



PCSPECI-02

HRAEMEY

## 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 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY Comp Ded-\$1,000 Coll Ded-\$1,000			711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Property Away 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 OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

With respects to operations of the insured performed on their behalf. 90 Days Notice for Cancellation with 15 days Notice in the event of non-payment of premium. Fidelity Limit in place:\$1,000,000

## CERTIFICATE HOLDER

## CANCELLATION

Evidence of Coverages in Place

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



HRAHEY

## EVIDENCE OF PROPERTY INSURANCE

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.

AGENCY Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	PHONE (A/C, No, Ext): (760) 804-0402	COMPANY Atlantic Specialty Ins. Co.
FAX (A/C, No): (760) 804-0942	E-MAIL ADDRESS: healy.ramey@hubinternational.com	
CODE: AGENCY CUSTOMER ID #: PCSPECI-02	SUB CODE: License # 0757776	
INSURED P.C. Specialists, Inc. dba Technology Integration Group 10240 Flanders Court San Diego, CA 92121	LOAN NUMBER	POLICY NUMBER 711008985-0013
	EFFECTIVE DATE 10/31/2019	EXPIRATION DATE 10/31/2020
	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:		

## PROPERTY INFORMATION

LOCATION/DESCRIPTION 10240 Flanders Court San Diego CA 92101
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	<input checked="" type="checkbox"/> SPECIAL
COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE	
Blanket Contents & EDP/Special Form/Agreed Amount/Replacement Cost	\$25,771,000	1,000	
Blanket Business Income/Extra Expense/Special Form	\$5,557,250	24	

## REMARKS (Including Special Conditions)

Special Conditions: 90 Days Notice of Cancellation/15 Days Notice for Non-Payment
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## 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.
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## ADDITIONAL INTEREST

NAME AND ADDRESS  Citicorp Vendor Finance Leasing 15325 S. E. 30th Place, #100 Bellevue, WA 98007	ADDITIONAL INSURED MORTGAGEE	LENDER'S LOSS PAYABLE <input checked="" type="checkbox"/> Lease #'s 1548560-1548563	LOSS PAYEE
	LOAN #		
	AUTHORIZED REPRESENTATIVE 		



HRAHEY

**EVIDENCE OF PROPERTY INSURANCE**DATE (MM/DD/YYYY)  
10/25/2019

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AGENCY Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	PHONE (A/C, No, Ext): (760) 804-0402	COMPANY Atlantic Specialty Ins. Co.	
FAX (A/C, No): (760) 804-0942	E-MAIL ADDRESS: healy.ramey@hubinternational.com		
CODE:	SUB CODE:		
AGENCY CUSTOMER ID #: PCSPECI-02	License # 0757776		
INSURED P.C. Specialists, Inc. dba: Technology Integration Group 10240 Flanders Court San Diego, CA 92121	LOAN NUMBER 615007	POLICY NUMBER 711008985-0013	
	EFFECTIVE DATE 10/31/2019	EXPIRATION DATE 10/31/2020	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:			

**PROPERTY INFORMATION**

LOCATION/DESCRIPTION 10240 Flanders Court, San Diego, CA 92121 & 5460 Victory Dr. #100, Indianapolis, IN 46203
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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 ☒ SPECIAL ☐

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**

NAME AND ADDRESS  De Lage Landen Financial Services, Inc. 1111 Old Eagle School Rd. Wayne, PA 19087	ADDITIONAL INSURED	LENDER'S LOSS PAYABLE	<input checked="" type="checkbox"/> LOSS PAYEE
	MORTGAGEE		
	LOAN # 615007		
AUTHORIZED REPRESENTATIVE 			



HRAMEY

## EVIDENCE OF PROPERTY INSURANCE

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.

AGENCY Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	PHONE (A/C, No, Ext): (760) 804-0402	COMPANY Atlantic Specialty Ins. Co.
FAX (A/C, No): (760) 804-0942	E-MAIL ADDRESS: healy.ramey@hubinternational.com	
CODE: AGENCY CUSTOMER ID #: PCSPECI-02	SUB CODE: License # 0757776	
INSURED TIG Real Estate Holdings, LLC 10240 Flanders Ct. San Diego, CA 92121	LOAN NUMBER	POLICY NUMBER 711008985-0013
	EFFECTIVE DATE 10/31/2019	EXPIRATION DATE 10/31/2020
	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> SPECIAL		
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
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## 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.
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## ADDITIONAL INTEREST

NAME AND ADDRESS  MUFG Union Bank, N.A. its successors and/or assigns P.O. Box 3647 Everett, WA 98213	ADDITIONAL INSURED <input checked="" type="checkbox"/> MORTGAGEE	LENDER'S LOSS PAYABLE <input checked="" type="checkbox"/> Per CP1218 attached
	LOAN #	
	AUTHORIZED REPRESENTATIVE 	

**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**

<b>Location Number:</b>	<b>Building Number:</b>	<b>Applicable Clause</b> (Enter C.1., C.2., C.3. or C.4.):
<b>Description Of Property:</b>	As noted on Evidence of Property Insurance	
<b>Loss Payee Name:</b>	MUFG Union Bank, NA, ISAOA C.2.	
<b>Loss Payee Address:</b>	P.O. Box 3647 Everett, WA 98213	
<b>Location Number:</b>	<b>Building Number:</b>	<b>Applicable Clause</b> (Enter C.1., C.2., C.3. or C.4.):
<b>Description Of Property:</b>		
<b>Loss Payee Name:</b>		
<b>Loss Payee Address:</b>		
<b>Location Number:</b>	<b>Building Number:</b>	<b>Applicable Clause</b> (Enter C.1., C.2., C.3. or C.4.):
<b>Description Of Property:</b>		
<b>Loss Payee Name:</b>		
<b>Loss Payee Address:</b>		
Information required to complete 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
- b. 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

HFRAMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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<b>PRODUCER</b> License # 0757776 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	<b>CONTACT NAME:</b> Healy Ramey	
	<b>PHONE (A/C, No, Ext):</b> (760) 804-0402 <b>FAX (A/C, No):</b> (760) 804-0942	
	<b>E-MAIL ADDRESS:</b> healy.ramey@hubinternational.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	<b>INSURER A :</b> Atlantic Specialty Ins. Co.	<b>27154</b>
<b>INSURED</b>  TIG Real Estate Holdings, LLC a California LLC 10240 Flanders Court San Diego, CA 92121	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ 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 named Additional Insured-Mortgagee with respects to 201 Bonair St. #F, La Jolla, CA 92037 Reference #6211613860-000000004

## CERTIFICATE HOLDER

## CANCELLATION

<b>MUFG Union Bank, N.A.</b> Its successors and/or Assigns P.O. Box 3647 Everett, WA 98213	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>
	<b>AUTHORIZED REPRESENTATIVE</b> 





HRAMEY

**EVIDENCE OF PROPERTY INSURANCE**DATE (MM/DD/YYYY)  
10/25/2019

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AGENCY Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008		PHONE (A/C, No, Ext): (760) 804-0402	COMPANY Atlantic Specialty Ins. Co.	
FAX (A/C, No): (760) 804-0942		E-MAIL ADDRESS: healy.ramey@hubinternational.com		
CODE:		SUB CODE:		
AGENCY CUSTOMER ID #: PCSPECI-02		License # 0757776		
INSURED TIG Real Estate Holdings, LLC a California LLC 10240 Flanders Court San Diego, CA 92121		LOAN NUMBER		POLICY NUMBER 711008985-0013
		EFFECTIVE DATE 10/31/2019	EXPIRATION DATE 10/31/2020	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

**PROPERTY INFORMATION**

LOCATION/DESCRIPTION 10240 & 10247 Flanders Ct. San Diego CA 92121
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	<input checked="" type="checkbox"/> SPECIAL		
COVERAGE / PERILS / FORMS				AMOUNT OF INSURANCE	DEDUCTIBLE
Blanket Buildings-Special Form/Replacement Cost/Agreed Amount Endt/ Building Ordinance Included				\$11,030,110	1,000
Blanket Business Income/Extra Expense-Special Form/Agreed Amount Endt Building Limit for this Location: \$8,066,110				\$5,557,250	

**REMARKS (Including Special Conditions)**

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

NAME AND ADDRESS  MUFG Union Bank, N.A. ISAOA CLTS P.O. Box 3647 Everett, WA 98213	ADDITIONAL INSURED <input checked="" type="checkbox"/> MORTGAGEE	LENDER'S LOSS PAYABLE <input checked="" type="checkbox"/> CP1218 attached
	LOAN #	
	AUTHORIZED REPRESENTATIVE 	

**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**

<b>Location Number:</b>	<b>Building Number:</b>	<b>Applicable Clause (Enter C.1., C.2., C.3. or C.4.):</b>
<b>Description Of Property:</b>	As noted on Evidence of Property Insurance	
<b>Loss Payee Name:</b>	MUFG Union Bank, NA, ISAOA C.2.	
<b>Loss Payee Address:</b>	P.O. Box 3647 Everett, WA 98213	
<b>Location Number:</b>	<b>Building Number:</b>	<b>Applicable Clause (Enter C.1., C.2., C.3. or C.4.):</b>
<b>Description Of Property:</b>		
<b>Loss Payee Name:</b>		
<b>Loss Payee Address:</b>		
<b>Location Number:</b>	<b>Building Number:</b>	<b>Applicable Clause (Enter C.1., C.2., C.3. or C.4.):</b>
<b>Description Of Property:</b>		
<b>Loss Payee Name:</b>		
<b>Loss Payee Address:</b>		
Information required to complete 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
- b. 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).

<b>PRODUCER</b> License # 0757776 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	<b>CONTACT NAME:</b> Healy Ramey	
	<b>PHONE (A/C, No, Ext):</b> (760) 804-0402 <b>FAX (A/C, No):</b> (760) 804-0942	
	<b>E-MAIL ADDRESS:</b> healy.ramey@hubinternational.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	<b>INSURER A :</b> Atlantic Specialty Ins. Co.	<b>27154</b>
<b>INSURED</b>  TIG Real Estate Holdings, LLC a California LLC 10240 Flanders Court San Diego, CA 92121	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	

**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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ 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 named Additional Insured-Mortgagee as specified by contract per Form VCG207 with respects to 10240 & 10247 Flanders Court, San Diego, CA 92121 30 days notice of cancellation/10 days for non-payment

**CERTIFICATE HOLDER****CANCELLATION**

MUFG Union Bank, N.A.  
ISAOA CLTS  
P.O. Box 3647  
Everett, WA 98213

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



HRAMEY

**EVIDENCE OF PROPERTY INSURANCE**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.

AGENCY Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008		PHONE (A/C, No, Ext): (760) 804-0402	COMPANY Atlantic Specialty Ins. Co.	
FAX (A/C, No): (760) 804-0942		E-MAIL ADDRESS: healy.ramey@hubinternational.com		
CODE:		SUB CODE:		
AGENCY CUSTOMER ID #: PCSPECI-02		License # 0757776		
INSURED TIG Real Estate Holdings, LLC 10240 Flanders Ct. San Diego, CA 92121		LOAN NUMBER		POLICY NUMBER 711008985-0013
		EFFECTIVE DATE 10/31/2019	EXPIRATION DATE 10/31/2020	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> SPECIAL	
COVERAGE / PERILS / FORMS				
Blanket Buildings/RC/Special Form/Agreed Amount				\$11,130,110
Blanket Contents/RC/Special/Agreed Amount				\$25,771,000
Business Income/Special Form				\$5,557,250
Location Limits:				
Building: \$2,964,000				
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
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**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**

NAME AND ADDRESS  MUFG Union Bank, N.A. its successors and/or assigns P.O. Box 3647 Everett, WA 98213	ADDITIONAL INSURED	LENDER'S LOSS PAYABLE	<input checked="" type="checkbox"/> LOSS PAYEE
	<input checked="" type="checkbox"/> MORTGAGEE	<input checked="" type="checkbox"/> Per 1218 attached	
	LOAN #		
	AUTHORIZED REPRESENTATIVE 		

**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**

<b>Location Number:</b>	<b>Building Number:</b>	<b>Applicable Clause (Enter C.1., C.2., C.3. or C.4.):</b>
<b>Description Of Property:</b>	As noted on Evidence of Property Insurance	
<b>Loss Payee Name:</b>	MUFG Union Bank, NA, ISAOA C.2.	
<b>Loss Payee Address:</b>	P.O. Box 3647 Everett, WA 98213	
<b>Location Number:</b>	<b>Building Number:</b>	<b>Applicable Clause (Enter C.1., C.2., C.3. or C.4.):</b>
<b>Description Of Property:</b>		
<b>Loss Payee Name:</b>		
<b>Loss Payee Address:</b>		
<b>Location Number:</b>	<b>Building Number:</b>	<b>Applicable Clause (Enter C.1., C.2., C.3. or C.4.):</b>
<b>Description Of Property:</b>		
<b>Loss Payee Name:</b>		
<b>Loss Payee Address:</b>		
Information required to complete 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
- b. 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

HFRAMEY

## 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 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X		711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

The Certificate Holder is named Additional Insured-Mortgagee as specified by contract per Form VCG207 with respects to 510 S. Pierce Ave., Louisville CO 80027 90 days notice of cancellation/15 days for non-payment of premium

## CERTIFICATE HOLDER

## CANCELLATION

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

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



HRAHEY

**EVIDENCE OF PROPERTY INSURANCE**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.

AGENCY Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008		PHONE (A/C, No, Ext): (760) 804-0402	COMPANY Atlantic Specialty Ins. Co.	
FAX (A/C, No): (760) 804-0942		E-MAIL ADDRESS: healy.ramey@hubinternational.com		
CODE:		SUB CODE:		
AGENCY CUSTOMER ID #: PCSPECI-02		License # 0757776		
INSURED P.C. Specialists, Inc. dba: Technology Integration Group 10240 Flanders Court San Diego, CA 92121		LOAN NUMBER		POLICY NUMBER 711008985-0013
		EFFECTIVE DATE 10/31/2019	EXPIRATION DATE 10/31/2020	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

**PROPERTY INFORMATION**

LOCATION/DESCRIPTION 8460 Villa Park Dr., Richmond VA 23228 (Equipment to be delivered to schools)
---

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 ☒ SPECIAL ☐

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Property of Others Coverage-Special Form/ Replacement Cost/Agreed Value	\$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**

NAME AND ADDRESS  Wake County Public School System 5624 Dillard Dr. Cary, NC 27518	ADDITIONAL INSURED	LENDER'S LOSS PAYABLE	<input checked="" type="checkbox"/> LOSS PAYEE
	MORTGAGEE	<input checked="" type="checkbox"/> Equipment	
	LOAN #		
AUTHORIZED REPRESENTATIVE 			



HRAHEY

## EVIDENCE OF PROPERTY INSURANCE

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.

AGENCY Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	PHONE (A/C, No, Ext): (760) 804-0402	COMPANY Atlantic Specialty Ins. Co.	
FAX (A/C, No): (760) 804-0942	E-MAIL ADDRESS: healy.ramey@hubinternational.com		
CODE:	SUB CODE:		
AGENCY CUSTOMER ID #: PCSPECI-02	License # 0757776		
INSURED P.C. Specialists, Inc. dba: Technology Integration Group Itex, Inc. 10240 Flanders Court San Diego, CA 92121	LOAN NUMBER Dealer #225239	POLICY NUMBER 711008985-0013	
	EFFECTIVE DATE 10/31/2019	EXPIRATION DATE 10/31/2020	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:			

## PROPERTY INFORMATION

LOCATION/DESCRIPTION 555 Legget Dr #730, Ottawa, Ontario K2K 2X3
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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 ☒ SPECIAL ☐

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Canada Limits - in US dollars: Blanket Contents & EDP/Special Form/Agreed Amount/Replacement Cost	\$1,860,000	1,000

## REMARKS (Including Special Conditions)

Special Conditions:  
30 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

NAME AND ADDRESS  Wells Fargo Capital Finance Corporation Canada AISAA 1290 Central Parkway West, Suite 1100 Mississauga, Ontario, L5C 4R3	ADDITIONAL INSURED	LENDER'S LOSS PAYABLE	<input checked="" type="checkbox"/> LOSS PAYEE
	MORTGAGEE		
	LOAN # Dealer #225239		
AUTHORIZED REPRESENTATIVE 			



HRAHEY

**EVIDENCE OF PROPERTY INSURANCE**DATE (MM/DD/YYYY)  
10/25/2019

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AGENCY Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008		PHONE (A/C, No, Ext): (760) 804-0402	COMPANY Atlantic Specialty Ins. Co.	
FAX (A/C, No): (760) 804-0942		E-MAIL ADDRESS: healy.ramey@hubinternational.com		
CODE:		SUB CODE:		
AGENCY CUSTOMER ID #: PCSPECI-02		License # 0757776		
INSURED P.C. Specialists, Inc. dba: Technology Integration Group Itex, Inc. 10240 Flanders Court San Diego, CA 92121		LOAN NUMBER		POLICY NUMBER 711008985-0013
		EFFECTIVE DATE 10/31/2019	EXPIRATION DATE 10/31/2020	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

**PROPERTY INFORMATION**

LOCATION/DESCRIPTION 2731 Broadway NE #F, Albuquerque, NM 87107 10240 & 10247 Flanders Court, San Diego, CA 92101 1750 Corporate Dr., Norcross, GA 30093 555 Legget Dr #730, Ottawa, Ontario K2K 2X3
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**COVERAGE INFORMATION**

COVERAGE INFORMATION		PERILS INSURED	BASIC	BROAD	X	SPECIAL	
COVERAGE / PERILS / FORMS						AMOUNT OF INSURANCE	DEDUCTIBLE
United States Limits: Blanket Contents & EDP/Special Form/Agreed Amount/Replacement Cost						\$25,771,000	1,000
Canada Limits - in US dollars: Blanket Contents & EDP/Special Form/Agreed Amount/Replacement Cost						\$1,860,000	1,000

**REMARKS (Including Special Conditions)**

Special Conditions: 30 Days Notice of Cancellation/15 Days Notice for Non-Payment of Premium
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**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**

NAME AND ADDRESS  Wells Fargo Commercial Distribution Finance, LLC P.O. Box 35703 Billings, MT 59107-5703	ADDITIONAL INSURED	LENDER'S LOSS PAYABLE	<input checked="" type="checkbox"/> LOSS PAYEE
	MORTGAGEE		
	LOAN #		
AUTHORIZED REPRESENTATIVE 			



PCSPECI-02

HRAEMEY

## 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 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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



PCSPECI-02

HRAEMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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



## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 :		

INSURED  P.C. Specialists, Inc. DBA: Technology Integration Group 10240 Flanders Court San Diego, CA 92121	
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## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X		711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 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)  
1804 Rotary, LLC is named Additional Insured-Landlord as specified by contract in Form VCG207 regarding leased premises at 1810 Rotary Dr., Humble, TX 77338 90 days notice of cancellation/15 days for non-payment

## CERTIFICATE HOLDER

## CANCELLATION

1804 Rotary, LLC  
1923 Rotary Dr.  
Humble, TX 77338

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

HFRAMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X		711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY Comp Ded-\$1,000 Coll Ded-\$1,000			711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 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 Holders are named Additional Insureds-Landlord as specified by Contract in VCG207 regarding leased premises at 5240 Elmwood Ave., Indianapolis, IN 46203 90 days notice of cancellation; 15 days notice for non-payment of premium

## CERTIFICATE HOLDER

## CANCELLATION

5240 Building, LLC 5240 Elmwood Ave. Indianapolis, IN 46203	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

HRAEMEY

## 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).

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

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

AUTHORIZED REPRESENTATIVE



PCSPECI-02

HFRAMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY Comp Ded-\$1,000 Coll Ded-\$1,000			711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 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 the certificate holder.

## CERTIFICATE HOLDER

## CANCELLATION

Alamo Community College District 201 W. Sheridan San Antonio, TX 78204	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

HFRAMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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



PCSPECI-02

HRAEMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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



PCSPECI-02

HFRAMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
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	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY Comp Ded-\$1,000 <input checked="" type="checkbox"/> Coll Ded-\$1,000			711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Property of Others			711008985-0013	10/31/2019	10/31/2020	Limit 25,771,000

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 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.

AUTHORIZED REPRESENTATIVE



## Certificate of Insurance

<b>Producer</b> R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505		<b>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.</b>			
<b>Named Insured</b> 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		<b>Insurance Company</b> Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038			
<b>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.</b>					
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™ content liability policy				\$ \$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$ \$
<b>Description or Comments</b> 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					
<b>Certificate Holder Box</b> Amedisys, Inc. 3854 American Way, Ste. A Baton Rouge LA 70818			<b>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.</b>		
<b>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."</b>				<b>THIS CERTIFICATE DOES NOT CHANGE IN ANY WAY THE INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE HOLDER AND ANY OTHER PARTY.</b>	

  
Authorized Representative

10/25/2019  
Date



PCSPECI-02

HFRAMEY

## 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 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

## CERTIFICATE HOLDER

## CANCELLATION

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





PCSPECI-02

HRAEMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

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



PCSPECI-02

HRAEMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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

## COVERAGES

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A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Property Away 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 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



PCSPECI-02

HFRAMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
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## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Apple, Inc. is named Additional Insured as specified by contract per VCG207 & CG2037 with respects to operations of the Insured performed on thier behalf.

## CERTIFICATE HOLDER

## CANCELLATION

Apple, Inc. One Apple Park Way Cupertino, CA 95014	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

HRAEMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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INSURED P.C. Specialists, Inc. DBA: Technology Integration Group Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
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## COVERAGES

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



PCSPECI-02

HRAEMEY

## 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 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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



PCSPECI-02

HFRAMEY

## 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 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY Comp Ded-\$1,000 Coll Ded-\$1,000			711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N N / A		406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 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 the certificate holder

## CERTIFICATE HOLDER

## CANCELLATION

Armstrong World Industries, Inc.  
P.O. Box 3001  
Lancaster, PA 17604

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

HFRAMEY

## 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 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X		711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY Comp Ded-\$1,000 Coll Ded-\$1,000			711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 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)  
Asics America Corporation is named Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on thier behalf. 90 days notice of cancellation/15 days for non-payment

## CERTIFICATE HOLDER

## CANCELLATION

Asics America Corporation 80 Technology 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 



PCSPECI-02

HRAEMEY

## 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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PRODUCER License # 0757776 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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





## Certificate of Insurance

<b>Producer</b>  R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505	<b>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.</b>
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<b>Named Insured</b> 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	<b>Insurance Company</b>  Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038
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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 <sup>SM</sup> 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

<b>Certificate Holder Box</b>  AT&T, Inc. Its Affiliates; directors, officers & employees 175 E. Houston St. San Antonio TX 78205	<b>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.</b>
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<b>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."</b>	<b>THIS CERTIFICATE DOES NOT CHANGE IN ANY WAY THE INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE HOLDER AND ANY OTHER PARTY.</b>
---	--

Authorized Representative

10/25/2019  
Date



PCSPECI-02

HRAEMEY

## 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).

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

## 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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X		711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Comp Ded-\$1,000 <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Coll Ded-\$1,000	X		711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Property Away 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 OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Additional Insured included for General Liability and Business Auto per VCG207 & VCA201 re: Technology Parts & Supplies 071615-01 90 days notice of cancellation/15 days for non-payment of premium Incl Third Party Crime Coverage-\$1m Limit

## CERTIFICATE HOLDER

## CANCELLATION

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 



PCSPECI-02

HRAEMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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PRODUCER License # 0757776 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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



PCSPECI-02

HRAEMEY

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

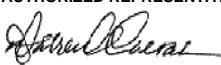
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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X		711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Comp Ded-\$1,000 <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Coll Ded-\$1,000	X		711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Property Away 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 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 
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PCSPECI-02

HRAEMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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

## COVERAGES

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## REVISION NUMBER:

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A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X		711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
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## CERTIFICATE HOLDER

## CANCELLATION

Aurora Public Schools  
Attn: Mary Kirschmer  
1085 S. Peoria Street  
Aurora, CO 80011

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

HRAEMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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	<b>PHONE (A/C, No, Ext):</b> (760) 804-0402 <b>FAX (A/C, No):</b> (760) 804-0942	
	<b>E-MAIL ADDRESS:</b> healy.ramey@hubinternational.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	<b>INSURER A :</b> Atlantic Specialty Ins. Co.	<b>27154</b>
<b>INSURED</b>  P.C. Specialists, Inc. DBA: Technology Integration Group Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	

## COVERAGES

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



PCSPECI-02

HFRAMEY

## 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 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Comp Ded-\$1,000 <input checked="" type="checkbox"/> Coll Ded-\$1,000			711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 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 the Certificate Holder

## CERTIFICATE HOLDER

## CANCELLATION

Azimuth Communications 2801 S. Fair Lane Tempe, AZ 85282	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

HFRAMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

AUTHORIZED REPRESENTATIVE





PCSPECI-02

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## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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



PCSPECI-02

HRAEMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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



PCSPECI-02

HFRAMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

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



PCSPECI-02

HRAEMEY

## 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).

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Comp Ded-\$1,000 <input checked="" type="checkbox"/> Coll Ded-\$1,000			711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000
							AGGREGATE \$ 15,000,000
							\$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
							E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Property Away 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 OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Tom Janeczek'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

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



PCSPECI-02

HFRAMEY

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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

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

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**

<b>BMR-Pacific Center LP</b> <b>17190 Bernardo Center Dr.</b> <b>San Diego, CA 92128</b>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b> 



## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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



PCSPECI-02

HFRAMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X		711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Comp Ded-\$1,000 <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Coll Ded-\$1,000	X		711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 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.  
Albany, GA 31705

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

HRAEMEY

## 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 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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





PCSPECI-02

HRAEMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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

## COVERAGES

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

<b>Brownsburg Community School Corporation</b> 310 Stadium Dr. Brownsburg, IN 46112	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>
	<b>AUTHORIZED REPRESENTATIVE</b> 



PCSPECI-02

HRAEMEY

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PRODUCER License # 0757776 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

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

AUTHORIZED REPRESENTATIVE



PCSPECI-02

HRAEMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	<b>INSURER A :</b> Atlantic Specialty Ins. Co.	27154
<b>INSURED</b> P.C. Specialists, Inc. DBA: Technology Integration Group Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
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## COVERAGES

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X	X	711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Comp Ded-\$1,000 <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Coll Ded-\$1,000	X	X	711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		X	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Property Away 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 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 HOLDER

## CANCELLATION

CareFusion 3750 Torrey View Court San 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.
	AUTHORIZED REPRESENTATIVE 



## Certificate of Insurance

<b>Producer</b>  R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505		<b>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.</b>			
<b>Named Insured</b> 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		<b>Insurance Company</b>  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™ content liability policy				\$ \$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$ \$
<b>Description or Comments</b> 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					
<b>Certificate Holder Box</b>  CareFusion and its subsidiaries and affiliates 3750 Torrey View Court San Diego CA 92130			<b>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.</b>		
<b>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."</b>			<b>THIS CERTIFICATE DOES NOT CHANGE IN ANY WAY THE INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE HOLDER AND ANY OTHER PARTY.</b>		

  
Authorized Representative

10/25/2019  
Date



PCSPECI-02

HFRAMEY

## CERTIFICATE OF LIABILITY INSURANCE

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	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
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	INSURER E :	
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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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X		711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY Comp Ded-\$1,000 <input checked="" type="checkbox"/> Coll Ded-\$1,000			711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 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)  
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 



PCSPECI-02

HFRAMEY

## 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 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

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

## CERTIFICATE HOLDER

## CANCELLATION

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 



PCSPECI-02

HFRAMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
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	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X	X	711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Comp Ded-\$1,000 <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Coll Ded-\$1,000	X	X	711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		X	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Property Away 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 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.
	AUTHORIZED REPRESENTATIVE 



## Certificate of Insurance

<b>Producer</b>  R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505		<b>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.</b>			
<b>Named Insured</b> 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		<b>Insurance Company</b>  Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038			
<b>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.</b>					
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™ content liability policy				\$ \$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$ \$
<b>Description or Comments</b> 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					
<b>Certificate Holder Box</b>  CDW Logistics, Inc and Affiliates 200 North Milwaukee Ave. Vernon Hills IL 60061			<b>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.</b>		
<b>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."</b>			<b>THIS CERTIFICATE DOES NOT CHANGE IN ANY WAY THE INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE HOLDER AND ANY OTHER PARTY.</b>		

  
Authorized Representative

10/25/2019  
Date





PCSPECI-02

HRAEMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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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

## 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.
	AUTHORIZED REPRESENTATIVE 



PCSPECI-02

HRAEMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

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A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Property Away 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 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

## CERTIFICATE HOLDER

## CANCELLATION

Centinel Bank of Taos  
512 Paseo Del Pueblo Sur  
Taos, NM 87571

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

HFRAMEY

## 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).

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

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

## 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.
	AUTHORIZED REPRESENTATIVE 



PCSPECI-02

HRAEMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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



PCSPECI-02

HRAEMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

AUTHORIZED REPRESENTATIVE



PCSPECI-02

HRAEMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X		711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Comp Ded-\$1,000 <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Coll Ded-\$1,000	X		711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Property Away 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 OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
City and County of San Francisco, its Vehicles, 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

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

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

---

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.

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 % of the California workers' compensation premium otherwise due on such remuneration.

Schedule

Person or Organization

Job Description

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



## Certificate of Insurance

<b>Producer</b>  R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505		<b>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.</b>			
<b>Named Insured</b> 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		<b>Insurance Company</b>  Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038			
<b>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.</b>					
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™ content liability policy				\$ \$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$ \$
<b>Description or Comments</b> 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					
<b>Certificate Holder Box</b>  City and County of San Francisco, Office of Contract Admin, 1 Dr. Carlton B. Goodlett Pl, City Hall Rm 430 San Francisco CA 94102			<b>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.</b>		
<b>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."</b>				<b>THIS CERTIFICATE DOES NOT CHANGE IN ANY WAY THE INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE HOLDER AND ANY OTHER PARTY.</b>	

  
\_\_\_\_\_  
Authorized Representative

10/25/2019  
\_\_\_\_\_  
Date





PCSPECI-02

HFRAMEY

## 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 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

## CERTIFICATE HOLDER

## CANCELLATION

City of Adairsville  
116 Public Square  
Adairsville, GA 30103

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

HRAEMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

City of Albuquerque Risk Manager, Dept of Finance  
and Administrative 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



PCSPECI-02

HRAEMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X		711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Comp Ded-\$1,000 <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Coll Ded-\$1,000			711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N N / A	X	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Property Away 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 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.
	AUTHORIZED REPRESENTATIVE 



PCSPECI-02

HRAEMEY

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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

**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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X	X	711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Comp Ded-\$1,000 <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Coll Ded-\$1,000		X	711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Property Away 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 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 
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PCSPECI-02

HRAEMEY

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURER A : Atlantic Specialty Ins. Co.</b>	
<b>NAIC #</b> 27154	
<b>INSURED</b> P.C. Specialists, Inc. DBA: Technology Integration Group Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	
<b>INSURER B :</b>	
<b>INSURER C :</b>	
<b>INSURER D :</b>	
<b>INSURER E :</b>	
<b>INSURER F :</b>	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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

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**

<b>City of Atlanta</b> <b>Attn: Risk Management</b> <b>68 Mitchell St. #9100</b> <b>Atlanta, GA 30303</b>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b> 



PCSPECI-02

HRAEMEY

## 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 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 :		

INSURED P.C. Specialists, Inc. DBA: Technology Integration Group Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	
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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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X	X	711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY Comp Ded-\$1,000 <input checked="" type="checkbox"/> Coll Ded-\$1,000 <input checked="" type="checkbox"/>		X	711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Property Away 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 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.

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

<b>Producer</b>  R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505	<b>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.</b>
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<b>Named Insured</b> 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	<b>Insurance Company</b>  Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038
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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 <sup>SM</sup> 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

<b>Certificate Holder Box</b>  City of Atlanta Enterprise Risk Management 68 Mitchell St. #9100 Atlanta GA 30303	<b>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.</b>
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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 CERTIFICATE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE HOLDER AND ANY OTHER PARTY.

  
Authorized Representative

10/25/2019  
Date





PCSPECI-02

HRAEMEY

# 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).

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

**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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  <input checked="" type="checkbox"/> <b>zero deductible</b> </div> <div> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER:  <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC  <input type="checkbox"/> OTHER:           </div> </div>	<b>X</b>	<b>X</b>	<b>711008985-0013</b>	<b>10/31/2019</b>	<b>10/31/2020</b>	EACH OCCURRENCE \$ <b>1,000,000</b>
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b>						
	MED EXP (Any one person) \$ <b>10,000</b>						
	PERSONAL & ADV INJURY \$ <b>1,000,000</b>						
	GENERAL AGGREGATE \$ <b>2,000,000</b>						
							PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
							\$
<b>A</b>	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY  <input checked="" type="checkbox"/> HIRED AUTOS ONLY  <input checked="" type="checkbox"/> Comp Ded-\$1,000           </div> <div> <input type="checkbox"/> SCHEDULED AUTOS  <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY  <input checked="" type="checkbox"/> Coll Ded-\$1,000           </div> </div>	<b>X</b>	<b>711008985-0013</b>	<b>10/31/2019</b>	<b>10/31/2020</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>	
	BODILY INJURY (Per person) \$						
	BODILY INJURY (Per accident) \$						
	PROPERTY DAMAGE (Per accident) \$						
	\$						
<b>A</b>	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ <b>0</b>	<b>711008985-0013</b>	<b>10/31/2019</b>	<b>10/31/2020</b>	EACH OCCURRENCE \$ <b>15,000,000</b>		
	AGGREGATE \$ <b>15,000,000</b>						
	\$						
	\$						
<b>A</b>	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<b>N / A</b>	<b>406038027-0008</b>	<b>10/31/2019</b>	<b>10/31/2020</b>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER \$ <b>1,000,000</b>	
	E.L. EACH ACCIDENT \$ <b>1,000,000</b>						
	E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b>						
	E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>						
<b>A</b>	<b>Property Away From</b>	<b>711008985-0013</b>	<b>10/31/2019</b>	<b>10/31/2020</b>	<b>Limit:</b>	<b>200,000</b>	
	<b>Premises</b>				<b>Ded</b>	<b>1,000</b>	

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 
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PCSPECI-02

HFRAMEY

# 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).

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

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

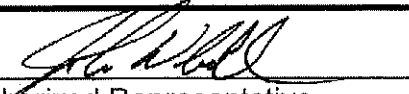
## CANCELLATION

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 
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## Certificate of Insurance

<b>Producer</b> R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505		<b>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.</b>			
<b>Named Insured</b> 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		<b>Insurance Company</b> Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038			
<b>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.</b>					
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 <sup>SM</sup> content liability policy				\$ \$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$ \$
<b>Description or Comments</b> 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					
<b>Certificate Holder Box</b> City of Atlanta Enterprise Risk Management 68 Mitchell St. #9100 Atlanta GA 30303			<b>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.</b>		
<b>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."</b>			<b>THIS CERTIFICATE DOES NOT CHANGE IN ANY WAY THE INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE HOLDER AND ANY OTHER PARTY.</b>		

  
Authorized Representative

10/25/2019  
Date



PCSPECI-02

HFRAMEY

## 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 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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



## Certificate of Insurance

<b>Producer</b>  R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91506	<b>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.</b>
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<b>Named Insured</b> 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	<b>Insurance Company</b>  Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038
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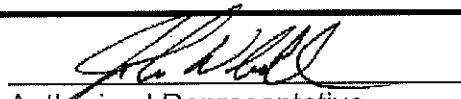
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X	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$ \$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator <sup>SM</sup> 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

<b>Certificate Holder Box</b>  City of Atlanta Enterprise Risk Management 68 Mitchell St. #9100 Atlanta GA 30303	<b>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.</b>
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---	--

  
Authorized Representative

10/25/2019  
Date



PCSPECI-02

HFRAMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
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	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

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



PCSPECI-02

HFRAMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
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## COVERAGES

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

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.





PCSPECI-02

HFRAMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X		711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Comp Ded-\$1,000 <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Coll Ded-\$1,000	X		711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 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 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 Beaverton, OR 97005	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 Insurance

<b>Producer</b> R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91506		<b>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.</b>			
<b>Named Insured</b> 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		<b>Insurance Company</b> 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™ content liability policy				\$ \$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$ \$
<b>Description or Comments</b> 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					
<b>Certificate Holder Box</b> City of Beaverton The Beaverton Building 12725 SW Millikan Way Beaverton OR 97006			<b>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.</b>		
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 CERTIFICATE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE HOLDER AND ANY OTHER PARTY.		

  
Authorized Representative

10/25/2019  
Date



PCSPECI-02

HFRAMEY

## 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 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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



## Certificate of Insurance

<b>Producer</b>  R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505	<b>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.</b>
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<b>Named Insured</b> 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	<b>Insurance Company</b>  Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038
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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.

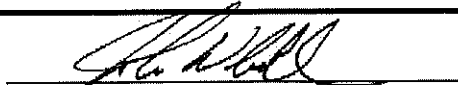
X	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$ \$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator <sup>SM</sup> 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

<b>Certificate Holder Box</b>  City of Carlsbad 2560 Orion Way Carlsbad CA 92010	<b>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.</b>
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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."

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Authorized Representative

10/25/2019  
Date



PCSPECI-02

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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).

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

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



PCSPECI-02

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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.

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PRODUCER License # 0757776 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X		711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY Comp Ded-\$1,000 Coll Ded-\$1,000			711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N N / A	X	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 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 Corvallis and its officers, agents and employees are named Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on thier behalf. Waiver of Subrogation applies to Workers Compensation.

## CERTIFICATE HOLDER

## CANCELLATION

City of Corvallis 501 SW Madison Ave. Corvallis, OR 97339	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 Insurance

<b>Producer</b>  R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91506		<b>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.</b>			
<b>Named Insured</b> 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		<b>Insurance Company</b>  Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038			
<b>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.</b>					
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 <sup>SM</sup> content liability policy				\$ \$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$ \$
<b>Description or Comments</b> 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					
<b>Certificate Holder Box</b>  City of Corvallis 501 SW Madison Ave. Corvallis OR 97339			<b>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.</b>		
<b>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."</b>			<b>THIS CERTIFICATE DOES NOT CHANGE IN ANY WAY THE INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE HOLDER AND ANY OTHER PARTY.</b>		

  
Authorized Representative

10/25/2019  
Date



PCSPECI-02

HFRAMEY

## 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 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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





PCSPECI-02

HFRAMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X		711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY Comp Ded-\$1,000 Coll Ded-\$1,000			711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Property Away 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 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. AI Form #CG2026 attached 90 days notice of cancellation/15 days notice for non-payment of premium

## CERTIFICATE HOLDER

## CANCELLATION

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 

**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.



PCSPECI-02

HRAEMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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



PCSPECI-02

HRAEMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
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## COVERAGES

## CERTIFICATE NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X		711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
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A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Property Away 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 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

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 



PCSPECI-02

HRAEMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED P.C. Specialists, Inc. DBA: Technology Integration Group Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
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## COVERAGES

## CERTIFICATE NUMBER:

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

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 



PCSPECI-02

HFRAMEY

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

## 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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X		711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Comp Ded-\$1,000 <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Coll Ded-\$1,000	X		711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 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 Philadelphia, its officers, employees & agents are named Additional Insured as specified by contract per VCG207 & VCA201 with respects to operations of the Insured performed on their behalf - Contract #16-0248-Maintenance and Support for Juniper Networking. General Liability protection is primary & non-contributory. 90 days notice of cancellation/15 days for non-payment of premium

## CERTIFICATE HOLDER

## CANCELLATION

City of Philadelphia Office of Risk Management One Parkway, 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 
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PCSPECI-02

HFRAMEY

# 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).

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

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

**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. Bid Number B1901935 - Office Automation 9/1/18 through 8/31/19 General Liability protection is primary & non-contributory.

**CERTIFICATE HOLDER****CANCELLATION**

<b>City of Philadelphia</b> <b>1401 JFK Boulevard - Procurement Department</b> <b>Room 120</b> <b>Philadelphia, PA 19102</b>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b> 



PCSPECI-02

HFRAMEY

## 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).

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

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





PCSPECI-02

HFRAMEY

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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

## 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.

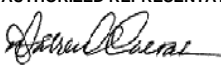
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X		711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Comp Ded-\$1,000 <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Coll Ded-\$1,000			711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 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.  AUTHORIZED REPRESENTATIVE 
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PCSPECI-02

HRAEMEY

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

## 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.

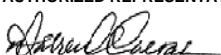
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Comp Ded-\$1,000 <input checked="" type="checkbox"/> Coll Ded-\$1,000			711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Property Away 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 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 Whipple 900 E. Broad Street Richmond, VA 23219	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

HRAEMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Property Away 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 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 



PCSPECI-02

HRAEMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	<b>INSURER A :</b> Atlantic Specialty Ins. Co.	27154
<b>INSURED</b> P.C. Specialists, Inc. DBA: Technology Integration Group Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
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## COVERAGES

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A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Property Away From			711008985-0013	10/31/2019	10/31/2020	Limit: 200,000
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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

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 



PCSPECI-02

HFRAMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
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## COVERAGES

## CERTIFICATE NUMBER:

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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 
---	---

**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**

<b>Name Of Additional Insured Person(s) Or Organization(s)</b>
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.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

### 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

# WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

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## 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.

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 % of the California workers' compensation premium otherwise due on such remuneration.

### Schedule

Person or Organization

Job Description

City of San Diego





PCSPECI-02

HRAEMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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INSURED P.C. Specialists, Inc. DBA: Technology Integration Group Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X	X	711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Comp Ded-\$1,000 <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Coll Ded-\$1,000	X	X	711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		X	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Property Away 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 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. San Jose, CA 95113	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 Insurance

<b>Producer</b> R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91506		<b>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.</b>			
<b>Named Insured</b> 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		<b>Insurance Company</b> Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038			
<b>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.</b>					
<b>X</b>	<b>Type of Insurance</b>	<b>Policy Number</b>	<b>Policy Start Date</b>	<b>Policy End Date</b>	<b>Liability Limits at Policy Inception</b>
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$ \$
<b>X</b>	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 <sup>SM</sup> content liability policy				\$ \$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$ \$
<b>Description or Comments</b> 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					
<b>Certificate Holder Box</b> City of San Jose - Finance Department Attn: Risk Manager 200 E. Santa Clara St., 14th Fl San Jose CA 951131906			<b>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.</b>		
<b>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."</b>			<b>THIS CERTIFICATE DOES NOT CHANGE IN ANY WAY THE INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE HOLDER AND ANY OTHER PARTY.</b>		

  
Authorized Representative

10/25/2019  
Date



PCSPECI-02

HFRAMEY

## 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).

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

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



## Certificate of Insurance

<b>Producer</b>  R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91506	<b>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.</b>
<b>Named Insured</b> 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	<b>Insurance Company</b>  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™ 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 Blvd.  
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.

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Authorized Representative

10/25/2019  
Date



PCSPECI-02

HFRAMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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

## 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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X		711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY Comp Ded-\$1,000 Coll Ded-\$1,000			711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
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A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 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 Vancouver 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 for non-payment of premium

## CERTIFICATE HOLDER

## CANCELLATION

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 



PCSPECI-02

HFRAMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 :		

INSURED  P.C. Specialists, Inc. DBA: Technology Integration Group 10240 Flanders Court San Diego, CA 92121	
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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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X	X	711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Comp Ded-\$1,000 <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Coll Ded-\$1,000		X	711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		X	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 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 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

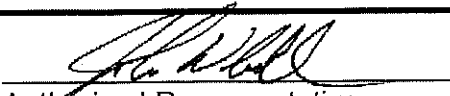
## CANCELLATION

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.
	AUTHORIZED REPRESENTATIVE 



## Certificate of Insurance

<b>Producer</b>  R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505		<b>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.</b>			
<b>Named Insured</b> 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		<b>Insurance Company</b>  Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038			
<b>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.</b>					
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 <sup>SM</sup> content liability policy				\$ \$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$ \$
<b>Description or Comments</b> Professional Liability, Internet and Network Liability Insurance with respects to operations of the Insured performed on behalf of Certificate Holder. Waiver of Subrogation applies. 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium					
<b>Certificate Holder Box</b>  City of West Covina 1444 West Garvey Ave. South West Covina CA 91790			<b>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.</b>		
<b>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."</b>			<b>THIS CERTIFICATE DOES NOT CHANGE IN ANY WAY THE INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE HOLDER AND ANY OTHER PARTY.</b>		

  
Authorized Representative

10/25/2019  
Date



PCSPECI-02

HRAEMEY

## 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 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X		711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Comp Ded-\$1,000 <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Coll Ded-\$1,000	X		711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		X	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Property Away 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 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.
	AUTHORIZED REPRESENTATIVE 





## Certificate of Insurance

<b>Producer</b>  R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505	<b>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.</b>
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<b>Named Insured</b> 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	<b>Insurance Company</b>  Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038
--	---

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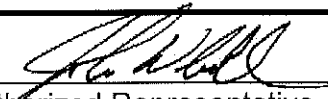
X	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$ \$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator™ 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 Waiver of Subrogation applies.

<b>Certificate Holder Box</b>  Cobb County Purchasing Department 100 Cherokee St. Marietta GA 30090	<b>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.</b>
---	--

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."

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Authorized Representative

10/25/2019  
Date



PCSPECI-02

HRAEMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

AUTHORIZED REPRESENTATIVE



PCSPECI-02

HFRAMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

Columbus Technical College is named Additional Insured per VCG207 with respects to operations of the Insured performed on thier behalf.

## CERTIFICATE HOLDER

## CANCELLATION

Columbus Technical College  
928 Manchester Expressway  
Columbus, GA 31904

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

HRAEMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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	<b>PHONE (A/C, No, Ext):</b> (760) 804-0402	<b>FAX (A/C, No):</b> (760) 804-0942
	<b>E-MAIL ADDRESS:</b> healy.ramey@hubinternational.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	<b>INSURER A :</b> Atlantic Specialty Ins. Co.	<b>27154</b>
<b>INSURED</b>  P.C. Specialists, Inc. DBA: Technology Integration Group Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	

## COVERAGES

## CERTIFICATE NUMBER:

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



## Certificate of Insurance

<b>Producer</b>  <b>R-T Specialty of California, LLC - Burbank</b> <b>3900 W. Alameda Ave., Ste 2100</b> <b>Burbank, CA 91505</b>	<b>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.</b>
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<b>Named Insured</b> <b>PC Specialists, Inc. dba: Technology Integration Group</b> <b>TIG Shanghai, Ltd</b> <b>Itex, Inc. dba: Technology Integration Group</b> <b>Technology Integration Group, Inc.</b> <b>10240 Flanders Court, San Diego, CA 92121</b>	<b>Insurance Company</b>  <b>Hudson Specialty Insurance Company (a stock company)</b> <b>100 William Street, 5th Floor, New York, NY 10038</b>
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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.

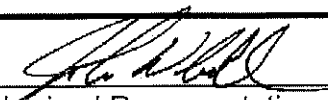
X	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$ \$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator <sup>SM</sup> 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**

<b>Certificate Holder Box</b>  <b>Cooperative Educational Services</b> <b>4216 Balloon Park Rd. NE</b> <b>Albuquerque NM 871095801</b>	<b>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.</b>
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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 CERTIFICATE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE HOLDER AND ANY OTHER PARTY.

  
 Authorized Representative

10/25/2019  
 Date



PCSPECI-02

HFRAMEY

## 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 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

AUTHORIZED REPRESENTATIVE



PCSPECI-02

HFRAMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

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 



PCSPECI-02

HRAEMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X		711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Comp Ded-\$1,000 <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Coll Ded-\$1,000			711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Property Away 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 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 Agreement #1104290

## 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 





PCSPECI-02

HRAEMEY

## 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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PRODUCER License # 0757776 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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



## Certificate of Insurance

<b>Producer</b>  R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505		<b>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.</b>			
<b>Named Insured</b> 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		<b>Insurance Company</b>  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™ content liability policy				\$ \$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$ \$
<b>Description or Comments</b> 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					
<b>Certificate Holder Box</b>  County of Los Angeles Internal Services Department 1100 N. Eastern Ave. RM #G115 Los Angeles CA 90083			<b>CANCELLATION:</b> 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 CERTIFICATE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE HOLDER AND ANY OTHER PARTY.	

Authorized Representative

10/25/2019  
Date



PCSPECI-02

HRAEMEY

## 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).

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

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



## Certificate of Insurance

<b>Producer</b>  R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505		<b>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.</b>			
<b>Named Insured</b> 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		<b>Insurance Company</b>  Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038			
<b>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.</b>					
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 <sup>SM</sup> content liability policy				\$ \$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$ \$
<b>Description or Comments</b> 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					
<b>Certificate Holder Box</b>  County of Los Angeles Internal Services Department 1100 N. Eastern Ave. RM #G115 Los Angeles CA 90063			<b>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.</b>		
<b>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."</b>			<b>THIS CERTIFICATE DOES NOT CHANGE IN ANY WAY THE INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE HOLDER AND ANY OTHER PARTY.</b>		

  
Authorized Representative

10/25/2019  
Date



PCSPECI-02

HRAEMEY

## 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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PRODUCER License # 0757776 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X		711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Comp Ded-\$1,000 <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Coll Ded-\$1,000			711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Property Away 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 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-14201256/MA-IS-1540006-1 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 



## Certificate of Insurance

<b>Producer</b>  R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91506	<b>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.</b>
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<b>Named Insured</b> 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	<b>Insurance Company</b>  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 <sup>SM</sup> 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

<b>Certificate Holder Box</b>  County of Los Angeles Internal Services Department 1100 N. Eastern Ave. RM #0115 Los Angeles CA 90063	<b>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.</b>
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Authorized Representative

10/25/2019  
Date



PCSPECI-02

HRAEMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

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 



## Certificate of Insurance

<b>Producer</b>  R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91506	<b>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.</b>
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<b>Named Insured</b> 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	<b>Insurance Company</b>  Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038
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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 <sup>SM</sup> 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

<b>Certificate Holder Box</b>  County of Los Angeles Internal Services Department 1100 N. Eastern Ave. RM #G115 Los Angeles CA 90063	<b>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.</b>
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<p>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."</p>	<p>THIS CERTIFICATE DOES NOT CHANGE IN ANY WAY THE INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE HOLDER AND ANY OTHER PARTY.</p>
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Authorized Representative

10/25/2019  
Date





PCSPECI-02

HRAEMEY

# 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).

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

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

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 



## Certificate of Insurance

<b>Producer</b>  R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505	<b>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.</b>
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<b>Named Insured</b> 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	<b>Insurance Company</b>  Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038
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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™ 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-14201336/MA-IS-1540008-1

<b>Certificate Holder Box</b>  County of Los Angeles Internal Services Department 1100 N. Eastern Ave. RM #G115 Los Angeles CA 90063	<b>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.</b>
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THIS CERTIFICATE DOES NOT CHANGE IN ANY WAY THE INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE HOLDER AND ANY OTHER PARTY.

  
Authorized Representative

10/25/2019  
Date



PCSPECI-02

HRAEMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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

## 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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X		711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Comp Ded-\$1,000 <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Coll Ded-\$1,000			711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Property Away 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 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-14201254/MA-IS-1540009-1 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 



## Certificate of Insurance

<b>Producer</b>  R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505		<b>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.</b>			
<b>Named Insured</b> 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		<b>Insurance Company</b>  Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038			
<b>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.</b>					
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™ content liability policy				\$ \$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$ \$
<b>Description or Comments</b> 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					
<b>Certificate Holder Box</b>  County of Los Angeles Internal Services Department 1100 N. Eastern Ave. RM #G115 Los Angeles CA 90063			<b>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.</b>		
<b>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."</b>				<b>THIS CERTIFICATE DOES NOT CHANGE IN ANY WAY THE INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE HOLDER AND ANY OTHER PARTY.</b>	

  
Authorized Representative

10/25/2019  
Date



PCSPECI-02

HRAEMEY

## 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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PRODUCER License # 0757776 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

## 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 



PCSPECI-02

HRAEMEY

# 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).

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

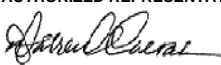
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X		711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Comp Ded-\$1,000 <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Coll Ded-\$1,000			711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Property Away 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 OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 County of Los Angeles and its Agents 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

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 
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PCSPECI-02

HRAEMEY

## 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 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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



## Certificate of Insurance

<b>Producer</b>  R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505		<b>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.</b>			
<b>Named Insured</b> 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		<b>Insurance Company</b>  Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038			
<b>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.</b>					
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 <sup>SM</sup> content liability policy				\$ \$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$ \$
<b>Description or Comments</b> 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					
<b>Certificate Holder Box</b>  County of Los Angeles Internal Services Department 1100 N. Eastern Ave. RM #G115 Los Angeles CA 90083			<b>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.</b>		
<b>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."</b>			<b>THIS CERTIFICATE DOES NOT CHANGE IN ANY WAY THE INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE HOLDER AND ANY OTHER PARTY.</b>		

  
Authorized Representative

10/25/2019  
Date





PCSPECI-02

HFRAMEY

## 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 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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



## Certificate of Insurance

<b>Producer</b>  R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91506		<b>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.</b>			
<b>Named Insured</b> 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		<b>Insurance Company</b>  Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038			
<b>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.</b>					
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™ content liability policy				\$ \$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$ \$
<b>Description or Comments</b> 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-CCPP X					
<b>Certificate Holder Box</b>  County of Los Angeles Internal Services Department 1100 North Eastern Ave. Los Angeles CA 90063			<b>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.</b>		
<b>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."</b>				<b>THIS CERTIFICATE DOES NOT CHANGE IN ANY WAY THE INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE HOLDER AND ANY OTHER PARTY.</b>	

Authorized Representative

10/25/2019  
Date



PCSPECI-02

HRAEMEY

## 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 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

**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.



PCSPECI-02

HRAEMEY

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

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

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



PCSPECI-02

HRAEMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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



## Certificate of Insurance

<b>Producer</b>  R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505		<b>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.</b>			
<b>Named Insured</b> 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		<b>Insurance Company</b>  Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038			
<b>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.</b>					
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™ content liability policy				\$ \$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$ \$
<b>Description or Comments</b> 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					
<b>Certificate Holder Box</b>  Covendis and State of Georgia 200 Walker St. SW, Ste. B Atlanta GA 30313			<b>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.</b>		
<b>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."</b>			<b>THIS CERTIFICATE DOES NOT CHANGE IN ANY WAY THE INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE HOLDER AND ANY OTHER PARTY.</b>		

  
Authorized Representative

10/25/2019  
Date



PCSPECI-02

HRAEMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
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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 State of California, and the participants of 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 Port 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. Bakersfield, CA 93311	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 





## ADDITIONAL REMARKS SCHEDULE

AGENCY Carlsbad, CA-HUB International Insurance Services Inc.		License # 0757776	NAMED INSURED P.C. Specialists, Inc. DBA: Technology Integration Group 10240 Flanders Court San Diego, CA 92121
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE 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:

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

# WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

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## 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.  
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 % of the California workers' compensation premium otherwise due on such remuneration.

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

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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

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

<b>CUMMINS, Inc. Attn: Corp Risk Mgmt Dept</b> 500 Jackson Street Mail Code: 60805 Columbus, IN 60805	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>
	<b>AUTHORIZED REPRESENTATIVE</b> 



PCSPECI-02

HRAEMEY

## 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).

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

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

AUTHORIZED REPRESENTATIVE



PCSPECI-02

HRAEMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X		711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
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A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Property Away 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 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

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



PCSPECI-02

HFRAMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
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	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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



## Certificate of Insurance

<b>Producer</b>  R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91506	<b>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.</b>
--	---

<b>Named Insured</b> 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	<b>Insurance Company</b>  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.

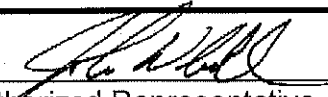
X	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$ \$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator™ 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 is named Additional Insured and Walver of Subrogation Included Re:BD1785-Chromebooks

<b>Certificate Holder Box</b>  Denver Public Schools Purchasing Department 780 Grant St. Denver CO 80203	<b>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.</b>
--	--

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 CERTIFICATE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE HOLDER AND ANY OTHER PARTY.

  
Authorized Representative

10/25/2019  
Date



PCSPECI-02

HRAEMEY

## 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).

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

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





PCSPECI-02

HFRAMEY

## 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 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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



## Certificate of Insurance

<b>Producer</b>  <b>R-T Specialty of California, LLC - Burbank</b> 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505	<b>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.</b>
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<b>Named Insured</b> 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	<b>Insurance Company</b>  Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038
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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.

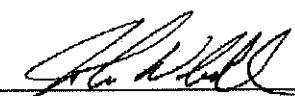
X	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$ \$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator™ 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 Cancellation; 10 Days Notice for Non-Payment of Premium

<b>Certificate Holder Box</b>  Dole Packaged Foods, LLC 3059 Townsgate Rd., Ste. 400 Westlake Village CA 91361	<b>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.</b>
--	--

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 CERTIFICATE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE HOLDER AND ANY OTHER PARTY.

  
 Authorized Representative

10/25/2019  
 Date



PCSPECI-02

HFRAMEY

## 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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PRODUCER License # 0757776 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X		711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY Comp Ded-\$1,000 Coll Ded-\$1,000			711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	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)  
Douglas Emmett 2010, LLC dba Bishop Square, Douglas Emmett, Inc., Douglas Emmett Management, LLC, 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

## CANCELLATION

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 



PCSPECI-02

HRAEMEY

## 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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PRODUCER License # 0757776 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY Comp Ded-\$1,000 <input checked="" type="checkbox"/> Coll Ded-\$1,000			711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Property Away 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 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.
	AUTHORIZED REPRESENTATIVE 



PCSPECI-02

HRAEMEY

## 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).

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

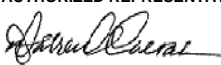
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X	X	711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY Comp Ded-\$1,000 <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY Coll Ded-\$1,000	X	X	711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 0	X	X	711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000
							AGGREGATE \$ 15,000,000
							\$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
							E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Property Away 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 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

<b>EDF Renewables, Inc.</b> Attn: Risk Management 15445 Innovation Drive 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.
	AUTHORIZED REPRESENTATIVE 



## Certificate of Insurance

<b>Producer</b>  R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505		<b>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.</b>			
<b>Named Insured</b> 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		<b>Insurance Company</b>  Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038			
<b>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.</b>					
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™ content liability policy				\$ \$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$ \$
<b>Description or Comments</b> 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					
<b>Certificate Holder Box</b>  EDF Renewable Energy, Inc. Attn: Risk Management 15445 Innovation Drive San Diego CA 92128			<b>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.</b>		
<b>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."</b>			<b>THIS CERTIFICATE DOES NOT CHANGE IN ANY WAY THE INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE HOLDER AND ANY OTHER PARTY.</b>		

  
Authorized Representative

10/25/2019  
Date



PCSPECI-02

HRAEMEY

## 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).

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

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

## 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.

AUTHORIZED REPRESENTATIVE



PCSPECI-02

HFRAMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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PRODUCER License # 0757776 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 :		

INSURED  P.C. Specialists, Inc. DBA: Technology Integration Group 10240 Flanders Court San Diego, CA 92121	
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## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Comp Ded-\$1,000 <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Coll Ded-\$1,000	X		711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 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)  
Enterprise Holdings, Inc., its subsidiary and affiliated companies and limited liability companies are named as Additional Insured and Loss Payee for all vehicles leased, hired or rented by the Namd Insured. \$1,000 comp/coll deds 90 days notice of cancellation/15 days for non-payment

## CERTIFICATE HOLDER

## CANCELLATION

Enterprise Truck Rental  
6330 Marindustry 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





PCSPECI-02

HFRAMEY

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X	X	711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
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							\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Comp Ded-\$1,000 <input checked="" type="checkbox"/> Coll Ded-\$1,000	X	X	711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0	X	X	711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000
							AGGREGATE \$ 15,000,000
							\$
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							E.L. EACH ACCIDENT \$ 1,000,000
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A	Property Away 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 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 
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PCSPECI-02

HRAEMEY

# 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).

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

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

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**

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 
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## Certificate of Insurance

<b>Producer</b>  R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505	<b>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.</b>
<b>Named Insured</b> 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	<b>Insurance Company</b>  Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038
<b>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.</b>	

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™ 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 Sservices for Smartnet

<b>Certificate Holder Box</b>  Escambia County Attn: Joe Pillitary, CPPO, CPPB Office of Purchasing, Rm11.101 P.O. Box 1591 Pensacola FL 325911591	<b>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.</b>
--	--

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

  
Authorized Representative

10/25/2019  
Date



PCSPECI-02

HFRAMEY

## 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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PRODUCER License # 0757776 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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



PCSPECI-02

HRAEMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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



PCSPECI-02

HFRAMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

<b>Fico Financial Corp</b> <b>The Krauss Organization, Inc.</b> 711 N. Sherrill Street Tampa, FL 33609	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>
	<b>AUTHORIZED REPRESENTATIVE</b> 



PCSPECI-02

HRAEMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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



PCSPECI-02

HFRAMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
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INSURED	INSURER B :	
	INSURER C :	
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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X		711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY Comp Ded-\$1,000 Coll Ded-\$1,000			711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 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)  
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

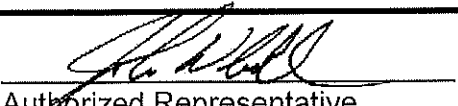
Floyd County Schools 600 Riverside Parkway NE Rome, GA 30161	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 





## Certificate of Insurance

<b>Producer</b>  R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91506		<b>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.</b>			
<b>Named Insured</b> 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		<b>Insurance Company</b>  Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038			
<b>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.</b>					
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 <sup>SM</sup> content liability policy				\$ \$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$ \$
<b>Description or Comments</b> 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					
<b>Certificate Holder Box</b>  Floyd County Schools 600 Riverside Parkway NE Rome GA 30161			<b>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.</b>		
<b>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."</b>			<b>THIS CERTIFICATE DOES NOT CHANGE IN ANY WAY THE INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE HOLDER AND ANY OTHER PARTY.</b>		

  
Authorized Representative

10/25/2019  
Date



PCSPECI-02

HFRAMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

## CERTIFICATE HOLDER

## CANCELLATION

Fort Defiance Indian Hospital Corner of Routes N12 & N7 PO Box 649 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 



PCSPECI-02

HRAEMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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

## COVERAGES

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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A	Property Away 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 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.
	AUTHORIZED REPRESENTATIVE 



PCSPECI-02

HFRAMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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

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.
	AUTHORIZED REPRESENTATIVE 



PCSPECI-02

HFRAMEY

## 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).

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

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

AUTHORIZED REPRESENTATIVE

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

10/25/2019

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

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

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.

AUTHORIZED REPRESENTATIVE



PCSPECI-02

HFRAMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X		711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY Comp Ded-\$1,000 Coll Ded-\$1,000			711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 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 - Telfair SP, 210 Longbridge Road, Helena, GA 31037

## 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.

AUTHORIZED REPRESENTATIVE



PCSPECI-02

HFRAMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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





PCSPECI-02

HFRAMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X		711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
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A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
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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.

AUTHORIZED REPRESENTATIVE



PCSPECI-02

HFRAMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

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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.

AUTHORIZED REPRESENTATIVE



PCSPECI-02

HFRAMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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

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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Re: LEVEL 5 Prisons - AUTRY SP, 3178 Mt Zion Church Rd, Pelham, GA 31779

## 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.

AUTHORIZED REPRESENTATIVE



PCSPECI-02

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## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
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<b>INSURED</b>  P.C. Specialists, Inc. DBA: Technology Integration Group 10240 Flanders Court San Diego, CA 92121	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
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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.

AUTHORIZED REPRESENTATIVE



PCSPECI-02

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PRODUCER License # 0757776 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
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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

## 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.
	AUTHORIZED REPRESENTATIVE 



## ADDITIONAL REMARKS SCHEDULE

AGENCY Carlsbad, CA-HUB International Insurance Services Inc.		License # 0757776	NAMED INSURED P.C. Specialists, Inc. DBA: Technology Integration Group 10240 Flanders Court San Diego, CA 92121
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE 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



PCSPECI-02

HFRAMEY

## 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 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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



PCSPECI-02

HFRAMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X		711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY Comp Ded-\$1,000 Coll Ded-\$1,000			711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 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 Whitworth Facility 414 Valley Hart Rd. Hartwell, GA 30643	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

HFRAMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
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	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

AUTHORIZED REPRESENTATIVE



PCSPECI-02

HRAEMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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



PCSPECI-02

HFRAMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
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## COVERAGES

## CERTIFICATE NUMBER:

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

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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



PCSPECI-02

HRAEMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

## 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



PCSPECI-02

HRAEMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X		711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Comp Ded-\$1,000 <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Coll Ded-\$1,000	X		711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Property Away 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 OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Hyatt Corporation, Kawaioloa 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 Kauai'i Resort & Spa 1571 Poipu Rd. Koloa, HI 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.
	AUTHORIZED REPRESENTATIVE 



PCSPECI-02

HRAEMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
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	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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



PCSPECI-02

HFRAMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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



PCSPECI-02

HRAEMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	<b>INSURER A :</b> Atlantic Specialty Ins. Co.	27154
<b>INSURED</b> P.C. Specialists, Inc. DBA: Technology Integration Group Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
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## COVERAGES

## CERTIFICATE NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X		711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Comp Ded-\$1,000 <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Coll Ded-\$1,000	X		711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
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A	Property Away From			711008985-0013	10/31/2019	10/31/2020	Limit: 200,000
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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

<b>Gwinnett County BOC</b> 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 





## Certificate of Insurance

<b>Producer</b>  R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91506		<b>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.</b>			
<b>Named Insured</b> 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		<b>Insurance Company</b>  Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038			
<b>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.</b>					
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 <sup>SM</sup> content liability policy				\$ \$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$ \$
<b>Description or Comments</b> 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 subrogation applies Re:Bid #RP016-13, Purchase of Symantec Products and Related Services					
<b>Certificate Holder Box</b>  Gwinnett County BOC 75 Langley Dr. Lawrenceville GA 300466935			<b>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.</b>		
<b>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."</b>			<b>THIS CERTIFICATE DOES NOT CHANGE IN ANY WAY THE INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE HOLDER AND ANY OTHER PARTY.</b>		

  
Authorized Representative

10/25/2019  
Date



PCSPECI-02

HRAEMEY

## 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).

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

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

<b>Gwinnett County BOC</b> 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 



PCSPECI-02

HFRAMEY

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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

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

**CERTIFICATE HOLDER****CANCELLATION**

<b>Gwinnett County BOC</b> 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.
	<b>AUTHORIZED REPRESENTATIVE</b> 



PCSPECI-02

HFRAMEY

## CERTIFICATE OF LIABILITY INSURANCE

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	<b>PHONE (A/C, No, Ext):</b> (760) 804-0402	<b>FAX (A/C, No):</b> (760) 804-0942
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	<b>INSURER A :</b> Atlantic Specialty Ins. Co.	<b>27154</b>
<b>INSURED</b>  P.C. Specialists, Inc. DBA: Technology Integration Group 10240 Flanders Court San Diego, CA 92121	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X	X	711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
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A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		X	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Property Away 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 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.
	AUTHORIZED REPRESENTATIVE 



PCSPECI-02

HFRAMEY

## CERTIFICATE OF LIABILITY INSURANCE

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INSURED	INSURER B :	
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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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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.

AUTHORIZED REPRESENTATIVE



PCSPECI-02

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

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

**CERTIFICATE HOLDER****CANCELLATION**

<b>Gwinnett County BOC</b> 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.  <b>AUTHORIZED REPRESENTATIVE</b> 
--	--



PCSPECI-02

HFRAMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

## CERTIFICATE HOLDER

## CANCELLATION

Hamilton Sundstrand  
1 Hamilton Rd.  
Windsor Locks, CT 06096

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

HRAEMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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





PCSPECI-02

HRAEMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
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## COVERAGES

## CERTIFICATE NUMBER:

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

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.

AUTHORIZED REPRESENTATIVE



PCSPECI-02

HFRAMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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	INSURER(S) AFFORDING COVERAGE	NAIC #
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## COVERAGES

## CERTIFICATE NUMBER:

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A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 0	X	X	711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 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.

AUTHORIZED REPRESENTATIVE



## Certificate of Insurance

<b>Producer</b>  R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505		<b>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.</b>			
<b>Named Insured</b> 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		<b>Insurance Company</b>  Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038			
<b>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.</b>					
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 <sup>SM</sup> content liability policy				\$ \$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$ \$
<b>Description or Comments</b> 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 subrogation applies					
<b>Certificate Holder Box</b>  Henry County Water Authority 1695 Hwy 20 West Mc Donough GA 30253			<b>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.</b>		
<b>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."</b>			<b>THIS CERTIFICATE DOES NOT CHANGE IN ANY WAY THE INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE HOLDER AND ANY OTHER PARTY.</b>		

  
Authorized Representative

10/25/2019  
Date



PCSPECI-02

HFRAMEY

## 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 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X	X	711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 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)  
High Banks Business Park LLC is named Additional Insured-Landlord as specified by contract in Form VCG207 regarding leased premises at 5250 High Banks Rd., Springfield, Suite 630, OR 97478 waiver of subrogation applies to all coverages 90 days notice of cancellation/15 days for non-payment

## CERTIFICATE HOLDER

## CANCELLATION

High Banks Business Park LLC PO Box 7867 Springfield, OR 97475	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

HFRAMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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



PCSPECI-02

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## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

## 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



PCSPECI-02

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## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

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



PCSPECI-02

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## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
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	INSURER E :	
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## COVERAGES

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

## CERTIFICATE HOLDER

## CANCELLATION

Humana, Inc. 500 West Main St. Louisville, KY 40202	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

HFRAMEY

## 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).

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

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

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.

AUTHORIZED REPRESENTATIVE



PCSPECI-02

HRAEMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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



PCSPECI-02

HRAEMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

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 



PCSPECI-02

HFRAMEY

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X		711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	<input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						\$
	Comp Ded-\$1,000 <input checked="" type="checkbox"/> Coll Ded-\$1,000 <input checked="" type="checkbox"/>						\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 15,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 0						\$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N						E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	<input checked="" type="checkbox"/> 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**

<b>Investment Properties, Ltd</b> 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.
	<b>AUTHORIZED REPRESENTATIVE</b> 



PCSPECI-02

HRAEMEY

## CERTIFICATE OF LIABILITY INSURANCE

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	<b>PHONE (A/C, No, Ext):</b> (760) 804-0402	<b>FAX (A/C, No):</b> (760) 804-0942
	<b>E-MAIL ADDRESS:</b> healy.ramey@hubinternational.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	<b>INSURER A :</b> Atlantic Specialty Ins. Co.	<b>27154</b>
<b>INSURED</b> P.C. Specialists, Inc. DBA: Technology Integration Group Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	

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



PCSPECI-02

HRAEMEY

## 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 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

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



HRAHEY

**EVIDENCE OF PROPERTY INSURANCE**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.

AGENCY Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	PHONE (A/C, No, Ext): (760) 804-0402	COMPANY Atlantic Specialty Ins. Co.
FAX (A/C, No): (760) 804-0942	E-MAIL ADDRESS: healy.ramey@hubinternational.com	
CODE:	SUB CODE:	
AGENCY CUSTOMER ID #: PCSPECI-02	License # 0757776	
INSURED Wavenet Technologies, Inc. dba Technology Integration Group 10240 Flanders Court San Diego, CA 92121	LOAN NUMBER 40584	POLICY NUMBER 711008985-0013
	EFFECTIVE DATE 10/31/2019	EXPIRATION DATE 10/31/2020
	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:		

**PROPERTY INFORMATION**

LOCATION/DESCRIPTION City of Niceville- Property Value: \$74,340
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	<input checked="" type="checkbox"/> SPECIAL
COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE	
Blanket Contents, including Property of Others/Agreed Amount/RC Includes Theft	\$25,771,000	1,000	

**REMARKS (Including Special Conditions)**

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

NAME AND ADDRESS  Key Government Finance &/or its successors & assigns P.O. Box 4248 Bellevue, WA 98009	ADDITIONAL INSURED MORTGAGEE	LENDER'S LOSS PAYABLE <input checked="" type="checkbox"/> LOSS PAYEE
	LOAN # 40584	
	AUTHORIZED REPRESENTATIVE 	



PCSPECI-02

HRAEMEY

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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





PCSPECI-02

HRAEMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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

## CERTIFICATE NUMBER:

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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

<b>LANs</b> Attn: Nancy Williams P.O. Box 1663 Los Alamos, NM 87545	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>
	<b>AUTHORIZED REPRESENTATIVE</b> 



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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

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

## CERTIFICATE HOLDER

## CANCELLATION

Las Cruces Public Schools  
Purchasing Dept., District Buyer  
505 S. Main, Ste. 249  
Las Cruces, NM 88001

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

HFRAMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

AUTHORIZED REPRESENTATIVE



PCSPECI-02

HFRAMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X	X	711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Comp Ded-\$1,000 <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Coll Ded-\$1,000	X	X	711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 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)  
Lenovo (United States) Inc, its directors, officers, and employees included 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 (professional liability on a separate certificate)

## 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.
	AUTHORIZED REPRESENTATIVE 



## Certificate of Insurance

<b>Producer</b> R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91606		<b>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.</b>			
<b>Named Insured</b> 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		<b>Insurance Company</b> Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038			
<b>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.</b>					
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 <sup>SM</sup> content liability policy				\$ \$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$ \$
<b>Description or Comments</b> 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 Subrogation applies					
<b>Certificate Holder Box</b> Lenovo (United States) Inc. 1009 Think Place Morrisville NC 27560			<b>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.</b>		
<b>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."</b>			<b>THIS CERTIFICATE DOES NOT CHANGE IN ANY WAY THE INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE HOLDER AND ANY OTHER PARTY.</b>		

  
Authorized Representative

10/25/2019  
Date



PCSPECI-02

HRAEMEY

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X	X	711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
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A	Property Away 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 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.
	AUTHORIZED REPRESENTATIVE 



PCSPECI-02

HRAEMEY

## CERTIFICATE OF LIABILITY INSURANCE

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INSURED P.C. Specialists, Inc. DBA: Technology Integration Group Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
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A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY Comp Ded-\$1,000 Coll Ded-\$1,000			711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Property Away 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 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.

AUTHORIZED REPRESENTATIVE



PCSPECI-02

HRAEMEY

## 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 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

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 





PCSPECI-02

HRAEMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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



PCSPECI-02

HRAEMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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



PCSPECI-02

HFRAMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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



PCSPECI-02

HFRAMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X		711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Comp Ded-\$1,000 <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Coll Ded-\$1,000			711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 0	X		711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 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#18166-Miscellaneous computer supplies and equipment for ongoing needs

## CERTIFICATE HOLDER

## CANCELLATION

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.
	AUTHORIZED REPRESENTATIVE 



PCSPECI-02

HFRAMEY

## 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 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X		711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY Comp Ded-\$1,000 Coll Ded-\$1,000			711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 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-Landlord as specified by contract per Form VCG207 with respects to premises at 2731 Broadway Suites F&D, Albuquerque, NM 87107

## CERTIFICATE HOLDER

## CANCELLATION

Mechanical Concepts  
2921 Second St. NW  
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.

AUTHORIZED REPRESENTATIVE



PCSPECI-02

HFRAMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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



PCSPECI-02

HFRAMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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



PCSPECI-02

HFRAMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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





PCSPECI-02

HFRAMEY

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

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

Mullane Interests is named Additional Insured-Landlord as specified by contract in Form VCG207 regarding leased premises at 1714 Rotary Dr., Humble, TX 77338 90 days notice of cancellation/15 days for non-payment

## CERTIFICATE HOLDER

## CANCELLATION

Mullane Interests 1923 Rotary Dr. Humble, TX 77338	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

HFRAMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Comp Ded-\$1,000 <input checked="" type="checkbox"/> Coll Ded-\$1,000			711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 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: Ticket#124001/N3BLOSALAMOS/CISCO HYPERFLEX - OPTION 2 / OPP 18130 / PRE-L ALAMOS-HYPERFLEX - PO Number: PO-0000084

## CERTIFICATE HOLDER

## CANCELLATION

N3B-Los Alamos  
600 Sixth Street  
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



PCSPECI-02

HFRAMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY Comp Ded-\$1,000 Coll Ded-\$1,000			711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 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: Ticket#124001/N3BLOSALAMOS/CISCO HYPERFLEX - OPTION 2 / OPP 18130 / PRE-L ALAMOS-HYPERFLEX - PO Number: PO-00000111

## CERTIFICATE HOLDER

## CANCELLATION

N3B-Los Alamos  
600 Sixth Street  
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



PCSPECI-02

HFRAMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X		711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY Comp Ded-\$1,000 Coll Ded-\$1,000			711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 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)  
N3B-Los Alamos is named as Additional Insured as specified by contract per VCG207 - PO Number: PO-00000112

## CERTIFICATE HOLDER

## CANCELLATION

N3B-Los Alamos 600 Sixth Street 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 



PCSPECI-02

HFRAMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

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A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
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A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 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: PO-0000120

## CERTIFICATE HOLDER

## CANCELLATION

N3B-Los Alamos  
600 Sixth Street  
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



PCSPECI-02

HFRAMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY Comp Ded-\$1,000 Coll Ded-\$1,000			711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 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: PO-0000136

## CERTIFICATE HOLDER

## CANCELLATION

N3B-Los Alamos  
600 Sixth Street  
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



PCSPECI-02

HFRAMEY

## 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).

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

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

<b>National School District</b> 1500 N Avenue National City, CA 91950	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>
	<b>AUTHORIZED REPRESENTATIVE</b> 



PCSPECI-02

HFRAMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Comp Ded-\$1,000 <input checked="" type="checkbox"/> Coll Ded-\$1,000			711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 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

## CERTIFICATE HOLDER

## CANCELLATION

Navajo Agricultural Products Industry (NAPI)  
PO Drawer 1318  
Farmington, NM 87499

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

HFRAMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

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.
	AUTHORIZED REPRESENTATIVE 



## Certificate of Insurance

<b>Producer</b> R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505		<b>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.</b>			
<b>Named Insured</b> 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		<b>Insurance Company</b> Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038			
<b>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.</b>					
<b>X</b>	<b>Type of Insurance</b>	<b>Policy Number</b>	<b>Policy Start Date</b>	<b>Policy End Date</b>	<b>Liability Limits at Policy Inception</b>
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$ \$
<b>X</b>	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™ content liability policy				\$ \$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$ \$
<b>Description or Comments</b> 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 Waiver of Subrogation Included					
<b>Certificate Holder Box</b> Navajo Nation PO Box 2588 Window Rock AZ 86515			<b>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.</b>		
<b>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."</b>			<b>THIS CERTIFICATE DOES NOT CHANGE IN ANY WAY THE INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE HOLDER AND ANY OTHER PARTY.</b>		

  
Authorized Representative

10/25/2019  
Date



PCSPECI-02

HFRAMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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INSURED	INSURER B :	
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## COVERAGES

## CERTIFICATE NUMBER:

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A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
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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 



## Certificate of Insurance

<b>Producer</b> R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505		<b>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.</b>			
<b>Named Insured</b> 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		<b>Insurance Company</b> Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038			
<b>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.</b>					
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™ content liability policy				\$ \$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$ \$
<b>Description or Comments</b> 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					
<b>Certificate Holder Box</b> Navajo Nation - Department of Information Technology PO Box 5970 Window Rock AZ 86515			<b>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.</b>		
<b>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."</b>			<b>THIS CERTIFICATE DOES NOT CHANGE IN ANY WAY THE INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE HOLDER AND ANY OTHER PARTY.</b>		

Authorized Representative

10/25/2019  
Date



PCSPECI-02

HFRAMEY

## 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 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

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 



## Certificate of Insurance

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<b>Named Insured</b> 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	<b>Insurance Company</b>  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 <sup>SM</sup> content liability policy				\$ \$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$ \$

<b>Description or Comments</b>	
<b>Certificate Holder Box</b>  Navajo Tribal Utility Authority ATTN: Shelly E. Cleveland, Purchasing Department North Navajo Route 12 Fort Defiance AZ 86504	<b>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.</b>
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Authorized Representative

10/25/2019  
Date



PCSPECI-02

HFRAMEY

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PRODUCER License # 0757776 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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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 



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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 <sup>SM</sup> content liability policy				\$ \$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$ \$

<b>Description or Comments</b>	
<b>Certificate Holder Box</b>  Navajo Tribal Utility Authority ATTN: Shelly E. Cleveland, Purchasing Department North Navajo Route 12 Fort Defiance AZ 86504	<b>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.</b>
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Authorized Representative

10/25/2019  
Date





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

## COVERAGES

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

New Caney ISD 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

New Caney ISD - Technology  
Attn: Ben Rice  
20340 FM 1485  
New Caney, TX 77357

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

## 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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X		711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Comp Ded-\$1,000 <input checked="" type="checkbox"/> Coll Ded-\$1,000			711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Property Away 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 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.
	AUTHORIZED REPRESENTATIVE 



PCSPECI-02

HFRAMEY

## 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 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY Comp Ded-\$1,000 Coll Ded-\$1,000			711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 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: Installation of Interactive Touch Screen Panels at each of the locations on attached schedule.

## CERTIFICATE HOLDER

## CANCELLATION

Newton County Board of Education  
2109 Newton Dr., NE  
Covington, GA 30014

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

**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



PCSPECI-02

HFRAMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

AUTHORIZED REPRESENTATIVE



PCSPECI-02

HRAEMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X		711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
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A	Property Away 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 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 



PCSPECI-02

HFRAMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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## COVERAGES

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A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 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)  
Oahu Transit Services, Inc. and the City and County of Honolulu are named Additional Insured as specified by contract per VCG207 & CG2037 with respects to operations of the Insured performed on their behalf. 90 days notice of cancellation/15 for non-payment of premium  
Re: Managed print services for laser printers

## CERTIFICATE HOLDER

## CANCELLATION

Oahu Transit Services, Inc. 811 Middle St. Honolulu, HI 96819-2316	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

HFRAMEY

## 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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PRODUCER License # 0757776 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X		711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY Comp Ded-\$1,000 Coll Ded-\$1,000			711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 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.  
Watkinsville, GA 30677

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

HRAEMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Comp Ded-\$1,000 <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Coll Ded-\$1,000	X		711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Property Away 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 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.
	AUTHORIZED REPRESENTATIVE 



## Certificate of Insurance

<b>Producer</b>  R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505		<b>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.</b>			
<b>Named Insured</b> 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		<b>Insurance Company</b>  Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038			
<b>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.</b>					
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 <sup>SM</sup> content liability policy				\$ \$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$ \$
<b>Description or Comments</b> 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					
<b>Certificate Holder Box</b>  Okaloosa County 602-C North Pearl St. Crestview FL 32536			<b>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.</b>		
<b>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."</b>			<b>THIS CERTIFICATE DOES NOT CHANGE IN ANY WAY THE INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE HOLDER AND ANY OTHER PARTY.</b>		

  
Authorized Representative

10/25/2019  
Date



PCSPECI-02

HFRAMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
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	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

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

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



PCSPECI-02

HRAEMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	<b>INSURER A :</b> Atlantic Specialty Ins. Co.	27154
<b>INSURED</b> P.C. Specialists, Inc. DBA: Technology Integration Group Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	

## COVERAGES

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A	Property Away 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 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 

**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**

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.



PCSPECI-02

HFRAMEY

## CERTIFICATE OF LIABILITY INSURANCE

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

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 



PCSPECI-02

HFRAMEY

# 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).

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

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X		711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	<input checked="" type="checkbox"/> 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
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> Comp Ded-\$1,000						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 15,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0						\$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Property Away 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 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**

<b>Peacock University</b> <b>and Asset Specialists, Inc.</b> 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.
	<b>AUTHORIZED REPRESENTATIVE</b> 





PCSPECI-02

HRAEMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

## 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.

AUTHORIZED REPRESENTATIVE



PCSPECI-02

HRAEMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

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

## CERTIFICATE HOLDER

## CANCELLATION

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



PCSPECI-02

HFRAMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY Comp Ded-\$1,000 <input checked="" type="checkbox"/> Coll Ded-\$1,000	X		711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
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A	Property Away 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 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 dedd 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

HRAEMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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PRODUCER License # 0757776 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

## CERTIFICATE HOLDER

## CANCELLATION

Penske Truck Leasing Co.  
Attn: Cheryl  
8645 E. 25th Street  
Indianapolis, IN 46219

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

HRAEMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

## CANCELLATION

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 



PCSPECI-02

HRAEMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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



PCSPECI-02

HRAEMEY

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <div style="margin-left: 20px;"> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  <input checked="" type="checkbox"/> <b>zero deductible</b> </div> <div style="margin-left: 20px;">           GEN'L AGGREGATE LIMIT APPLIES PER:  <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC            OTHER:         </div>			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ <b>1,000,000</b>
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b>				
			MED EXP (Any one person) \$ <b>10,000</b>				
			PERSONAL & ADV INJURY \$ <b>1,000,000</b>				
			GENERAL AGGREGATE \$ <b>2,000,000</b>				
			PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>				
<b>A</b>	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <div style="margin-left: 20px;"> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY  <input checked="" type="checkbox"/> HIRED AUTOS ONLY  <input checked="" type="checkbox"/> Comp Ded-\$1,000           </div> <div style="margin-left: 20px;"> <input type="checkbox"/> SCHEDULED AUTOS  <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY  <input checked="" type="checkbox"/> Coll Ded-\$1,000           </div>	<b>X</b>		711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
			BODILY INJURY (Per person) \$				
			BODILY INJURY (Per accident) \$				
			PROPERTY DAMAGE (Per accident) \$				
<b>A</b>	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ <b>0</b>			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ <b>15,000,000</b>
			AGGREGATE \$ <b>15,000,000</b>				
<b>A</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	<b>Y / N</b> N / A		406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
			E.L. EACH ACCIDENT \$ <b>1,000,000</b>				
			E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b>				
			E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>				
<b>A</b>	<b>Property Away From</b>			711008985-0013	10/31/2019	10/31/2020	<b>Limit:</b> <b>200,000</b>
<b>A</b>	<b>Premises</b>			711008985-0013	10/31/2019	10/31/2020	<b>Ded</b> <b>1,000</b>

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 interest 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.

**CERTIFICATE HOLDER****CANCELLATION**

<b>Penske Truck Leasing Co., L.P.</b> 2300 Weaver Way Norcross, GA 30092	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b> 



PCSPECI-02

HRAEMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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





PCSPECI-02

HRAEMEY

# 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).

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

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

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 incl under 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 
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## Certificate of Insurance

<b>Producer</b>  <b>R-T Specialty of California, LLC - Burbank</b> <b>3900 W. Alameda Ave., Ste 2100</b> <b>Burbank, CA 91505</b>	<b>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.</b>
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<b>Named Insured</b> <b>PC Specialists, Inc. dba: Technology Integration Group</b> <b>TIG Shanghai, Ltd</b> <b>Itex, Inc. dba: Technology Integration Group</b> <b>Technology Integration Group, Inc.</b> <b>10240 Flanders Court, San Diego, CA 92121</b>	<b>Insurance Company</b>  <b>Hudson Specialty Insurance Company (a stock company)</b> <b>100 William Street, 5th Floor, New York, NY 10038</b>
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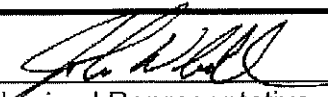
THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY 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 <sup>SM</sup> 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

<b>Certificate Holder Box</b>  <b>Port of Long Beach On-Call Information Technology Services</b> <b>P.O. Box 570</b> <b>Long Beach CA 90801</b>	<b>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.</b>
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<b>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."</b>	<b>THIS CERTIFICATE DOES NOT CHANGE IN ANY WAY THE INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE HOLDER AND ANY OTHER PARTY.</b>
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 Authorized Representative

10/25/2019  
 Date



PCSPECI-02

HRAEMEY

## 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 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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



PCSPECI-02

HFRAMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY Comp Ded-\$1,000 Coll Ded-\$1,000			711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 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:Property of Others in the Insured's care, custody &amp; control. Value: \$1,546,505. Special Form coverage applies subject to a \$1,000 Deductible

## CERTIFICATE HOLDER

## CANCELLATION

Portsmouth Public Schools  
3651 Hartford Street  
Portsmouth, VA 23707

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

HFRAMEY

## 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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PRODUCER License # 0757776 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Rental Equip Cvrq			711008985-0013	10/31/2019	10/31/2020	Limit 75,000

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

## CERTIFICATE HOLDER

## CANCELLATION

Premier Platforms, Inc. 1469 Dogwood Dr. SE Conyers, GA 30012	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

HRAEMEY

## 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 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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



PCSPECI-02

HFRAMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

AUTHORIZED REPRESENTATIVE



PCSPECI-02

HRAEMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

## CERTIFICATE HOLDER

## CANCELLATION

Purdue University  
401 S. Rant St.  
West Lafayette, IN 47907

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

HFRAMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

Regents of University of California is named Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on thier behalf.

re: UCI Data Center Risk Assessment

## CERTIFICATE HOLDER

## CANCELLATION

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 



PCSPECI-02

HRAEMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
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	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

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

# WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

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## 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.

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 % of the California workers' compensation premium otherwise due on such remuneration.

### Schedule

Person or Organization

Job Description

Retirement Housing Foundation



## Certificate of Insurance

<b>Producer</b>  R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505	<b>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.</b>
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<b>Named Insured</b> 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	<b>Insurance Company</b>  Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038
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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™ 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

<b>Certificate Holder Box</b>  Retirement Housing Foundation Attn: Corporate Risk Manager 911 N. Studebaker Rd. Long Beach CA 90815	<b>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.</b>
---	--

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 CERTIFICATE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE HOLDER AND ANY OTHER PARTY.

  
Authorized Representative

10/25/2019  
Date



PCSPECI-02

HFRAMEY

## 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 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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



PCSPECI-02

HFRAMEY

## 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).

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

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

## 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



PCSPECI-02

HFRAMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

<b>Producer</b>  R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505	<b>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.</b>
--	---

<b>Named Insured</b> 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	<b>Insurance Company</b>  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 <sup>SM</sup> 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

<b>Certificate Holder Box</b>  Rush Enterprises, Inc. AOIS AOIASA ATIMA PO Box 34630 San Antonio TX 78265	<b>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.</b>
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Authorized Representative

10/25/2019  
Date





PCSPECI-02

HFRAMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

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 



PCSPECI-02

HRAEMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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



PCSPECI-02

HFRAMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
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	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

---

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.

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 % of the California workers' compensation premium otherwise due on such remuneration.

Schedule

Person or Organization

Job Description

San Diego County Regional Airport Authority, its agents,  
officers and employees



PCSPECI-02

HFRAMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

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A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY Comp Ded-\$1,000 Coll Ded-\$1,000			711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
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A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 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 before of Certificate Holder - Re: XPPS Cost Per Print Agreement

## CERTIFICATE HOLDER

## CANCELLATION

San Elijo Joint Powers Authority 2695 Manchester Ave. Cardiff, CA 92007	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

HFRAMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
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	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

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A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
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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

## 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.
	AUTHORIZED REPRESENTATIVE 



PCSPECI-02

HFRAMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
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	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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X		711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY Comp Ded-\$1,000 Coll Ded-\$1,000			711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 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)

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

## 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.

AUTHORIZED REPRESENTATIVE



PCSPECI-02

HFRAMEY

## 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 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

AUTHORIZED REPRESENTATIVE





PCSPECI-02

HFRAMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/>	N / A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Property Away 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 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.
	AUTHORIZED REPRESENTATIVE 

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

---

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.

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 % of the California workers' compensation premium otherwise due on such remuneration.

Schedule

Person or Organization

Job Description

Sempra Energy, San Diego, Gas & Electric Company



PCSPECI-02

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## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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A	Property Away 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 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.
	AUTHORIZED REPRESENTATIVE 



PCSPECI-02

HFRAMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
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	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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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.
	AUTHORIZED REPRESENTATIVE 



PCSPECI-02

HFRAMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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

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



PCSPECI-02

HRAEMEY

## 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 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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



PCSPECI-02

HFRAMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

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

AUTHORIZED REPRESENTATIVE



PCSPECI-02

HRAEMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

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

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 



# WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

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## 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.  
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 % of the California workers' compensation premium otherwise due on such remuneration.

### Schedule

Person or Organization

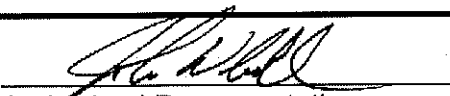
Job Description

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

<b>Producer</b>  R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91506		<b>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.</b>			
<b>Named Insured</b> 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		<b>Insurance Company</b>  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 <sup>SM</sup> content liability policy				\$ \$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$ \$
<b>Description or Comments</b> 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: 0000003826					
<b>Certificate Holder Box</b>  Sempra Energy Insurance Compliance PO Box 12010-S1 Hemet CA 925468010			<b>CANCELLATION:</b> 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 CERTIFICATE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE HOLDER AND ANY OTHER PARTY.	

  
Authorized Representative

10/25/2019  
Date



PCSPECI-02

HFRAMEY

## 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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PRODUCER License # 0757776 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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



PCSPECI-02

HFRAMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
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	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY Comp Ded-\$1,000 Coll Ded-\$1,000			711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Property Away 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 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.

## CERTIFICATE HOLDER

## CANCELLATION

St. Lucie Public Schools 4204 Okeechobee Rd. Fort Pierce, FL 34947	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 Insurance

<b>Producer</b>  R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91606		<b>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.</b>			
<b>Named Insured</b> 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		<b>Insurance Company</b>  Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038			
<b>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.</b>					
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 <sup>SM</sup> content liability policy				\$ \$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$ \$
<b>Description or Comments</b> 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					
<b>Certificate Holder Box</b>  St. Lucie Public Schools 4204 Okeechobee Rd. Fort Pierce FL 34947			<b>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.</b>		
<b>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."</b>			<b>THIS CERTIFICATE DOES NOT CHANGE IN ANY WAY THE INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE HOLDER AND ANY OTHER PARTY.</b>		

  
Authorized Representative

10/25/2019  
Date



PCSPECI-02

HFRAMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
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	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

St. Lucie Public Schools is named Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on thier behalf.

## CERTIFICATE HOLDER

## CANCELLATION

St. Lucie Public Schools  
501 NW University Blvd.  
Port Saint Lucie, FL 34986

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

HRAEMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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

## COVERAGES

## CERTIFICATE NUMBER:

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A	Property Away From			711008985-0013	10/31/2019	10/31/2020	Limit: 200,000
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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

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



PCSPECI-02

HFRAMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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

State of Florida Purchasing & Procurement 4050 Esplanade Way #360 Tallahassee, FL 32399	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

HFRAMEY

## 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 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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



PCSPECI-02

HFRAMEY

## 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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PRODUCER License # 0757776 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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



PCSPECI-02

HRAEMEY

## 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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PRODUCER License # 0757776 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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



## Certificate of Insurance

<b>Producer</b>  R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91506	<b>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.</b>
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<b>Named Insured</b> 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	<b>Insurance Company</b>  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 <sup>SM</sup> 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

<b>Certificate Holder Box</b>  State of Georgia Georgia Dept of Admin Services 200 Piedmont Ave., SE, #1302, West Tower Atlanta GA 303349010	<b>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.</b>
---	--

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 CERTIFICATE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE HOLDER AND ANY OTHER PARTY.

  
Authorized Representative

10/25/2019  
Date



PCSPECI-02

HFRAMEY

## 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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PRODUCER License # 0757776 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY Comp Ded-\$1,000 Coll Ded-\$1,000			711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Property Away 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 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

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



## Certificate of Insurance

<b>Producer</b>  R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91506	<b>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.</b>
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<b>Named Insured</b> 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	<b>Insurance Company</b>  Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038
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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™ 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

<b>Certificate Holder Box</b>  State of Georgia Georgia Dept of Admin Services 200 Piedmont Ave., SE, #1302, West Tower Atlanta GA 303349010	<b>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.</b>
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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 CERTIFICATE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE HOLDER AND ANY OTHER PARTY.

  
Authorized Representative

10/25/2019  
Date



PCSPECI-02

HFRAMEY

## 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 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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



## Certificate of Insurance

<b>Producer</b>  R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91506	<b>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.</b>
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<b>Named Insured</b> 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	<b>Insurance Company</b>  Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038
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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™ 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

<b>Certificate Holder Box</b>  State of Georgia Georgia Dept of Admin Services 200 Piedmont Ave., SE, #1302, West Tower Atlanta GA 303349010	<b>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.</b>
---	--

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Authorized Representative

10/25/2019  
Date





PCSPECI-02

HFRAMEY

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

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



## Certificate of Insurance

<b>Producer</b>  R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91506	<b>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.</b>
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<b>Named Insured</b> 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	<b>Insurance Company</b>  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™ 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

<b>Certificate Holder Box</b>  State of Georgia Georgia Dept of Admin Services 200 Piedmont Ave., SE, #1302, West Tower Atlanta GA 303349010	<b>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.</b>
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Authorized Representative

10/25/2019  
Date



PCSPECI-02

HRAEMEY

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

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

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



PCSPECI-02

HFRAMEY

## 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 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

## 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 



PCSPECI-02

HRAEMEY

## 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).

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

## 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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X		711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Comp Ded-\$1,000 <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Coll Ded-\$1,000	X		711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Property Away 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 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 D15-076

## CERTIFICATE HOLDER

## CANCELLATION

State of Hawaii Department of Education  
94-275 Mokuola St. #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



PCSPECI-02

HRAEMEY

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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

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



PCSPECI-02

HFRAMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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

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



## Certificate of Insurance

<b>Producer</b>  <b>R-T Specialty of California, LLC - Burbank</b> <b>3900 W. Alameda Ave., Ste 2100</b> <b>Burbank, CA 91505</b>	<b>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.</b>
---	---

<b>Named Insured</b> <b>PC Specialists, Inc. dba: Technology Integration Group</b> <b>TIG Shanghai, Ltd</b> <b>Itex, Inc. dba: Technology Integration Group</b> <b>Technology Integration Group, Inc.</b> <b>10240 Flanders Court, San Diego, CA 92121</b>	<b>Insurance Company</b>  <b>Hudson Specialty Insurance Company (a stock company)</b> <b>100 William Street, 5th Floor, New York, NY 10038</b>
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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
	<b>ClickStream® 2.0</b> connected services with CyberInfusion® policy				\$ \$
X	<b>HyperDrive® 2.0</b> technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	<b>Disseminator™</b> content liability policy				\$ \$
	<b>BusinessWare® 2.0</b> 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

<b>Certificate Holder Box</b>  <b>State of Hawaii, Department of Education</b> <b>P.O. Box 2360</b> <b>Honolulu HI 96804</b>	<b>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.</b>
--	--

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 CERTIFICATE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE HOLDER AND ANY OTHER PARTY.

  
Authorized Representative

10/25/2019  
Date





PCSPECI-02

HFRAMEY

# 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).

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

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

**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.

AUTHORIZED REPRESENTATIVE



PCSPECI-02

HFRAMEY

## 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 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

AUTHORIZED REPRESENTATIVE



## Certificate of Insurance

<b>Producer</b>  R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91605	<b>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.</b>
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<b>Named Insured</b> 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	<b>Insurance Company</b>  Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038
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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 <sup>SM</sup> 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. IT 2018-45

<b>Certificate Holder Box</b>  State of Hawai'i, Office of Hawaiian Affairs 560 North Nimitz Highway, Ste. 200 Honolulu HI 96817	<b>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.</b>
--	--

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 CERTIFICATE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE HOLDER AND ANY OTHER PARTY.

  
Authorized Representative

10/25/2019  
Date



PCSPECI-02

HRAEMEY

## 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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PRODUCER License # 0757776 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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



PCSPECI-02

HFRAMEY

## 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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PRODUCER License # 0757776 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

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 



PCSPECI-02

HRAEMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

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 



PCSPECI-02

HFRAMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X	X	711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Comp Ded-\$1,000 <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Coll Ded-\$1,000			711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
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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 Resources 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 



PCSPECI-02

HFRAMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
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	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X		711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
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A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
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A	Property Away 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 OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder and Cisco are included as Additional 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 Olympia, WA 98504	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

HFRAMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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	<b>PHONE (A/C, No, Ext):</b> (760) 804-0402	<b>FAX (A/C, No):</b> (760) 804-0942
	<b>E-MAIL ADDRESS:</b> healy.ramey@hubinternational.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	<b>INSURER A :</b> Atlantic Specialty Ins. Co.	<b>27154</b>
<b>INSURED</b>  P.C. Specialists, Inc. DBA: Technology Integration Group 10240 Flanders Court San Diego, CA 92121	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
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## COVERAGES

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A	Property Away From			711008985-0013	10/31/2019	10/31/2020	Limit: 200,000
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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 



## CERTIFICATE OF LIABILITY INSURANCE

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<b>INSURED</b>  P.C. Specialists, Inc. DBA: Technology Integration Group 10240 Flanders Court San Diego, CA 92121	<b>NAIC #</b> 27154

## COVERAGES

## CERTIFICATE NUMBER:

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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

## 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.

AUTHORIZED REPRESENTATIVE



PCSPECI-02

HFRAMEY

## 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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PRODUCER License # 0757776 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X		711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Comp Ded-\$1,000 <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Coll Ded-\$1,000	X		711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Rental Equip Cvr			711008985-0013	10/31/2019	10/31/2020	Limit 75,000
A	Special 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.
	AUTHORIZED REPRESENTATIVE 



PCSPECI-02

HRAEMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

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



## Certificate of Insurance

<b>Producer</b>  <b>R-T Specialty of California, LLC - Burbank</b> <b>3900 W. Alameda Ave., Ste 2100</b> <b>Burbank, CA 91505</b>	<b>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.</b>
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<b>Named Insured</b> <b>PC Specialists, Inc. dba: Technology Integration Group</b> <b>TIG Shanghai, Ltd</b> <b>Itex, Inc. dba: Technology Integration Group</b> <b>Technology Integration Group, Inc.</b> <b>10240 Flanders Court, San Diego, CA 92121</b>	<b>Insurance Company</b>  <b>Hudson Specialty Insurance Company (a stock company)</b> <b>100 William Street, 5th Floor, New York, NY 10038</b>
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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 <sup>SM</sup> 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

<b>Certificate Holder Box</b>  <b>Tarrant County Purchasing Department</b> <b>100 E. Weatherford #303</b> <b>Fort Worth TX 76102</b>	<b>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.</b>
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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 CERTIFICATE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE HOLDER AND ANY OTHER PARTY.

  
Authorized Representative

10/25/2019  
Date



PCSPECI-02

HRAEMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
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## COVERAGES

## CERTIFICATE NUMBER:

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

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 



## Certificate of Insurance

<b>Producer</b>  R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505	<b>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.</b>
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<b>Named Insured</b> 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	<b>Insurance Company</b>  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™ 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

<b>Certificate Holder Box</b>  Tennessee Valley Authority TVA IT Contracts LP 4T, 11011 Market Street Chattanooga TN 37402	<b>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.</b>
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---	--

  
\_\_\_\_\_  
Authorized Representative

10/25/2019  
\_\_\_\_\_  
Date



PCSPECI-02

HRAEMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

## CERTIFICATE HOLDER

## CANCELLATION

<b>Tennessee Valley Authority</b> 1101 Market St, LP 4T-C Chattanooga, TN 37402	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>
	<b>AUTHORIZED REPRESENTATIVE</b> 





## Certificate of Insurance

<b>Producer</b>  R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505		<b>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.</b>			
<b>Named Insured</b> 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		<b>Insurance Company</b>  Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038			
<b>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.</b>					
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™ content liability policy				\$ \$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$ \$
<b>Description or Comments</b> 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					
<b>Certificate Holder Box</b>  Tennessee Valley Authority 11011 Market St, LP 4T-C Chattanooga TN 37402			<b>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.</b>		
<b>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."</b>				<b>THIS CERTIFICATE DOES NOT CHANGE IN ANY WAY THE INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE HOLDER AND ANY OTHER PARTY.</b>	

  
Authorized Representative

10/25/2019  
Date



PCSPECI-02

HFRAMEY

## 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 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X	X	711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY Comp Ded-\$1,000 Coll Ded-\$1,000			711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0		X	711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 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)  
8040 Villa Park LLC and the Thalhimer are included as Additional Insured as specified by contract per VCG207 with respects to leased location at 8040 Villa Park Dr. #500 & #800, Richmond, VA 23228 waiver of subrogation on GL & Umbrella 90 days notice of cancellation/15 days for non-payment

## CERTIFICATE HOLDER

## CANCELLATION

Thalhimer 11100 West Broad St. Glen Allen, VA 23060	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

HFRAMEY

## 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 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

AUTHORIZED REPRESENTATIVE



## Certificate of Insurance

<b>Producer</b>  R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505	<b>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.</b>
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<b>Named Insured</b> PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd Itax, Inc. dba: Technology Integration Group Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121	<b>Insurance Company</b>  Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038
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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™ 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: Library Switching Upgrade

<b>Certificate Holder Box</b>  The City of Wilsonville 29799 SW Town Center Loop E. Wilsonville OR 97070	<b>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.</b>
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<b>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."</b>	<b>THIS CERTIFICATE DOES NOT CHANGE IN ANY WAY THE INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE HOLDER AND ANY OTHER PARTY.</b>
---	--

  
Authorized Representative

10/25/2019  
Date



PCSPECI-02

HRAEMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

AUTHORIZED REPRESENTATIVE



PCSPECI-02

HRAEMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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



## Certificate of Insurance

<b>Producer</b>  R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505		<b>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.</b>			
<b>Named Insured</b> 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		<b>Insurance Company</b>  Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038			
<b>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.</b>					
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™ content liability policy				\$ \$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$ \$
<b>Description or Comments</b> 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					
<b>Certificate Holder Box</b>  The Metropolitan Water District of Southern California 700 North Alameda St. Los Angeles CA 90012			<b>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.</b>		
<b>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."</b>				<b>THIS CERTIFICATE DOES NOT CHANGE IN ANY WAY THE INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE HOLDER AND ANY OTHER PARTY.</b>	

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).

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

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





PCSPECI-02

HRAEMEY

## 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).

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

<b>The Regents of the University of California; UC Davis</b> 135 Young Hall-ID #115E One Shields Ave. Davis, CA 95616	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>
	<b>AUTHORIZED REPRESENTATIVE</b> 



PCSPECI-02

HFRAMEY

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

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

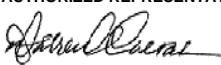
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X		711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Comp Ded-\$1,000 <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Coll Ded-\$1,000			711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Property Away 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 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 
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PCSPECI-02

HRAEMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X		711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY Comp Ded-\$1,000 Coll Ded-\$1,000			711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	X	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Property Away 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 OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Time Warner Cable Inc, its subsidiaries, 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

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 



## Certificate of Insurance

<b>Producer</b>  R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91606		<b>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.</b>			
<b>Named Insured</b> 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		<b>Insurance Company</b>  Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038			
<b>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.</b>					
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™ content liability policy				\$ \$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$ \$
<b>Description or Comments</b> 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					
<b>Certificate Holder Box</b>  Time Warner Cable Inc its subsidiaries & affiliated companies companies c/o Oceanic Time Warner Cable, 200 Akamaiul St. Mililani HI 96789			<b>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.</b>		
<b>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."</b>			<b>THIS CERTIFICATE DOES NOT CHANGE IN ANY WAY THE INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE CERTIFICATE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE HOLDER AND ANY OTHER PARTY.</b>		

  
Authorized Representative

10/25/2019  
Date



PCSPECI-02

HFRAMEY

# 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).

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

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

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**

<b>Tosoh Quartz, Inc.</b> 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.
	<b>AUTHORIZED REPRESENTATIVE</b> 



PCSPECI-02

HRAEMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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

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

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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PRODUCER License # 0757776 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

## CERTIFICATE HOLDER

## CANCELLATION

Tyco  
90 Goodway Dr.  
Rochester, NY 14623

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

HRAEMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 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 Entre, BTG, a TIG Company; 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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





PCSPECI-02

HRAEMEY

## 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).

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

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

AUTHORIZED REPRESENTATIVE



PCSPECI-02

HRAEMEY

# 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).

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

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

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, 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 herein 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 
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PCSPECI-02

HRAEMEY

## 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).

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

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



PCSPECI-02

HFRAMEY

## 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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PRODUCER License # 0757776 Carlsbad, CA-HUB International Insurance Services Inc. 1525 Faraday Avenue, Suite 200 Carlsbad, CA 92008	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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



PCSPECI-02

HFRAMEY

## 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).

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

## 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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X		711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY Comp Ded-\$1,000 Coll Ded-\$1,000			711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Property Away 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 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 &amp; control. Value: \$1,500,000. Special Form coverage applies subject to a \$1,000 Deductible

## CERTIFICATE HOLDER

## CANCELLATION

Walton County School District Technology Information Officer 145 Park Street De Funiak Springs, FL 32435	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

HFRAMEY

## 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	CONTACT NAME: Healy Ramey PHONE (A/C, No, Ext): (760) 804-0402 FAX (A/C, No): (760) 804-0942 E-MAIL ADDRESS: healy.ramey@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

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 



PCSPECI-02

HFRAMEY

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>zero deductible</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X	X	711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b> MED EXP (Any one person) \$ <b>10,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Comp Ded-\$1,000 <input checked="" type="checkbox"/> Coll Ded-\$1,000			711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>

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**

<b>WCCP Palm Plaza, LLC</b> <b>Avison Young</b> <b>2777 E Camelback Rd., Ste. 230</b> <b>Phoenix, AZ 85016</b>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b> 
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PCSPECI-02

HFRAMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
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## COVERAGES

## CERTIFICATE NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X		711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY Comp Ded-\$1,000 <input checked="" type="checkbox"/> Coll Ded-\$1,000			711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 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)  
Woodruff Arts Center is named Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on thier behalf.

## CERTIFICATE HOLDER

## CANCELLATION

Woodruff Arts Center 1280 Peachtree St. NE 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 





PCSPECI-02

HFRAMEY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
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## COVERAGES

## CERTIFICATE NUMBER:

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A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	406038027-0008	10/31/2019	10/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 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)  
Worth County Schools is named Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on thier behalf.

## CERTIFICATE HOLDER

## CANCELLATION

Worth County Schools 103 Eldridge St. Sylvester, GA 31791	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

HRAEMEY

# 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).

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

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

<b>WRC/QV Gwinnett Industrial, LLC</b> 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 

Please note that this endorsement form may be photocopied; however, it may not be altered or recreated.

# WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY SPECIAL ENDORSEMENT

## FOR THE CITY OF LONG BEACH, HARBOR DEPARTMENT

ENDORSEMENT NO.

EFFECTIVE DATE (MM/DD/YY)  
10/31/19**PRODUCER**

HUB International Insurance Services Inc.  
1525 Faraday Ave., Ste. 200  
Carlsbad, CA 92008

Telephone 760-707-5656

**POLICY INFORMATION**

Insurance Company: Atlantic Specialty Insurance

Policy No.: 406038027-0008

Policy Period: (from) 10/31/19 (to) 10/31/20

☐ Deductible \$ \_\_\_\_\_ or☐ Self-Insured Retention of \$ \_\_\_\_\_

**APPLICABILITY.** This insurance pertains to the operations and 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:

**OTHER PROVISIONS****NAMED INSURED & ADDRESS**

P.C. Specialists, Inc.  
dba: Technology Integration Group  
10240 Flanders Ct.  
San Diego, CA 92121

**COVERAGES (check as applicable)**☒ 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)

☐ 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

ATTENTION: Risk Management Division

TELEPHONE: 562-283-7475

FAX: 562-283-7499

E-MAIL: riskmgmt@polb.com

**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

Title Account ManagerEmployer of Signatory HUB International InsuranceTelephone: (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.

<b>GENERAL LIABILITY SPECIAL ENDORSEMENT</b> <b>FOR THE CITY OF LONG BEACH, HARBOR DEPARTMENT</b>		ENDORSEMENT NO.	EFFECTIVE DATE (MM/DD/YY) 10/31/19
<b>PRODUCER</b> HUB International Insurance Services Inc. 1525 Faraday Ave., Ste. 200 Carlsbad, CA 92008 Telephone 760-707-5656		<b>POLICY INFORMATION</b> Insurance Company: Atlantic Specialty Insurance Policy No.: 711008985-0013 Policy Period: (from) 10/31/19 (to) 10/31/20 <input type="checkbox"/> Deductible \$ _____ OR <input type="checkbox"/> Self-Insured Retention of \$ _____	
<b>NAME INSURED &amp; ADDRESS</b> P.C. Specialists, Inc. dba: Technology Integration Group 10240 Flanders Ct. San Diego, CA 92121		<b>APPLICABILITY.</b> This insurance pertains to the operations, products and/or activities of the Named Insured under all written agreements and permits in force with the City unless checked here <input type="checkbox"/> in which case only the following specific agreements and permits with the City are covered: AGREEMENTS/PERMITS:	
<b>TYPE OF INSURANCE</b> <input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> Claims Made     Retroactive Date _____ <input type="checkbox"/> COMPREHENSIVE GENERAL LIABILITY <input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> OWNERS & CONTRACTORS PROTECTIVE		<b>OTHER PROVISIONS</b>	
<b>COVERAGES</b>	<b>LIABILITY LIMITS IN \$</b>		<b>CLAIMS:</b> Underwriter's Representative for claims pursuant to this Insurance (must be completed if different than producer) Name: <u>HUB International Insurance</u> Address: <u>1525 Faraday Ave., Ste. 200</u> <u>Carlsbad, CA 92008</u> Telephone: (760 ) 707-5656
<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS <input checked="" type="checkbox"/> PERSONAL & ADVERTISING INJURY <input checked="" type="checkbox"/> FIRE LEGAL LIABILITY <input checked="" type="checkbox"/> EXPLOSION, COLLAPSE, UNDERGROUND HAZARDS (XCU) <input type="checkbox"/> CONTRACTUAL LIABILITY – RAILROADS	<b>EACH OCCURRENCE</b> 1,000,000 1,000,000 1,000,000 1,000,000 Included N/A	<b>AGGREGATE</b> 2,000,000 2,000,000 Incl in Agg Incl in Agg Incl in Agg N/A	
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:			
<ol style="list-style-type: none"> <li>1. <b>ADDITIONAL INSURED.</b> The City of Long Beach, its Board of Harbor Commissioners, individually and collectively, and their officers and employees ("City") are included as additional insureds with regard to liability and defense of suits or claims arising from the operations, products and/or activities performed by or on behalf of the Named Insured.</li> <li>2. <b>CONTRIBUTION NOT REQUIRED.</b> This insurance shall be primary. Any other insurance, deductible, or self-insurance available to the insureds added by this endorsement shall be in excess of and shall not contribute with this insurance.</li> <li>3. <b>CANCELLATION NOTICE.</b> 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.)</li> <li>4. <b>SCOPE OF COVERAGE.</b> This endorsement shall afford coverage at least as broad as Insurance Services Office Commercial General Liability Coverage, "occurrence" form CG 0001.</li> </ol>			
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.			
<b>ENDORSEMENT HOLDER / ADDITIONAL INSURED</b>			
CITY OF LONG BEACH BOARD OF HARBOR COMMISSIONERS 4801 AIRPORT PLAZA DR. LONG BEACH, CA 90815  ATTENTION: <u>Risk Management Division</u> TELEPHONE: <u>562-283-7475</u> FAX: <u>562-283-7499</u> E-MAIL: <u>riskmgmt@polb.com</u>		<b>AUTHORIZED REPRESENTATIVE</b>  I, <u>Healy Ramey</u> (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 <u>Healy Ramey</u> Title <u>Account Manager</u> Employer of Signatory <u>HUB International Insurance</u> Telephone: (760) <u>707-5656</u> Date Signed <u>10/27/19</u>	

Please note that this endorsement form may be photocopied; however, it may not be altered or recreated.

<b>AUTOMOBILE LIABILITY SPECIAL ENDORSEMENT</b> <b>FOR THE CITY OF LONG BEACH, HARBOR DEPARTMENT</b>		ENDORSEMENT NO.	EFFECTIVE DATE (MM/DD/YY) 10/31/19
<b>PRODUCER</b>  HUB International Insurance Services Inc. 11525 Faraday Ave., Ste. 200, Carlsbad, CA 92008  Telephone 760-707-5656		<b>POLICY INFORMATION</b> Insurance Company: Atlantic Specialty Insurance Policy No.: 711008985-0013 Policy Period: (from) 10/31/19 (to) 10/31/20 <input type="checkbox"/> Deductible \$ _____ OR <input type="checkbox"/> Self-Insured Retention of \$ _____	
<b>NAMED INSURED &amp; ADDRESS</b>  P.C. Specialists, Inc. dba: Technology Integration Group 10240 Flanders Ct. San Diego, CA 92121		<b>APPLICABILITY.</b> This insurance pertains to the operations and activities of the Named Insured under all written permits and agreements in force with the City unless checked here <input type="checkbox"/> in which case only the following specific permits and agreements with the City are covered: AGREEMENTS/PERMITS:	
<b>TYPE OF INSURANCE</b>  <input checked="" type="checkbox"/> BUSINESS AUTO POLICY <input type="checkbox"/> TRUCKERS AND MOTOR CARRIER LIABILITY POLICY <input type="checkbox"/> GARAGEKEEPERS LIABILITY <input type="checkbox"/> STUNT ACTIVITY <input type="checkbox"/> OTHER _____		<b>OTHER PROVISIONS</b>  <b>CLAIMS:</b> Underwriter's Representative for claims pursuant to this Insurance (must be completed if different than producer)	
<b>LIABILITY LIMIT IN \$</b>  \$ 1,000,000 each accident, for bodily injury and property damage liability		Name: HUB International Insurance Services Inc. Address: 1525 Faraday Ave., Ste. 200 Carlsbad, CA 92008 Telephone: (760) 707-5656	
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. <b>ADDITIONAL INSURED.</b> The City of Long Beach, its Board of Harbor Commissioners, individually and collectively, and their officers and employees ("City") are included as additional insureds with regard to liability and defense of suits or claims arising from the operations and activities performed by or on behalf of the Named Insured. 2. <b>CONTRIBUTION NOT REQUIRED.</b> This insurance shall be primary. Any other insurance, deductible, or self-insurance available to the insureds added by this endorsement shall be in excess of and shall not contribute with this insurance. 3. <b>CANCELLATION NOTICE.</b> 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.) 4. <b>SCOPE OF COVERAGE.</b> This endorsement shall afford coverage at least as broad as Insurance Services Office form number CA0001. <input checked="" type="checkbox"/> Symbol 1(any auto) <input type="checkbox"/> Symbol 2 (owned autos) <input type="checkbox"/> Symbol 7 (scheduled autos) <input type="checkbox"/> Symbol 8 (hired autos) <input type="checkbox"/> Symbol 9 (non-owned autos)			
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.			
<b>ENDORSEMENT HOLDER / ADDITIONAL INSURED</b>			
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		<b>AUTHORIZED REPRESENTATIVE</b>  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 <u>Healy Ramey</u> Title <u>Account Manager</u> Employer of Signatory <u>HUB International Insurance</u> Telephone: (760) 707-5656 Date Signed <u>10/27/19</u>	