000,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYE	+*-	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMI		1,000,000	
	DESCRIPTION OF OFENATIONS BEIOW							E.E. DIOLAGE - I OLIOT LIMI	+		
DES Wor	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC th County Schools is named Additiona	LES (A	ACORE red a	D 101, Additional Remarks Schedu S specified by contract pe	ule, may b	oe attached if mor 07 with respe	re space is requii rcts to operat	.red) ions of the Insured perf	ormed	on thier behalf.	
CE	RTIFICATE HOLDER				CANO	CELLATION					
Worth County Schools 103 Eldridge St.					THE	EXPIRATIO	N DATE TH	DESCRIBED POLICIES BE HEREOF, NOTICE WILL CY PROVISIONS.			
Sylvester, GA 31791						AUTHORIZED REPRESENTATIVE					



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2019

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).

PRODUCER License # 0757776	CONTACT Healy Ramey					
Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200	PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-					
Carlsbad, CA 92008	E-MAIL ADDRESS: healy.ramey@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Atlantic Specialty Ins. Co.	27154				
INSURED	INSURER B:					
P.C. Specialists, Inc. DBA: Technology Integration Group	INSURER C:					
10240 Flanders Court	INSURER D:					
San Diego, CA 92121	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.

		JSIONS AND CONDITIONS OF SUCH								
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				,,	\	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	Х	711008985-0013	10/31/2019	10/31/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	zero deductible						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEI	N'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	Х	X	711008985-0013	10/31/2019	10/31/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X	Comp Ded-\$1,000 X Coll Ded-\$1,000							\$	
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			711008985-0013	10/31/2019	10/31/2020	AGGREGATE	\$	15,000,000
		DED X RETENTION\$							\$	
Α	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A	X	406038027-0008	10/31/2019	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
		ndatory in NH)	IN / A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pro	perty Away From			711008985-0013	10/31/2019	10/31/2020	Limit:		200,000
Α	Pre	mises			711008985-0013	10/31/2019	10/31/2020	Ded		1,000
				1	1	I .	I.			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
WRC/QV Gwinnett Industrial, LLC and Westmount Realty Group, LLC are named Additional Insured-Landlord as specified by contract in Form VCG207 &
VCA201 regarding leased premises at 1750 Corporate Dr. #730 & #740, Norcross, GA 30093 coverage is primary/non-contributory; waiver of subrogation
applies to all coverages 90 days notice of cancellation/15 days for non-payment

CERTIFICATE HOLDER	CANCELLATION

WRC/QV Gwinnett Industrial, LLC Attn: Robert N. Timmons 700 N. Pearl Street, Suite N1650 Dallas, TX 75201 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

Mar 160

HUB International Insurance Services Inc. 1525 Faraday Ave., Ste. 200 Carlsbad, CA 92008 Deductible \$	WORKERS' COMPENSATION AND EMPLOYE	R'S LIAI	BILITY SPEC	IAL ENDORSEME	NT				
HUB International Insurance Services Inc. 1525 Faraday Ave., Ste. 200 Carlsbad, CA 92008 September 1525 Faraday Ave., Ste. 200 Policy Period: (from) (103119 (to) 103120 Policy Period: (from)	FOR THE CITY OF LONG BEACH, HARBOR DEPARTM	IENT	ENDORSEMENT N		(DD/YY)				
HUB International Insurance Services Inc. 1525 Faraday Ave., Ste. 200 Carlsbad, CA 92008 Policy Period: (from) 10/31/19 (to) 10/31/20 □ deductible \$	PRODUCER	POLICY INFORMATION							
Policy Period: (from) 10/31/19 (to) 10/31/20 Deductible \$	HUB International Insurance Services Inc.								
Deductible \$_ or	1525 Faraday Ave., Ste. 200	The manufacture commencement approximation of the commencement of							
APPLICABILITY. This insurance pertains to the operations and activities of the Named Insured under all writher agreements and permits in force with the City unless checked here in which case only the following specific agreements and permits with the City are covered: AGREEMENTS/PERMITS: P.C. Specialists, Inc. doba: Technology Integration Group 10240 Flanders Ct. San Diego, CA 92121 OTHER PROVISIONS OTHER PROVISIONS OTHER PROVISIONS OTHER PROVISIONS Deadily Injury (each accident) U. S. L. & H. 1,000,000 Bodily Injury (each accident) U. S. L. & H. 1,000,000 Bodily Injury by Disease (each employee) U. S. L. & H. 1,000,000 Bodily Injury by Disease (each employee) U. S. L. & H. 1,000,000 Bodily Injury by Disease (each employee) U. S. L. & H. 1,000,000 Bodily Injury by Disease (policy limit) U. S. L. & H. 1,000,000 Bodily Injury by Disease (policy limit) U. S. L. & H. 1,000,000 Bodily Injury by Disease (policy limit) U. S. L. & H. 1,000,000 Bodily Injury by Disease (policy limit) U. S. L. & H. 1,000,000 Bodily Injury by Disease (policy limit) U. S. L. & H. 1,000,000 Bodily Injury by Disease (policy limit) U. S. L. & H. 1,000,000 Bodily Injury by Disease (policy limit) U. S. L. & H. 1,000,000 Bodily Injury by Disease (policy limit) U. S. L. & H. 1,000,000 Bodily Injury by Disease (policy limit) U. S. L. & H. 1,000,000 Bodily Injury by Disease (policy limit) U. S. L. & H. 1,000,000 Bodily Injury by Disease (policy limit) U. S. L. & H. 1,000,000 Bodily Injury by Disease (policy limit) U. S. L. & H. 1,000,000 Bodily Injury by Disease (policy limit) U. S. L. & H. 1,000,000 Bodily Injury by Disease (policy limit) U. S. L. & H. 1,000,000 Bodily Injury by Disease (policy limit) U. S. L. & H. 1,000,000 Bodily Injury by Disease (policy limit) U. S. L. & H. 1,000,000 Bodily Injury by Disease (policy limit) U. S. L. & H. 1,000,000 Bodily Injury by D	Carlsbad, CA 92008	Deductible \$ or							
activities of the Named Insured under all wither agreements and permits in force with the City ure covered: with the City are covered: when City unless checked here in which case only the following specific agreements and permits with the City are covered: AGREEMENTS/PERMITS: P.C. Specialists, Inc. dba: Technology Integration Group 10240 Flanders Ct. San Diego, CA 92121 COVERAGES (check as applicable) Statutory Workers' Compensation Demployers Liability Limits J.000,000 Bodily Injury (each accident) J.000,000 Bodily Injury by Disease (each employee) In consideration of the premium charged and notwithstanding any inconsistent statement in the policy to which this endorsement is attached or any endorsement now or hereafter attached thereto, it is agreed as follows: WAINER OF SUBROGATION. The Insurance Company agrees to waive all rights of subrogation against the City of Long Beach, its Board of Herbor Commissioners, individually and collectively, and their officers and employees ("City") for losses paid under the terms of this policy. CACCELLATION NOTICE. With respect to the interests of City, this insurance shall not be cancelled, or the scope or limits of coverage reduced by endorsement, except after thirty (30) days prior written notice has been given to City at address indicated below. (Except 10 days advance only the control of the premium.) ENDORSEMENT HOLDER CITY OF LONG BEACH BOARD OF ABROR COMMISSIONERS 4801 AIRPORT PLAZA DR. LONG BEACH, CA 90815 ATTENTION: Risk Management Division TELEPHONE: 562-283-7475 FAX: 562-283-7475 FAX: 562-283-7475 FAX: 562-283-7475 E-MAIL: TISKING/ING/ING/ING/ING/ING/ING/ING/ING/ING/		Self-Insi	ured Retention of \$						
AGREEMENTS/PERMITS: P.C. Specialists, Inc. dba: Technology Integration Group 10240 Flanders Ct. San Diego, CA 92121 OTHER PROVISIONS OTHER PROVISIONS COVERAGES (check as applicable) □ Statutory Workers' Compensation □ Employers Liability Limits □ 1,000,000 □ Bodily Injury by Disease (each employee) □ Jones Act □ 1,000,000 □ Bodily Injury by Disease (each employee) □ In consideration of the premium charged and notwithstanding any inconsistent statement in the policy to which this endorsement is attached or any endorsement now or hereafter attached thereto, it is agreed as follows: 1. WAIVER OF SUBROGATION. The Insurance Company agrees to waive all rights of subrogation against the City of Long Beach, its Board of Harbor Commissioners, individually and collectively, and their officers and employees ("City") for losses paid under the terms of this policy. 2. CANCELLATION NOTICE. With respect to the interests of City, this insurance shall not be cancelled, or the scope or limits of coverage reduced by endorsement, except atter thirty (30) days prior written notice has been given to City at address indicated below. (Except 10 days advance notice shall be allowed for non-payment of premium.) Except as stated above, nothing herein shall be held to waive, alter or extend any of the limits, conditions, agreements or exclusions of the policy to which this endorsement is attached. ENDORSEMENT HOLDER CITY OF LONG BEACH BOARD OF HARBOR COMMISSIONERS 4801 AIRPORT PLAZA DR. LONG BEACH, CA 90815 ATTENTION: Risk Management Division TELEPHONE: 562-283-7475 FAX: 562-283-7475 FAX: 562-283-7498 Employer of Signatory HUB International Insurance	Telephone 760-707-5656	activities of and permit which case	f the Named Insure s in force with the 0 e only the following	d under all written agreeme City unless checked here	ents] in				
the Technology Integration Group 10240 Flanders Ct. San Diego, CA 92121 COVERAGES (check as applicable) Statutory Workers' Compensation Semployers Liability Limits 1,000,000 Bodily Injury (each accident) 1,000,000 Bodily Injury by Disease (each employee) In consideration of the premium charged and notwithstanding any inconsistent statement in the policy to which this endorsement is attached or any endorsement now or hereafter attached thereto, it is agreed as follows: 1. WAIVER OF SUBROGATION. The Insurance Company agrees to waive all rights of subrogation against the City of Long Beach, its Board of Harbor Commissioners, individually and collectively, and their officers and employees ("City") for losses paid under the terms of this policy. 2. CANCELLATION NOTICE. With respect to the interests of City, this insurance shall not be cancelled, or the scope or limits of coverage reduced by endorsement, except after thirty (30) days prior written notice has been given to City at address indicated below. (Except 10 days advance notice shall be allowed for non-payment of premium.) Except as stated above, nothing herein shall be held to waive, alter or extend any of the limits, conditions, agreements or exclusions of the policy to which this endorsement is attached. ENDORSEMENT HOLDER CITY OF LONG BEACH BOARD OF HARBOR COMMISSIONERS 401 AIPPORT PLAZA DR. LONG BEACH, CA 90815 AUTHORIZED REPRESENTATIVE 1 Healy Ramey (print/type name), warrant that I have authority to bind the above-mentioned insurance company and by my signature hereon do so bind this company to this endorsement. ATTENTION: Risk Management Division TELEPHONE: 562-283-7489 E-MAIL: Title Account Manager Title Account Manager Title Account Manager Employer of Signatory HUB International Insurance	NAMED INSURED & ADDRESS								
the Technology Integration Group 10240 Flanders Ct. San Diego, CA 92121 COVERAGES (check as applicable) Statutory Workers' Compensation Semployers Liability Limits 1,000,000 Bodily Injury (each accident) 1,000,000 Bodily Injury by Disease (each employee) In consideration of the premium charged and notwithstanding any inconsistent statement in the policy to which this endorsement is attached or any endorsement now or hereafter attached thereto, it is agreed as follows: 1. WAIVER OF SUBROGATION. The Insurance Company agrees to waive all rights of subrogation against the City of Long Beach, its Board of Harbor Commissioners, individually and collectively, and their officers and employees ("City") for losses paid under the terms of this policy. 2. CANCELLATION NOTICE. With respect to the interests of City, this insurance shall not be cancelled, or the scope or limits of coverage reduced by endorsement, except after thirty (30) days prior written notice has been given to City at address indicated below. (Except 10 days advance notice shall be allowed for non-payment of premium.) Except as stated above, nothing herein shall be held to waive, alter or extend any of the limits, conditions, agreements or exclusions of the policy to which this endorsement is attached. ENDORSEMENT HOLDER CITY OF LONG BEACH BOARD OF HARBOR COMMISSIONERS 401 AIPPORT PLAZA DR. LONG BEACH, CA 90815 AUTHORIZED REPRESENTATIVE 1 Healy Ramey (print/type name), warrant that I have authority to bind the above-mentioned insurance company and by my signature hereon do so bind this company to this endorsement. ATTENTION: Risk Management Division TELEPHONE: 562-283-7489 E-MAIL: Title Account Manager Title Account Manager Title Account Manager Employer of Signatory HUB International Insurance	P.C. Specialists Inc			*					
COVERAGES (check as applicable) Statutory Workers' Compensation Semployers Liability Limits 1,000,000 Bodily Injury (each accident) 1,000,000 Bodily Injury by Disease (each employee) 1,000,000 Bodily Injury by Disease (policy limit) Federal Employers Liability Act (FELA) In consideration of the premium charged and notwithstanding any inconsistent statement in the policy to which this endorsement is attached or any endorsement now or hereafter attached thereto, it is agreed as follows: 1. WAIVER OF SUBROGATION. The Insurance Company agrees to waive all rights of subrogation against the City of Long Beach, its Board of Harbor Commissioners, individually and collectively, and their officers and employees ("City") for losses paid under the terms of this policy. 2. CANCELLATION NOTICE. With respect to the interests of City, this insurance shall not be cancelled, or the scope or limits of coverage reduced by endorsement, except after thirty (30) days prior written notice has been given to City at address indicated below. (Except 10 days advance notice shall be allowed for non-payment of premium.) Except as stated above, nothing herein shall be held to waive, alter or extend any of the limits, conditions, agreements or exclusions of the policy to which this endorsement is attached. ENDORSEMENT HOLDER CITY OF LONG BEACH BOARD OF HARBOR COMMISSIONERS 4801 AIRPORT PLAZA DR. LONG BEACH, CA 90815 AUTHORIZED REPRESENTATIVE 1 Healy Ramey (print/type name), warrant that I have authority to bind the above-mentioned insurance company and by my signature hereon do so bind this company to this endorsement. ATTENTION: Risk Management Division TelePHONE: 562-283-7475 562-283-7475 562-283-7479 Title Account Manager Title Account Manager Employer of Signatory HUB International Insurance	dba: Technology Integration Group 10240 Flanders Ct.	OTHER PR	ROVISIONS						
Statutory Workers' Compensation □Employers Liability Limits 1,000,000 Bodily Injury (each accident) □U. S. L. & H. 1,000,000 Bodily Injury by Disease (each employee) □Jones Act 1,000,000 Bodily Injury by Disease (policy limit) □ Consideration of the premium charged and notwithstanding any inconsistent statement in the policy to which this endorsement is attached or any endorsement now or hereafter attached thereto, it is agreed as follows: 1. WAIVER OF SUBROGATION. The Insurance Company agrees to waive all rights of subrogation against the City of Long Beach, its Board of Harbor Commissioners, individually and collectively, and their officers and employees ("City") for losses paid under the terms of this policy. 2. CANCELLATION NOTICE. With respect to the interests of City, this insurance shall not be cancelled, or the scope or limits of coverage reduced by endorsement, except after thirty (30) days prior written notice has been given to City at address indicated below. (Except 10 days advance notice shall be allowed for non-payment of premium.) EXCEPT as stated above, nothing herein shall be held to waive, alter or extend any of the limits, conditions, agreements or exclusions of the policy to which this endorsement is attached. ENDORSEMENT HOLDER CITY OF LONG BEACH BOARD OF HARBOR COMMISSIONERS 4801 AIRPORT PLAZA DR. LONG BEACH, CA 90815 AUTHORIZED REPRESENTATIVE BOARD OF HARBOR COMMISSIONERS 4801 AIRPORT PLAZA DR. LONG BEACH, CA 90815 AUTHORIZED REPRESENTATIVE I Healy Ramey (print/type name), warrant that I have authority to bind the above-mentioned insurance company and by my signature hereon do so bind this company to this endorsement. Signature Plaza DR. EMBORD OF HARBOR COMMISSIONERS FAX: 562-283-74799 17 Title Account Manager First Plaza DR. Employer of Signatory HUB International Insurance	Sall Diego, CA 92121								
Statutory Workers' Compensation □Employers Liability Limits 1,000,000 Bodily Injury (each accident) □U. S. L. & H. 1,000,000 Bodily Injury by Disease (each employee) □Jones Act 1,000,000 Bodily Injury by Disease (policy limit) □ Consideration of the premium charged and notwithstanding any inconsistent statement in the policy to which this endorsement is attached or any endorsement now or hereafter attached thereto, it is agreed as follows: 1. WAIVER OF SUBROGATION. The Insurance Company agrees to waive all rights of subrogation against the City of Long Beach, its Board of Harbor Commissioners, individually and collectively, and their officers and employees ("City") for losses paid under the terms of this policy. 2. CANCELLATION NOTICE. With respect to the interests of City, this insurance shall not be cancelled, or the scope or limits of coverage reduced by endorsement, except after thirty (30) days prior written notice has been given to City at address indicated below. (Except 10 days advance notice shall be allowed for non-payment of premium.) EXCEPT as stated above, nothing herein shall be held to waive, alter or extend any of the limits, conditions, agreements or exclusions of the policy to which this endorsement is attached. ENDORSEMENT HOLDER CITY OF LONG BEACH BOARD OF HARBOR COMMISSIONERS 4801 AIRPORT PLAZA DR. LONG BEACH, CA 90815 AUTHORIZED REPRESENTATIVE BOARD OF HARBOR COMMISSIONERS 4801 AIRPORT PLAZA DR. LONG BEACH, CA 90815 AUTHORIZED REPRESENTATIVE I Healy Ramey (print/type name), warrant that I have authority to bind the above-mentioned insurance company and by my signature hereon do so bind this company to this endorsement. Signature Plaza DR. EMBORD OF HARBOR COMMISSIONERS FAX: 562-283-74799 17 Title Account Manager First Plaza DR. Employer of Signatory HUB International Insurance									
□U. S. L. & H. □Jones Act □	COVERAGES (check as applicable)								
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by endorsement, except after thirty (30) days prior written notice has been given to City at address indicated below. (Except 10 days advance notice shall be allowed for non-payment of premium.) Except as stated above, nothing herein shall be held to waive, alter or extend any of the limits, conditions, agreements or exclusions of the policy to which this endorsement is attached. ENDORSEMENT HOLDER CITY OF LONG BEACH BOARD OF HARBOR COMMISSIONERS 4801 AIRPORT PLAZA DR. LONG BEACH, CA 90815 ATTENTION: Risk Management Division TELEPHONE: 562-283-7475 FAX: 562-283-7499 E-MAIL: riskmgmt@polb.com ENDORSEMENT HOLDER AUTHORIZED REPRESENTATIVE I Healy Ramey (print/type name), warrant that I have authority to bind the above-mentioned insurance company and by my signature hereon do so bind this company to this endorsement. Signature Account Manager Title Account Manager Employer of Signatory HUB International Insurance	 WAIVER OF SUBROGATION. The Insurance Company agrees to waive Harbor Commissioners, individually and collectively, and their officers an 	e all rights of s d employees	subrogation against th ("City") for losses paid	e City of Long Beach, its Board d under the terms of this policy	d of				
Which this endorsement is attached. ENDORSEMENT HOLDER CITY OF LONG BEACH BOARD OF HARBOR COMMISSIONERS 4801 AIRPORT PLAZA DR. LONG BEACH, CA 90815 AUTHORIZED REPRESENTATIVE I Healy Ramey (print/type name), warrant that I have authority to bind the above-mentioned insurance company and by my signature hereon do so bind this company to this endorsement. ATTENTION: Risk Management Division TELEPHONE: 562-283-7475 FAX: 562-283-7499 E-MAIL: Tiskmgmt@polb.com Employer of Signatory HUB International Insurance	by endorsement, except after thirty (30) days prior written notice has bee	urance shall n n given to City	ot be cancelled, or the y at address indicated	e scope or limits of coverage re below. (Except 10 days adva	educed nce				
CITY OF LONG BEACH BOARD OF HARBOR COMMISSIONERS 4801 AIRPORT PLAZA DR. LONG BEACH, CA 90815 ATTENTION: Risk Management Division TELEPHONE: 562-283-7475 FAX: 562-283-7499 E-MAIL: riskmgmt@polb.com AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE I Healy Ramey (print/type name), warrant that I have authority to bind the above-mentioned insurance company and by my signature hereon do so bind this company to this endorsement. Signature Account Manager Title Account Manager Employer of Signatory HUB International Insurance	Except as stated above, nothing herein shall be held to waive, alter or extend which this endorsement is attached.	any of the lim	its, conditions, agreer	ments or exclusions of the police	cy to				
BOARD OF HARBOR COMMISSIONERS 4801 AIRPORT PLAZA DR. LONG BEACH, CA 90815 ATTENTION: Risk Management Division TELEPHONE: 562-283-7475 FAX: 562-283-7499 E-MAIL: riskmgmt@polb.com I Healy Ramey (print/type name), warrant that I have authority to bind the above-mentioned insurance company and by my signature hereon do so bind this company to this endorsement. Signature Plaze Ramey (print/type name), warrant that I have authority to bind the above-mentioned insurance company and by my signature hereon do so bind this company to this endorsement. Signature Plaze Ramey (print/type name), warrant that I have authority to bind the above-mentioned insurance company and by my signature hereon do so bind this company to this endorsement.	ENDORSEMENT HOLDER								
4801 AIRPORT PLAZA DR. LONG BEACH, CA 90815 ATTENTION: Risk Management Division TELEPHONE: 562-283-7475 FAX: 562-283-7499 E-MAIL: riskmgmt@polb.com I Healy Ramey (print/type name), warrant that I have authority to bind the above-mentioned insurance company and by my signature hereon do so bind this company to this endorsement. Signature Place Title Account Manager Title Account Manager Employer of Signatory HUB International Insurance		AUTHORIZ	ED REPRESENTATI	VE					
ATTENTION: Risk Management Division TELEPHONE: 562-283-7475 FAX: 562-283-7499 E-MAIL: riskmgmt@polb.com authority to bind the above-mentioned insurance company and by my signature hereon do so bind this company to this endorsement. Signature Private Account Manager Title Account Manager Employer of Signatory HUB International Insurance		Healy R	amey	(print/type name), warrant tha	t I have				
TELEPHONE: 562-283-7475 FAX: 562-283-7499 E-MAIL: riskmgmt@polb.com Signature Lolly College Account Manager Title Account Manager Employer of Signatory HUB International Insurance		authority to bind the above-mentioned insurance company and by my							
FAX: 562-283-7499 E-MAIL: riskmgmt@polb.com Title Account Manager Employer of Signatory HUB International Insurance	ATTENTION: Risk Management Division	A. A.							
E-MAIL: riskmgmt@polb.com		1 - 13							
1 100/10101		Title Account Manager Employer of Signatory HUB International Insurance Telephone: (760) 707-5656 Date Signed 10/27/19							

Please note that this endorsement form may be photocopied; however, it may not be altered or recreated.

GENERAL LIABILITY SPEC FOR THE CITY OF LONG BEACH, H			ENDORSEMENT NO.	EFFECTIVE DATE (MM/DD/YY) 10/31/19					
PRODUCER		OLICY INFORMA	TION						
HUB International Insurance Services I 1525 Faraday Ave., Ste. 200	inc.	Policy No.:	711008985-001 n) 10/31/19 (to) 10	3					
Carlsbad, CA 92008 Telephone 760-707-5656	Ī	Deductible \$		nsured Retention of \$					
NAME INSURED & ADDRESS		APPLICABILITY. This insurance pertains to the operations, products							
P.C. Specialists, Inc. dba: Technology Integration Group 10240 Flanders Ct. San Diego, CA 92121	a p tr	and/or activities of the Named Insured under all written agreements and permits in force with the City unless checked here in which case only the following specific agreements and permits with the City are covered: AGREEMENTS/PERMITS:							
TYPE OF INSURANCE									
☐GENERAL LIABILITY ☐COMMERCIAL GENERAL LIABILITY ☐ ☐COMPREHENSIVE GENERAL LIABILITY ☐ ☐OWNERS & CONTRACTORS PROTECTIVE		active Date	OTHER PROV	ISIONS					
	LIABILITY	LIMITS IN \$							
COVERAGES	EACH OCCURRENCE	AGGREGATE							
☑GENERAL LIABILITY	1 000 000	2 000 000		vriter's Representative for claims					
☑PRODUCTS/COMPLETED OPERATIONS	1,000,000	2,000,000	comple	nt to this Insurance (must be eted if different than producer)					
☑PERSONAL & ADVERTISING INJURY	1,000,000	Incl in Ago		International Insurance					
☑FIRE LEGAL LIABILITY	1,000,000 Included	Incl in Ago		Faraday Ave., Ste. 200					
☑EXPLOSION, COLLAPSE, UNDERGROUND	Included	THE IN MASS	1	sbad, CA 92008					
HAZARDS (XCU)	N/A	N/A							
CONTRACTUAL LIABILITY – RAILROADS In consideration of the premium charged and notw endorsement now or hereafter attached thereto, it	is agreed as follows:			lorsement is attached or any					
 ADDITIONAL INSURED. The City of Long B ("City") are included as additional insureds with performed by or on behalf of the Named Insured. 	th regard to liability and red.	defense of suits or	claims arising from the o	perations, products and/or activities					
CONTRIBUTION NOT REQUIRED. This ins added by this endorsement shall be in excess	s of and shall not contrib	oute with this insurar	ice.						
 CANCELLATION NOTICE. With respect to the endorsement, except after thirty (30) days prishall be allowed for non-payment of premium 	or written notice has be .)	en given to City at a	ddress indicated below.	(Except 10 days advance notice					
 SCOPE OF COVERAGE. This endorsement Coverage, "occurrence" form CG 0001. 									
Except as stated above, nothing herein shall be he this endorsement is attached.	eld to waive, alter or exte	end any of the limits	, conditions, agreements	or exclusions of the policy to which					
ENDORSEMENT HOLDER / ADDITION	IAL INSURED								
CITY OF LONG BEACH		AUTHORIZED	REPRESENTATIVE						
BOARD OF HARBOR COMMISSIONERS		Hanks Day							
4801 AIRPORT PLAZA DR.		I Healy Rai		type name), warrant that I have					
LONG BEACH, CA 90815			d the above-mentioned in on do so bind this compa	nsurance company and by my ny to this endorsement.					
ATTENTION: Risk Management Divis	sion		1 1	N. C.					
TELEPHONE: 562-283-7475		Signature		mey					
FAX: 562-283-7499	Constitution of the Consti	Title Account Manager							
E-MAIL: riskmgmt@polb.com		Employer of Signatory HUB International Insurance Telephone: (760) 707-5656 Date Signed 10/27/19							

AUTOMOBILI	E LIABILITY SPECIAL ENDO	RSEMEN	IT	ENDORSEMENT NO.	EFFECTIVE DATE (MM/DD/YY)				
FOR THE CITY	OF LONG BEACH, HARBOR DEPA	RTMENT			10/31/19				
PRODUCER		POLICY IN							
HUB Internationa	Insurance Services Inc.	Insurance Company: Atlantic Specialty Insurance							
	ve., Ste. 200, Carlsbad, CA 92008	Policy No.: 711008985-0013							
Telephone 760-707	7-5656	Policy Period: (from) 10/31/19 (to) 10/31/20							
- siepitette		Deductible \$OR Self-Insured Retention of \$							
NAMED INSURED 8	& ADDRESS	APPLICABILITY. This insurance pertains to the operations and activities of the Named Insured under all written permits and							
P.C. Specialists, I	nc				checked here in which				
dba: Technology I					and agreements with the City				
10240 Flanders C		are covered							
San Diego, CA 92	121	AGREEMENTS	3/PERMI	TS:					
TYPE OF MOUS		071150		NAME -					
TYPE OF INSURA	INCE	OTHER PR	ROVIS	SIONS					
☑BUSINESS AUTO P	OLICY								
TRUCKERS AND M	OTOR CARRIER LIABILITY POLICY								
□GARAGEKEEPERS	LIABILITY								
STUNT ACTIVITY		policing accomplished to the month of the magnitude of the							
OTHER	allanon transcribation and review	CLAIMS: Un		er's Representative for cl	SONO CONTRA DE CONTRA ESTADO DE CARROLES DE CARROLES				
LIABULTVILLARIT			Insura	nce (must be completed	if different than producer)				
LIABILITY LIMIT	N \$		HIIR	International Insura	nce Services Inc				
\$ 1,000,000 each	accident, for bodily injury and property damage	Name: Address:	-	Faraday Ave., Ste.					
liabili		Address.	manufacture to the same to the	sbad, CA 92008	200				
liabili	.y	Telephone:	-) 707-5656					
	premium charged and notwithstanding any incon-		ent in th	e policy to which this end	orsement is attached or any				
endorsement now or he	ereafter attached thereto, it is agreed as follows:								
1. ADDITIONAL INS	URED. The City of Long Beach, its Board of Hai	rbor Commissio	oners, i	ndividually and collective	ly, and their officers and				
) are included as additional insureds with regard to behalf of the Named Insured.	to liability and o	defense	of suits or claims arising	from the operations and activities				
		ASN 888 10		9 119 (2000) 991	AND SALES OF THE SALES				
	NOT REQUIRED. This insurance shall be prima orsement shall be in excess of and shall not cont				urance available to the insureds				
3. CANCELLATION	NOTICE. With respect to the interests of City, the	nis insurance sl	hall not	be cancelled, or the scor	be or limits of coverage reduced by				
	ept after thirty (30) days prior written notice has b or non-payment of premium.)	been given to C	ity at a	ddress indicated below.	(Except 10 days advance notice				
		S. EXPLY V. WENCHWEITER WORLD							
4. SCOPE OF COVI	ERAGE. This endorsement shall afford coverage	at least as bro	ad as l	nsurance Services Office	form number CA0001.				
Symbol 1(any aut	o) Symbol 2 (owned autos) Symbol 7 (se	cheduled autos	;) 🗌 8	Symbol 8 (hired autos)] Symbol 9 (non-owned autos)				
	, nothing herein shall be held to waive, alter or ea	xtend any of the	e limits	, conditions, agreements	or exclusions of the policy to				
which this endorsemen	t is attached.								
ENDORSEMENT	HOLDER / ADDITIONAL INSURED								
CITY OF LONG BEA	CH	AUTHO	RIZED	REPRESENTATIVE					
A TEMPORAL DESCRIPTION OF STATE OF THE STATE	R COMMISSIONERS	11							
4801 AIRPORT PLA		I Healy		· · · · · · · · · · · · · · · · · · ·	ype name), warrant that I have				
LONG BEACH, CA	90815	authority to bind the above-mentioned insurance company and by my							
ATTENTION:	Risk Management Division	signature hereon do so bind this company to this endorsement.							
TELEPHONE:	562-283-7475	Signature Slaly Rainly							
FAX:	562-283-7499	Title Ad	Title Account Manager						
C Marketon	riskmgmt@polb.com	Employe	er of Sic	natory HUB Internat	ional Insurance				
					Date Signed 10/27/19				
		1	social A	/	V 22				