



AGENDA

MOBILE CITY COUNCIL MEETING

Tuesday, June 30, 2020, 10:30 AM

1. CALL TO ORDER

2. INVOCATION

Dr. Jerry Headrick, Acting Pastor, Westminster Presbyterian Church

3. PLEDGE OF ALLEGIANCE

4. ROLL CALL

5. STATEMENT OF RULES BY COUNCIL PRESIDENT

6. APPROVAL OF MINUTES

June 23, 2020

7. COMMUNICATIONS FROM THE MAYOR

8. ADOPTION OF THE AGENDA

9. APPEALS

Request of James Ingram, 457 Charles Street, for a waiver of the Noise Ordinance on July 4, 2020, from 3:00-10:00 p.m. (District 2).

10. PUBLIC HEARINGS

Public hearing to fix the costs for the demolition of the structure at 605 Patton Avenue, \$2,549.00 (District 2).

Public hearing to fix the costs for the demolition of the structure at 1759 Waterford Street, \$2,200.00 (District 2).

Public hearing to fix the costs for the demolition of the structure at 1462 Fairfield Street, \$2,200.00 (District 3).

Public hearing to fix the costs for the securing of the structure at 2905 Sherwood Drive South, \$7,600.00 (District 1).

Public hearing to fix the costs for the securing of the structure at 2918 Berkley Avenue, \$4,200.00 (District 1).

Public hearing to fix the costs for the securing of the structure at 507 Yukers Street, \$2,000.00 (District 2).

Public hearing to fix the costs for the securing of the structure at 2058 Kentwood Lane, \$6,700.00 (District 3).

Public hearing to fix the costs for the securing of the structure at 3061 Pleasant Valley Road, \$2,450.00 (District 4).

Public hearing to fix the costs for the securing of the structure at 406 Booker Street, \$3,000.00 (District 2).

11. PRESENTATION OF PETITIONS AND OTHER COMMUNICATIONS TO THE COUNCIL

Antonio Moore

Kimberly McKeand

Gina Irby

Brendan "Cam" Jackson

Justis Washington

Reggie Hill

12. CIP RESOLUTIONS HELD OVER

21-448 Authorize contract with C. Thornton, Inc. for the 2020 CIP Bridge Maintenance and Repairs in Districts 1 through 7; \$977,554.50 (sponsored by Mayor Stimpson and Councilperson(s) Richardson, Manzie, Small, Williams, Daves, Rich, and Gregory) (submitted by Nick Amberger, Engineering Department)

21-449 Authorize contract with Geotechnical Engineering Testing, Inc. to perform testing services for city wide resurfacing in Districts 1 through 7; \$76,000.00 (sponsored by Mayor Stimpson and Councilpersons Richardson, Manzie, Small, Williams, Daves, Rich, and Gregory) (submitted by Nick Amberger, Engineering Department)

21-450 Authorize contract with Mobile Asphalt Company, LLC for the 2020 CIP City Wide Resurfacing in districts 1 through 7; \$5,141,916.90 (sponsored by Mayor Stimpson and Councilpersons Richardson, Manzie, Small, Williams, Daves, Rich, and Gregory) (submitted by Nick Amberger, Engineering Department)

13. RESOLUTIONS HELD OVER

01-451 Authorize base line services agreement with Downtown Mobile District Management Corporation (sponsored by Mayor Stimpson) (submitted by Ricardo Woods, Legal Department).

01-452 Authorize agreement with ALDOT for the installation of LED streetlights along state routes within the city limits (sponsored by Mayor Stimpson) (submitted by Jennifer White, Traffic Engineering Department).

08-453 Approve item based bid award for from Emergency Equipment Professionals, Inc., for red rack gear storage components for the Fire Department (sponsored by Mayor Stimpson) (submitted by John Paine, Purchasing Department).

08-454 Approved item based bid award for decorative poles, fixtures, and globes from Southern Lighting & Traffic Systems (sponsored by Mayor Stimpson) (submitted by John Paine, Purchasing Department).

08-455 Approve purchase order to Sunsouth LLC for four mowers, \$54,057.04 (sponsored by Mayor Stimpson) (submitted by John Paine, Purchasing Department).

08-456 Approve purchase order to Autonation Ford Mobile for two Ford pickup trucks, \$56,381.00 (sponsored by Mayor Stimpson) (submitted by John Paine, Purchasing Department).

08-457 Approve purchase order to Sansom Equipment Co Inc. for Vactor Sewer Cleaner Truck, \$455,219.00 (sponsored by Mayor Stimpson) (submitted by John Paine, Purchasing Department).

08-458 Approve purchase order to Toomey Equipment Co Inc. for a tractor backhoe/front end loader, \$31,779.00 (sponsored by Mayor Stimpson) (submitted by John Paine, Purchasing Department).

08-459 Approve purchase order to Sunsouth LLC. for eight zero turn mowers, \$109,314.08 (sponsored by Mayor Stimpson) (submitted by John Paine, Purchasing Department).

08-460 Approve purchase order to Polaris Sales Inc. for utility vehicle, \$27,071.64 (sponsored by Mayor Stimpson) (submitted by John Paine, Purchasing Department).

08-461 Approve purchase order to Kronos Incorporated for annual renewal of workforce telestaff and associated HR management software, \$17,658.92 (sponsored by Mayor Stimpson) (submitted by John Paine, Purchasing Department).

09-462 Transfer the sum of \$49,288.29 from Capital Account C0129 to Capital

Account C0509 to enclose the Police Department motorcycle parking pad (sponsored by Mayor Stimpson) (submitted by Chief Battiste, MPD).

23-463 Accept deeds for the acquisition of right-of-way for the McGregor Avenue Widening Project from Dauphin Street to Airport Boulevard (sponsored by Mayor Stimpson & Councilmember Daves) (submitted by REAM & Engineering Departments).

14. ORDINANCES BEING INTRODUCED

14-018 Ordinance to amend Chapter 14-10 of the City Code to provide for socially and economically disadvantaged business contractor and individual participation (sponsored by Mayor Stimpson) (submitted by James Roberts, Neighborhood Development).

39-019 Ordinance requiring wearing face coverings in public (sponsored by Mayor Stimpson & Councilmembers Manzie, Daves & Rich).

39-020 Ordinance to amend the City's general noise ordinance to add peaceful protests, demonstrations and rallies as an exception (sponsored by Councilmember Richardson).

84-021 Approve Issuance of General Obligation Refunding Warrants, Series 2020 (sponsored by Mayor Stimpson) (submitted by Relya Mallory & Paul Wesch).

15. CONSENT RESOLUTIONS BEING INTRODUCED

40-466 Fix the costs for the demolition of the structure at 605 Patton Avenue, \$2,549.00 (District 2).

40-467 Fix the costs for the demolition of the structure at 1759 Waterford Street, \$2,200.00 (District 2).

40-468 Fix the costs for the demolition of the structure at 1462 Fairfield Street, \$2,200.00 (District 3).

40-469 Fix the costs for the securing of the structure at 2905 Sherwood Drive South, \$7,600.00 (District 1).

40-470 Fix the costs for the securing of the structure at 2918 Berkley Avenue, \$4,200.00 (District 1).

40-471 Fix the costs for the securing of the structure at 507 Yukers Street, \$2,000.00 (District 2).

40-472 Fix the costs for the securing of the structure at 2058 Kentwood Lane, \$6,700.00 (District 3).

40-473 Fix the costs for the securing of the structure at 3061 Pleasant Valley

Road, \$2,450.00 (District 4).

40-474 Fix the costs for the securing of the structure at 406 Booker Street, \$3,000.00 (District 2).

58-475 Add Davis Outdoor Services, LLC to the list of private contractors to abate properties declared public nuisances (sponsored by Mayor Stimpson).

58-476 Add Restored Foundation, LLC to the list of private contractors to abate properties declared public nuisances (sponsored by Mayor Stimpson).

58-477 Declare weeds noxious, Weed Lien Group 1605

60-478 Approve award of special bonus to the June 2020 Firefighter of the Month, Fire Service Captain Charles B. Andrews (sponsored by Mayor Stimpson) (submitted by Chief Sealy, MFRD).

16. CIP RESOLUTIONS BEING INTRODUCED

21-479 Authorize contract with McElhenney Construction Company, LLC for street reconstruction for Little Flower Avenue, \$472,745.05 (sponsored by Mayor Stimpson and Councilman Manzie) (submitted by Nick Amberger, Engineering Department)

13-480 Authorize Change Order #1 with Youngblood-Barrett Construction & Engineering, LLC for Dog River Park Improvements - Phase 2-Renovations and New Restroom, \$139,795.09 (sponsored by Councilmember Williams and Mayor Stimpson) (submitted by Kimberly Harden, Architectural Engineering Department).

17. RESOLUTIONS BEING INTRODUCED

01-481 Authorize agreement with PC Specialists, Inc., dba Technology Integration Group, for computer network security architecture and configuration, \$50,000.00 (sponsored by Mayor Stimpson) (submitted by Scott Kearney, MIT Department).

08-482 Approve purchase order to Sunbelt Fire Inc. for 185 pairs of Firefighter boots, \$73,815.00 (sponsored by Mayor Stimpson) (submitted by John Paine, Purchasing Department).

21-483 Authorize contract with Tindle Construction LLC for Mobile Civic Center-Theater Plaster Repairs, \$55,550.00 (sponsored by Councilmember Manzie and Mayor Stimpson) (submitted by Kimberly Harden, Director of Architectural Engineering Department)

21-484 Authorize contract with Watermark Design Group, LLC for Fire Training Center-Administrative/Classroom Building Design, \$54,000.00 (sponsored by Councilmember Small and Mayor Stimpson) (submitted by

Kimberly Harden, Director of Architectural Engineering Department)

46-485 Change the name of Ladd-Peebles Stadium to "Ladd-Peebles Sports & Entertainment Complex" (sponsored by Councilmembers Manzie and Williams).

60-486 Approve recommendation to sell East I-65 Service Rd. N. Property (sponsored by Mayor Stimpson & Councilmember Richardson) (submitted by Carleen Stout-Clark & Michelle Melton, Real Estate Department).

60-487 Request Mayor to consider the possibility of providing supplemental bonuses or hazard pay to front-line City employees engaging in direct contact with the public during COVID-19 pandemic (sponsored by Councilmember Manzie & Rich) (submitted by Chris Arledge, Council Attorney).

18. CALL FOR PUBLIC HEARINGS

41-488 Call for a special meeting of the City Council to discuss matters relating to the Mobile Police Department policies and procedures (scheduled for July 9, 2020, at 4:00 p.m.).

19. ANNOUNCEMENTS



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Funding Source

Project #

Discretionary Funds

Project String

Contract Number:

Budget Amendment

REDUCE

INCREASE

Grant Funds

Matching Funds

ATTACHMENTS:

Description

Type

Upload Date

No Attachments Available

REVIEWERS:

Department Reviewer

Action

Date

City Clerk Merchant, Mary Ann

Approved

6/17/2020 - 8:31
AM



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Funding Source

Project #

Discretionary Funds

Project String

Contract Number:

Budget Amendment

REDUCE

INCREASE

Grant Funds

Matching Funds

ATTACHMENTS:

Description

Type

Upload Date

No Attachments Available

REVIEWERS:

Department Reviewer

Action

Date

City Clerk Merchant, Mary Ann

Approved

6/25/2020 - 2:01 PM



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Funding Source

Project #

Discretionary Funds

Project String

Contract Number:

Budget Amendment

REDUCE

INCREASE

Grant Funds

Matching Funds

ATTACHMENTS:

Description

Type

Upload Date

REVIEWERS:

Department Reviewer

Action

Date

City Clerk Merchant, Mary Ann

Approved

6/25/2020 - 8:19
AM



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Funding Source

Project #

Discretionary Funds

Project String

Contract Number:

Budget Amendment REDUCE INCREASE

Grant Funds

Matching Funds

ATTACHMENTS:

Description

Type

Upload Date

REVIEWERS:

Department Reviewer

Action

Date

City Clerk Merchant, Mary Ann

Approved

5/27/2020 -
11:19 AM



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Funding Source

Project #

Discretionary Funds

Project String

Contract Number:

Budget Amendment REDUCE INCREASE

Grant Funds

Matching Funds

ATTACHMENTS:

Description

Type

Upload Date

REVIEWERS:

Department Reviewer

Action

Date

City Clerk Merchant, Mary Ann

Approved

5/27/2020 -
11:19 AM



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Funding Source

Project #

Discretionary Funds

Project String

Contract Number:

Budget Amendment REDUCE INCREASE

Grant Funds

Matching Funds

ATTACHMENTS:

Description

Type

Upload Date

REVIEWERS:

Department Reviewer

Action

Date

City Clerk Merchant, Mary Ann

Approved

5/27/2020 -
11:21 AM



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Funding Source

Project #

Discretionary Funds

Project String

Contract Number:

Budget Amendment REDUCE INCREASE

Grant Funds

Matching Funds

ATTACHMENTS:

Description

Type

Upload Date

REVIEWERS:

Department Reviewer

Action

Date

City Clerk Merchant, Mary Ann

Approved

5/27/2020 -
11:22 AM



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Funding Source

Project #

Discretionary Funds

Project String

Contract Number:

Budget Amendment REDUCE INCREASE

Grant Funds

Matching Funds

ATTACHMENTS:

Description

Type

Upload Date

REVIEWERS:

Department Reviewer

Action

Date

City Clerk Merchant, Mary Ann

Approved

5/27/2020 -
11:23 AM



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Funding Source

Project #

Discretionary Funds

Project String

Contract Number:

Budget Amendment REDUCE INCREASE

Grant Funds

Matching Funds

ATTACHMENTS:

Description

Type

Upload Date

REVIEWERS:

Department Reviewer

Action

Date

City Clerk Merchant, Mary Ann

Approved

5/27/2020 -
11:25 AM



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Funding Source

Project #

Discretionary Funds

Project String

Contract Number:

Budget Amendment REDUCE INCREASE

Grant Funds

Matching Funds

ATTACHMENTS:

Description

Type

Upload Date

REVIEWERS:

Department Reviewer

Action

Date

City Clerk Merchant, Mary Ann

Approved

5/27/2020 -
11:29 AM



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Funding Source

Project #

Discretionary Funds

Project String

Contract Number:

Budget Amendment REDUCE INCREASE

Grant Funds

Matching Funds

ATTACHMENTS:

Description

Type

Upload Date

REVIEWERS:

Department Reviewer

Action

Date

City Clerk Merchant, Mary Ann

Approved

5/27/2020 -
11:30 AM



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Funding Source

Project #

Discretionary Funds

Project String

Contract Number:

Budget Amendment REDUCE INCREASE

Grant Funds

Matching Funds

ATTACHMENTS:

Description

Type

Upload Date

REVIEWERS:

Department Reviewer

Action

Date

City Clerk Merchant, Mary Ann

Approved

5/27/2020 -
11:31 AM



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Funding Source

Project #

Discretionary Funds

Project String

Contract Number:

Budget Amendment REDUCE INCREASE

Grant Funds

Matching Funds

ATTACHMENTS:

Description

Type

Upload Date

REVIEWERS:

Department Reviewer

Action

Date

City Clerk Merchant, Mary Ann

Approved

6/25/2020 - 8:13
AM



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Funding Source

Project #

Discretionary Funds

Project String

Contract Number:

Budget Amendment REDUCE INCREASE

Grant Funds

Matching Funds

ATTACHMENTS:

Description

Type

Upload Date

REVIEWERS:

Department Reviewer

Action

Date

City Clerk Merchant, Mary Ann

Approved

6/25/2020 - 8:15
AM



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Funding Source

Project #

Discretionary Funds

Project String

Contract Number:

Budget Amendment REDUCE INCREASE

Grant Funds

Matching Funds

ATTACHMENTS:

Description

Type

Upload Date

REVIEWERS:

Department Reviewer

Action

Date

City Clerk Merchant, Mary Ann

Approved

6/25/2020 -
11:11 AM



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Funding Source

Project #

Discretionary Funds

Project String

Contract Number:

Budget Amendment REDUCE INCREASE

Grant Funds

Matching Funds

ATTACHMENTS:

Description

Type

Upload Date

REVIEWERS:

Department Reviewer

Action

Date

City Clerk Merchant, Mary Ann

Approved

6/25/2020 -
11:32 AM



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Funding Source

Project #

Discretionary Funds

Project String

Contract Number:

Budget Amendment REDUCE INCREASE

Grant Funds

Matching Funds

ATTACHMENTS:

Description

Type

Upload Date

REVIEWERS:

Department Reviewer

Action

Date

City Clerk Merchant, Mary Ann

Approved

6/25/2020 - 2:04
PM



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Funding Source

Project #

Discretionary Funds

Project String

Contract Number:

Budget Amendment REDUCE INCREASE

Grant Funds

Matching Funds

ATTACHMENTS:

Description

Type

Upload Date

REVIEWERS:

Department Reviewer

Action

Date

City Clerk Merchant, Mary Ann

Approved

6/25/2020 - 2:01
PM



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Submitted by:

Nick Amberger, P.E.
City Engineer

Sponsored by:

Mayor William S. Stimpson, Frederick D. Richardson, Jr., Levon C. Manzie, C.J. Small,
John C. Williams, Joel Daves, Bess Rich, and Gina Gregory

Purpose and Scope of Project:

To accept contract with C. Thornton, Inc.

Amount of Contract:

\$977,554.50

Funding Source

Project # BRC19

Project String 20002000-48010

Budget Amendment **REDUCE** **INCREASE**

Grant Funds

Discretionary Funds

Contract Number:2801

Matching Funds

ATTACHMENTS:

Description	Type	Upload Date
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REVIEWERS:

Department	Reviewer	Action	Date
Engineering	Amberger, Nick	Approved	6/11/2020 - 2:31 PM
Capital	Hollins, Tiffany	Approved	6/11/2020 - 2:38 PM
Legal	Kern, Chris	Approved	6/11/2020 - 4:35 PM
Mayors Office	Wesch, Paul	Approved	6/18/2020 - 8:54 AM



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Submitted by:

Nick Amberger, P.E.
City Engineer

Sponsored by:

Mayor William S. Stimpson, Councilpersons Frederick D. Richardson, Jr., Levon C. Manzie, C.J. Small, John C. Williams, Joel Daves, Bess Rich, and Gina Gregory

Purpose and Scope of Project:

To accept a contract with Geotechnical Engineering Testing, Inc.

Amount of Contract:

\$76,000.00

Funding Source

Project # RSF20

Project String 20002000-48030

Budget Amendment **REDUCE** **INCREASE**

Grant Funds

Discretionary Funds

Contract Number:2802

Matching Funds

ATTACHMENTS:

Description	Type	Upload Date
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REVIEWERS:

Department	Reviewer	Action	Date
Engineering	Amberger, Nick	Approved	6/16/2020 - 1:40 PM
Capital	Hollins, Tiffany	Approved	6/16/2020 - 2:25 PM
Legal	Kern, Chris	Approved	6/17/2020 - 10:00 AM
Mayors Office	Wesch, Paul	Approved	6/18/2020 - 8:54 AM



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Submitted by:

Nick Amberger, P.E.
City Engineer

Sponsored by:

Mayor William S. Stimpson, Councilpersons Frederick D. Richardson, Jr., Levon C. Manzie, C.J. Small, John C. Williams, Joel Daves, Bess Rich, and Gina Gregory

Purpose and Scope of Project:

To accept contract with Mobile Asphalt Company, LLC

Amount of Contract:

\$5,141,916.90

Funding Source

Project # RSF20

Project String 20002000-48010

Budget Amendment **REDUCE** **INCREASE**

Grant Funds

Discretionary Funds

Contract Number:2803

Matching Funds

ATTACHMENTS:

Description	Type	Upload Date
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REVIEWERS:

Department	Reviewer	Action	Date
Engineering	Amberger, Nick	Approved	6/16/2020 - 1:36 PM
Capital	Hollins, Tiffany	Approved	6/16/2020 - 2:51 PM
Legal	Kern, Chris	Approved	6/17/2020 - 10:17 AM
Mayors Office	Wesch, Paul	Approved	6/18/2020 - 8:54 AM



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Submitted by:

Ricardo A. Woods, City Attorney

Sponsored by:

William S. Stimpson, Mayor

Amount of Contract:

\$130,232.75 annual payment

Effective Date of Contract:

7/1/2020

Funding Source

Project # Resolution for Base Line Services
Agreement with DMDMC

Discretionary Funds n/a

Project String n/a

Contract Number:10049070-42080 funding source

Budget Amendment REDUCE n/a INCREASE n/a

Grant Funds n/a

Matching Funds n/a

ATTACHMENTS:

Description	Type	Upload Date
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REVIEWERS:

Department	Reviewer	Action	Date
Legal	Barfield, Becky	Approved	6/18/2020 - 11:36 AM
Legal	Kern, Chris	Approved	6/18/2020 - 11:59 AM
Budget	Sapp, Celia	Approved	6/18/2020 - 1:20 PM
Legal	Kern, Chris	Approved	6/18/2020 - 2:21 PM
Legal	Kern, Chris	Approved	6/18/2020 - 2:21 PM
Mayors	Wesch, Paul	Approved	6/18/2020 - 2:22 PM

Office

PM



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Submitted by:

Jennifer White, Traffic Engineering

Sponsored by:

Mayor William S. Stimpson

Purpose and Scope of Project:

Change in agreement to allow the installation of LED street lights along state routes within the city limits.

Funding Source

Project #

Discretionary Funds

Project String

Contract Number:

Budget Amendment REDUCE INCREASE

Grant Funds

Matching Funds

ATTACHMENTS:

Description	Type	Upload Date
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REVIEWERS:

Department	Reviewer	Action	Date
Traffic Engineering	White, Jennifer	Approved	6/18/2020 - 10:57 AM
Legal	Kern, Chris	Approved	6/18/2020 - 12:03 PM
Mayors Office	Wesch, Paul	Approved	6/18/2020 - 12:36 PM



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Submitted by:

John Paine, Purchasing Agent

Sponsored by:

Mayor William S. Stimpson

Purpose and Scope of Project:

To approve Item Based Bid Award for fire department Red Rack Gear Storage components to Emergency Equipment Professional Inc.

Amount of Contract:

N/A to be purchased at unit prices indicated

Funding Source

Project #

Discretionary Funds

Project String

Contract Number:

Budget Amendment REDUCE INCREASE

Grant Funds

Matching Funds

ATTACHMENTS:

Description	Type	Upload Date
20200611 FD Gear Storage Bid Award	Cover Memo	6/11/2020

REVIEWERS:

Department Reviewer	Action	Date
Mayors Office Wesch, Paul	Approved	6/18/2020 - 8:53 AM

AGENDA ITEM SUMMARY SHEET

Agenda of:

Submitted by:

Sponsored by:

Reviewed by:

Routing Authorized:

A brief synopsis and explanation of the following:

FUNDING SOURCE:

Associated Costs:

**If Cost will continue, write "indefinite" and list project annual cost.*

RESOLUTION

Sponsored by: Mayor William S. Stimpson

BE IT RESOLVED BY THE CITY COUNCIL OF MOBILE, ALABAMA, that the Purchasing Agent is authorized to accept and approve, and issue Purchase Orders against, the below proposed Bid Award, to the designated vendors, for the indicated time period, and if renewable, renewable without further action by Council, for the specified item(s) at the unit prices indicated.

Bid	Description	Number of Items	Bid Amount	Time/Renewal	Vendor(s)
<u>5421</u>	RED RACK GEAR STORAGE COMPONENTS	26	Various, see bid tab	One year, renewable for two additional one year periods	Emergency Equipment Professional Inc

Adopted:

City Clerk

CITY OF MOBILE

BID SHEET

This is Not an Order

Mailing Address:
P. O. Box 1948
Mobile, Alabama 36633
(251) 208-7434

**Purchasing Department
and Package Delivery:**
Government Plaza
4th Floor, Room S-408
205 Government St
Mobile, Alabama 36644

**READ TERMS AND CONDITIONS
ON REVERSE SIDE OF THIS PAGE
BEFORE BIDDING**

Typed by: en Buyer: 006

Please quote the lowest price at which you will furnish the articles listed below

DATE	BID NO.	DEPARTMENT	Commodities to be delivered F.O.B. Mobile to:
05/12/2020	5421	Fire	As Specified

This bid must be received and stamped by the Purchasing office not later than:

11:00 AM, Friday, June 5, 2020

QUANTITY	ARTICLES	UNIT	UNIT PRICE		EXTENSION	
			Dollars	Cents	Dollars	Cents
	GEAR STORAGE SINGLE SIDED MOBILE Red Rack					
Appx 1-20	RMSS-2/18 Mobile Single Sided with two 18" sections Dimensions: 38.50" long x 20" deep x 79" tall Price _____ each Option for Gear Guard Rack Cover: _____ model _____ each					
1-20	RMSS-3/18 Mobile Single Sided with three 18" sections Dimensions: 57.25" long x 20" deep x 79" tall Price _____ each Option for Gear Guard Rack Cover: _____ model _____ each					
1-20	RMSS-4/18 Mobile Single Sided with four 18" sections Dimensions: 76" long x 20" deep x 79" tall Price _____ each Option for Gear Guard Rack Cover: _____ model _____ each					
1-20	RMDS – 6/18 Double Sided with six 18" sections 57.25" long unit with six 18" wide sections Price _____ each Option for Gear Guard Rack Cover: _____ model _____ each					
1-20	RMDS – 8/18 Double Sided with eight 18" sections 76.00" unit with eight 18" wide sections Price _____ each Option for Gear Guard Rack Cover: _____ model _____ each					
Page 1 of 4			TOTAL			

**RETURN ONE SIGNED COPY OF THIS BID
IN ENCLOSED ENVELOPE**

State delivery time within _____ days of receipt of P.O.

Firm Name _____

Typed Signature _____

By _____

We will allow a discount _____ % 20 days from date of receipt of goods
and correct invoice of completed order.

BID CONTINUATION SHEET

Page _____ of _____

QUANTITY	ARTICLES	UNIT	UNIT PRICE		EXTENSION	
			Dollars	Cents	Dollars	Cents
Bid on this form ONLY. Make no changes on this form. Additional information to be submitted on separate sheet and attached hereto.						
Page 2 of 4						
WALL MOUNTED Red Rack						
RRWM / 18 Red Rack Wall Mounted with 18" sections. Dimensions: 20" deep x 72.5" high x length determined by # of openings.						
Appx	RRWM - 1/18 = _____ each					
1-20	Option for Gear Guard Rack Cover _____ model _____ each					
1-20	RRWM - 2/18 = _____ each					
	Option for Gear Guard Rack Cover _____ model _____ each					
1-20	RRWM - 3/18 = _____ each					
	Option for Gear Guard Rack Cover _____ model _____ each					
1-20	RRWM - 4/18 = _____ each					
	Option for Gear Guard Rack Cover _____ model _____ each					
1-20	RRWM - 5/18 = _____ each					
	Option for Gear Guard Rack Cover _____ model _____ each					
1-20	RRWM - 6/18 = _____ each					
	Option for Gear Guard Rack Cover _____ model _____ each					
1-20	RRWM - 7/18 = _____ each					
	Option for Gear Guard Rack Cover _____ model _____ each					
1-20	RRWM - 8/18 = _____ each					
	Option for Gear Guard Rack Cover _____ model _____ each					
1-20	RRWM - 9/18 = _____ each					
	Option for Gear Guard Rack Cover _____ model _____ each					
1-20	RRWM - 10/18 = _____ each					
	Option for Gear Guard Rack Cover _____ model _____ each					
1-20	RRWM - 11/18 = _____ each					
	Option for Gear Guard Rack Cover _____ model _____ each					
1-20	RRWM - 12/18 = _____ each					
	Option for Gear Guard Rack Cover _____ model _____ each					
1-20	RRWM - 13/18 = _____ each					
	Option for Gear Guard Rack Cover _____ model _____ each					
1-20	RRWM - 14/18 = _____ each					
	Option for Gear Guard Rack Cover _____ model _____ each					
1-20	RRWM - 15/18 = _____ each					
	Option for Gear Guard Rack Cover _____ model _____ each					
			TOTAL			

RETURN ONE SIGNED COPY OF THIS QUOTATION
IN ENCLOSED ENVELOPE

READ ABOVE INSTRUCTIONS BEFORE QUOTING

Firm Name _____

By _____

We will allow a discount _____ % 20 days from date of receipt of goods
and correct invoice of completed order.

BID CONTINUATION SHEET

Page _____ of _____

QUANTITY	ARTICLES	UNIT	UNIT PRICE		EXTENSION	
			Dollars	Cents	Dollars	Cents
	Page 3 of 4					
	ACCESSORIES					
1-200	Flat Dry Hanger _____ each					
1-200	Dry Kwik Hanger (Open or Closed Loop) _____ each					
1-200	Glove Dry Hanger _____ each					
1-200	Proximity Pant Hanger _____ each					
1-200	Helmet Holder _____ each					
1-200	Additional end pieces with hardware _____ each					
	Items to match Ready Rack that is in use by the City of Mobile.					
	Pricing to be firm for a one-year period from award of this bid.					
	At the option of the successful vendor and the City of Mobile, the award of this bid may be extended for two additional one-year periods.					
	All vendors will be required to provide verification of enrollment in the E-Verify program. Additional information may be found at http://immigration.alabama.gov/					
	If the successful vendor's principal place of business is out-of-state, vendor may be required to have a Certificate of Authority to do business in the State of Alabama from the Secretary of State prior to issuance of a Purchase Order.					
	Vendors are solely responsible for consulting with the Secretary of State to determine whether a Certificate is required. See: www.sos.alabama.gov/BusinessServices/ForeignCorps.aspx . Please note that the time between application for the issuance of a Certificate of Authority may be several weeks.					
	Upon notification, vendor will have 10 business days to provide the Certificate of Authority and the E-Verify numbers to the Purchasing Department before award can be completed. (Vendors will possibly need to pay the expedite fee to meet this requirement because application is not sufficient. We must have a copy of the certificate with your Company ID number).					
	Vendors do not need a City of Mobile Business License or Certificate of Authority from the Alabama Secretary of State, nor the E-Verify for certification to submit a bid, but will need to obtain the Business License and Certificate of Authority verification and/or provide the E-Verify Certification, if applicable, prior to issuance of a Purchase Order.					
			TOTAL			

RETURN ONE SIGNED COPY OF THIS QUOTATION
IN ENCLOSED ENVELOPE

READ ABOVE INSTRUCTIONS BEFORE QUOTING

Firm Name _____

By _____

We will allow a discount _____ % 20 days from date of receipt of goods
and correct invoice of completed order.

Page _____ of _____

We will allow a discount _____ % 20 days from date of receipt of goods and correct invoice of completed order.

Specifications for SINGLE SIDED MOBILE Red Rack And WALL MOUNTED Red Rack

Mobile 18" wide openings

Each Rack section consists of:

One 1.25" sq. tube all welded back frame.

Two divider panels of 1.25" round steel tubing w 0.25" steel welded wire diagonal grid panel.

One each 18" wide helmet and boot shelves, consisting of four 0.25 diameter support wires, matt wires are 0.25" diameter steel wire 1" apart, and one three 0.25" diameter bridge truss style front snake for optimum strength.

Also to be included for each section, two bunker pant utility hooks, and dept. members label holder.

Hanging pole to run the length of the unit.

Components are mounted on an all welded 1.25" square steel tube base, with four heavy duty 5" diameter. Plate casters for strength, two swivel, and two swivels with brakes, each with 1,000lb capacity.

Mounted Rack is mounted to wall with 11-gauge Steel wall mount clips and be open back design to allow for easy wall access and use of outlets.

All Structural components finished with a durable red powder coat. (Tested to 184 hour salt spray, with no visible signs of deterioration.)

Specifications for Optional Gear Guard Rack Covers listed – 8 oz. PVC laminate UV shield to be abrasion / tear resistant and fluid proof. Laminate to be anti-microbial, self-deodorizing and stain resistant. Laminate to have anti-static properties and be flame retardant. Thread to be constructed of heavy duty UV resistant polyester. Heavy duty, long lasting #5 molded plastic zippers.

5 year limited warranty.

BID TAB FOR BID #5421

BONAVENTURE, INC				EMERGENCY EQUIPMENT PROFESSIONALS				SUNBELT FIRE, INC					
	ITEM	OPTION	TOTAL	OUT OF STATE	ITEM	OPTION	TOTAL	ITEM	OPTION	TOTAL	OUT OF CITY		
RMSS-2/18	\$693.91	\$219.76	\$913.67	\$1,005.04	\$710.00	\$224.00	\$934.00	\$755.00	\$239.00	\$994.00	\$1,043.70		
RMSS-3/18	\$890.33	\$280.95	\$1,171.28	\$1,288.41	\$910.80	\$287.42	\$1,198.22	\$968.00	\$305.00	\$1,273.00	\$1,336.65		
RMSS-4/18	\$1,118.15	\$342.13	\$1,460.28	\$1,606.31	\$1,144.00	\$350.00	\$1,494.00	\$1,215.00	\$372.00	\$1,587.00	\$1,666.35		
RMDS-6/18	\$1,406.34	\$408.94	\$1,815.28	\$1,996.81	\$1,438.70	\$418.00	\$1,856.70	\$1,529.00	\$445.00	\$1,974.00	\$2,072.70		
RMDS-8/18	\$1,768.59	\$514.40	\$2,282.99	\$2,511.29	\$1,810.00	\$528.00	\$2,338.00	\$1,923.00	\$559.00	\$2,482.00	\$2,606.10		
RRWM-1/18	\$319.60	\$148.92	\$468.52	\$515.37	\$326.90	\$162.00	\$488.90	\$348.00	\$162.00	\$510.00	\$535.50		
RRWM-2/18	\$511.17	\$197.22	\$708.39	\$779.23	\$522.30	\$225.00	\$747.30	\$556.00	\$215.00	\$771.00	\$809.55		
RRWM-3/18	\$702.76	\$245.52	\$948.28	\$1,043.11	\$719.00	\$323.00	\$1,042.00	\$764.00	\$268.00	\$1,032.00	\$1,083.60		
RRWM-4/18	\$899.99	\$293.82	\$1,193.81	\$1,313.19	\$925.25	\$386.00	\$1,311.25	\$979.00	\$321.00	\$1,300.00	\$1,365.00		
RRWM-5/18	\$1,108.48	\$342.12	\$1,450.60	\$1,595.66	\$1,134.00	\$449.00	\$1,583.00	\$1,205.00	\$374.00	\$1,579.00	\$1,657.95		
RRWM-6/18	\$1,305.70	\$390.42	\$1,696.12	\$1,865.73	\$1,336.00	\$512.00	\$1,848.00	\$1,420.00	\$427.00	\$1,847.00	\$1,939.35		
RRWM-7/18	\$1,496.50	\$438.72	\$1,935.22	\$2,128.74	\$1,531.00	\$575.00	\$2,106.00	\$1,627.00	\$480.00	\$2,107.00	\$2,212.35		
RRWM-8/18	\$1,641.97	\$487.02	\$2,128.99	\$2,341.89	\$1,733.00	\$638.00	\$2,371.00	\$1,841.00	\$533.00	\$2,374.00	\$2,492.70		
RRWM-9/18	\$1,902.21	\$535.32	\$2,437.53	\$2,681.28	\$1,946.00	\$701.00	\$2,647.00	\$2,068.00	\$586.00	\$2,654.00	\$2,786.70		
RRWM-1018	\$2,098.63	\$583.62	\$2,682.25	\$2,950.48	\$2,147.00	\$764.00	\$2,911.00	\$2,281.00	\$639.00	\$2,920.00	\$3,066.00		
RRWM-11/18	\$2,289.42	\$631.92	\$2,921.34	\$3,213.47	\$2,342.00	\$827.00	\$3,169.00	\$2,489.00	\$692.00	\$3,181.00	\$3,340.05		
RRWM-12/18	\$2,486.64	\$680.22	\$3,166.86	\$3,483.55	\$2,544.00	\$890.00	\$3,434.00	\$2,703.00	\$745.00	\$3,448.00	\$3,620.40		
RRWM-13/18	\$2,695.14	\$728.52	\$3,423.66	\$3,766.03	\$2,758.00	\$953.00	\$3,711.00	\$2,930.00	\$798.00	\$3,728.00	\$3,914.40		
RRWM-14/18	\$2,893.17	\$776.82	\$3,669.99	\$4,036.99	\$2,959.75	\$1,016.00	\$3,975.75	\$3,145.00	\$851.00	\$3,996.00	\$4,195.80		
RRWM-15/18	\$3,083.15	\$825.12	\$3,908.27	\$4,299.10	\$3,155.00	\$1,079.00	\$4,234.00	\$3,351.00	\$904.00	\$4,255.00	\$4,467.75		
Flat Dry Hanger	\$9.25		\$9.25	\$10.18	\$11.00		\$11.00	\$10.00		\$10.00	\$10.50		
Dry Kwik Hanger	\$9.25		\$9.25	\$10.18	\$11.00		\$11.00	\$10.00		\$10.00	\$10.50		
Glove Dry Hanger	\$9.25		\$9.25	\$10.18	\$11.00		\$11.00	\$10.00		\$10.00	\$10.50		
Proximity Pant Hanger	\$16.91		\$16.91	\$18.60	\$19.00		\$19.00	\$18.25		\$18.25	\$19.16		
Helmet Holder	\$9.25		\$9.25	\$10.18	\$8.05		\$8.05	\$10.00		\$10.00	\$10.50		
Add'l end pieces	\$95.00		\$95.00	\$104.50	\$116.00		\$116.00	\$97.00		\$97.00	\$101.85		
\$40,532.24				\$44,585.46	\$43,576.17				\$44,167.25				\$46,375.61



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Submitted by:

John Paine, Purchasing Agent

Sponsored by:

Mayor William S. Stimpson

Purpose and Scope of Project:

To approve Item Based Bid Award to Southern Lighting & Traffic Systems for Decorative Poles, Fixtures, and Globes

Amount of Contract:

N/A to be purchased at unit prices indicated

Funding Source

Project #

Discretionary Funds

Project String

Contract Number:

Budget Amendment REDUCE INCREASE

Grant Funds

Matching Funds

ATTACHMENTS:

Description	Type	Upload Date
20200611 Pole Fixtures Agenda Package Bids	Cover Memo	6/11/2020

REVIEWERS:

Department Reviewer	Action	Date
Mayors Office Wesch, Paul	Approved	6/18/2020 - 8:53 AM

AGENDA ITEM SUMMARY SHEET

Agenda of:

Submitted by:

Sponsored by:

Reviewed by:

Routing Authorized:

A brief synopsis and explanation of the following:

FUNDING SOURCE:

Associated Costs:

**If Cost will continue, write "indefinite" and list project annual cost.*

RESOLUTION

Sponsored by: Mayor William S. Stimpson

BE IT RESOLVED BY THE CITY COUNCIL OF MOBILE, ALABAMA, that the Purchasing Agent is authorized to accept and approve, and issue Purchase Orders against, the below proposed Bid Award, to the designated vendors, for the indicated time period, and if renewable, renewable without further action by Council, for the specified item(s) at the unit prices indicated.

Bid	Description	Number of Items	Bid Amount	Time/Renewal	Vendor(s)
<u>5420</u>	Electrical King Luminaire Decorative Poles, Fixtures, and Globes	3	Various, see bid tab	Six months	Southern Lighting & Traffic Systems

Adopted:

City Clerk

TABULATION SHEET – BID # 5420

KING LUMINAIRE - POLE, FIXTURE, GLOBE

CHANCELLOR INC	\$ 2,840.00	\$ 1,536.00	\$ 260.00
CONSOLIDATED ELECTRICAL DISTRIBUTORS	\$ 2,850.00	\$ 1,547.00	\$ 261.00
GRAYBAR ELECTRIC	\$ 3,211.11	\$ 1,737.78	\$ 294.44
JAN LIGHTING SOLUTIONS	\$ 2,930.00	\$ 1,586.00	\$ 269.00
PKJ INTERNATIONAL LLC	\$ 3,235.00	\$ 1,750.00	\$ 297.00
SLEEK LIGHTING	\$ 3,069.00	\$ 1,661.00	\$ 281.60
SOUTHERN LIGHTING + TRAFFIC SYSTEMS	\$ 2,512.00	\$ 1,360.00	\$ 230.00

CITY OF MOBILE

BID SHEET

This is Not an Order

Mailing Address:

P. O. Box 1948
Mobile, Alabama 36633
(251) 208-7434

**Purchasing Department
and Package Delivery:**

Government Plaza
4th Floor, Room S-408
205 Government St
Mobile, Alabama 36644

**READ TERMS AND CONDITIONS
ON REVERSE SIDE OF THIS PAGE
BEFORE BIDDING**

Typed by: en Buyer: 004

Please quote the lowest price at which you will furnish the articles listed below

DATE	BID NO.	DEPARTMENT	Commodities to be delivered F.O.B. Mobile to:
05/06/2020	5420	ELECTRICAL	As Specified

This bid must be received and stamped by the Purchasing office not later than: 10:30 AM, Tuesday, June 2, 2020

QUANTITY	ARTICLES	UNIT	UNIT PRICE		EXTENSION	
			Dollars	Cents	Dollars	Cents
	ELECTRICAL SUPPLIES DECORATIVE POLE, FIXTURE, GLOBE					
Qty. 17	POLE, DECORATIVE, KING LUMINAIRE, #KSS19FF-13-GLOSS BLACK Make _____ Model _____					
Qty. 21	FIXTURE, KING LUMINAIRE, #K124R-R1AR-111-100-(SSL)-1063-120/277-K12-WRS Make _____ Model _____					
Qty. 75	GLOBE ONLY, KING LUMINAIRE PARAGON ACORN, #K124-OAR-c/w #2 FINIAL-MOBILE JET GREEN-s/f K12 Capital Make _____ Model _____ Quantities listed are initial order, additional quantities may be requested. Please observe instructions on Reverse side. All substitutions must be indicated on your bid. Please quote your prices in the unit specified on the bid. All prices to be delivered pricing, FOB Mobile.					
			TOTAL			

**RETURN ONE SIGNED COPY OF THIS BID
IN ENCLOSED ENVELOPE**

State delivery time within _____ days of receipt of P.O.

Firm Name _____

Typed Signature _____

By _____

We will allow a discount _____ % 20 days from date of receipt of goods
and correct invoice of completed order.

1. All quotations must be signed with the firm name and by an authorized officer or employee.
2. Verify your bid before submission as it cannot be withdrawn or corrected after being opened. In case of error in extension of prices, the unit price will govern.
3. If you do not bid, return this sheet and state reason. Otherwise, your name may be removed from our mailing list.
4. The right is reserved to reject any, or all quotations, or any portions thereof, and to waive technicalities if deemed to be in the interest of the City of Mobile.
5. This bid shall not be reassignable except by written approval of the Purchasing Agent of the City of Mobile.
6. State brand and model number of each item. All items bid must be new and latest model unless otherwise specified.
7. If bid results are desired, enclose a self-addressed and stamped envelope with your bid. (All or None bids only)
8. Do not include Federal Excise Tax as exemption certificate will be issued in lieu of same. The City is exempt from the Alabama and City sales taxes.
9. PRICES ARE TO BE FIRM AND F.O.B. DESTINATION UNLESS OTHERWISE REQUESTED.
10. BID WILL BE AWARDED ON ALL OR NONE BASIS UNLESS OTHERWISE STATED.
11. Bids received after specified time will be returned un-opened.
12. Failure to observe stated instructions and conditions will constitute grounds for rejection of your bid.
13. Furnish literature, specifications, drawings, photographs, etc., as applicable with the items bid.
14. Vendor May be required to obtain City of Mobile Business License as applicable to City of Mobile Municipal Code Section 34-50. For Business License inquiry contact the Revenue Department at (251) 208-7461 or cityofmobile.org/taxes.php.
15. If a bid bond is required in the published specifications, see below:
Each Bid Shall be Accompanied By A **Cashier's Check, Certified Check, Bank Draft Or Bid Bond** For the Sum Of Five (5) Percent Of The Amount Bid, Made Payable To The City Of Mobile And Certified By A Reputable Banking Institution. All Checks Shall Be Returned Promptly, Except The Check Of The Successful Bidder, Which Shall Be Returned After Fulfilling The Bid.
16. Contracts in excess of \$50,000 require that the successful bidder make every possible effort to have at least fifteen (15) percent of the total value of the contract performed by socially and economically disadvantaged individuals.
17. All bids/bid envelopes must have the bid number noted on the front. Bids that arrive unmarked and are opened in error shall be returned to vendor as an unacceptable bid.
18. If successful vendor's principal place of business is out-of-state, vendor may be required to have a Certificate of Authority to do business in the State of Alabama from the Alabama Secretary of State prior to issuance of a Purchase Order. Vendors are solely responsible for consulting with the Secretary of State to determine whether a Certificate is required. See www.sos.alabama.gov/BusinessServices/ForeignCorps.aspx. Please note that the time between application for and issuance of a Certificate of Authority may be several weeks.
19. Vendors do not need a City of Mobile Business License or Certificate of Authority from the Alabama Secretary of State to submit a bid, but will need to obtain the Business License and Certificate of Authority, if applicable, prior to issuance of a Purchase Order.

Page _____ of _____

Bid on this form ONLY. Make no changes on this form. Additional information to be submitted on separate sheet and attached hereto.

We will allow a discount _____ % 20 days from date of receipt of goods and correct invoice of completed order.



PROCUREMENT DEPARTMENT

Potential bidders are responsible to check this site for any ADDENDUMS that are issued. It is the responsibility of the BIDDER to check for, download, and include with their BID RESPONSE any and all ADDENDUMS that are issued for a specific BID published by the City of Mobile. Failure to download and include ADDENDUMS in your BID RESPONSE may cause your bid to be rejected.

This is a sealed bid. Any responses faxed or e-mailed will be rejected.

This is a sealed bid. Any response must be submitted in a sealed envelope with the bid number and bid opening date on the outside of the envelope.

Any response that arrives improperly marked or with no bid number and opening date on the outside of the delivery or express package and opened in error will be rejected and not considered.

It is the responsibility of the bidder to insure that their bid response is delivered to and received in the Purchasing Department before the date and time of the bid opening.

Be sure to read the Terms and Conditions. All bids are F.O.B. Destination unless otherwise stated.

Be sure to sign your bid!

**Package/Bid Delivery Address:
Purchasing Department
205 Government St. Room S408
Mobile, AL 36644**

(Request First Delivery)



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Submitted by:

John Paine, Purchasing Agent

Sponsored by:

Mayor William S. Stimpson

Purpose and Scope of Project:

To approve issuance of Purchase Order to Sunsouth LLC for 4 John Deere Zero Turn Mowers.

General Fund.

Amount of Contract:

\$54,057.04

Funding Source

Project #

Discretionary Funds

Project String

Contract Number:

Budget Amendment REDUCE INCREASE

Grant Funds

Matching Funds

ATTACHMENTS:

Description	Type	Upload Date
20200618 Sunsouth Agenda Package POs	Cover Memo	6/18/2020

REVIEWERS:

Department Reviewer	Action	Date
Mayors Office Wesch, Paul	Approved	6/18/2020 - 11:59 AM

AGENDA ITEM SUMMARY SHEET

Agenda of:

Submitted by:

Sponsored by:

Reviewed by:

Routing Authorized:

A brief synopsis and explanation of the following:

FUNDING SOURCE:

Associated Costs:

**If Cost will continue, write "indefinite" and list project annual cost.*

RESOLUTION

Sponsored by: Mayor William S. Stimpson

BE IT RESOLVED BY THE CITY COUNCIL OF MOBILE, ALABAMA, that the Purchasing Agent is authorized to execute, for and on behalf of the City of Mobile, a purchase order to the indicated vendor in the approximate amount stated, and to approve the supporting bid award if required, for the following requisition as indicated below and attached herein:

Requisition	Fiscal Year	Department	Description	Amount	Vendor
<u>5390</u>	2020	(F7000) MOTOR POOL	FOUR 2020 JOHN DEERE 2950R 72IN ZERO-TURN MOWERS (SEALED BID 5417)	\$54,057.04	<u>(291912)</u> <u>SUNSOUTH LLC</u>

Adopted:

City Clerk

Bill To ACCOUNTS PAYABLE P O BOX 389 MOBILE, AL 36601 vendorinvoices@cityofmobile.org	Requisition 00005390-00 FY 2020 Acct No: 7000.40.20.0000.0000.2070.0000.0000.47120. Review: Buyer: 9105paij Status: Approved	Page 1
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Vendor SUNSOUTH LLC 8420 TANNER WILLIAMS RD MOBILE, AL 36608 Tel#251-649-3892 Fax 251-649-3896	Ship To MOTOR POOL 745 BROAD STREET MOBILE, AL 36604 CARTERD@CITYOFMOBILE Delivery Reference DIANE CARTER-MCCARTY Deliver To MOTOR POOL 745 BROAD STREET MOBILE, AL 36604
---	---

Date Ordered	Vendor Number	Date Required	Ship Via	Terms	Department
01/22/20	291912	01/22/20			MOTOR POOL

LN Description / Account	Qty	Unit Price	Net Price
002 MOWER ZERO TURN AS FOLLOWS: 2020 JOHN DEERE Z950R GASOLINE ENGOIBE WITH 72" 7 SIDE DISCHARGE DECK. AS PER MY BID #5417 AND YOUR QUOTE Additional Description Notes ----- 2020 JOHN DEERE Z997R DIESEL WITH 72" 7 IRON PRO SIDE DISCHARGE DECK. REQUESTED BY PARKS DEPARTMENT.	4.00 EACH	13514.26000	54057.04
1 7000.40.20.0000.0000.2070.0000.0000.47120. E MP02012 .VEHICLEEXP.			54057.04

Ship To
 MOTOR POOL
 745 BROAD STREET
 MOBILE, AL 36604
 Delivery Reference
 DIANE CARTER-MCCARTY

Deliver To
 MOTOR POOL
 745 BROAD STREET
 MOBILE, AL 36604

[Requisition Link](#)

Requisition Total 54057.04

***** Project Ledger Summary Section *****

Account	Amount	Remaining Budget
E MP02012 .VEHICLEEXP.	54057.04	129298.88

Bill To ACCOUNTS PAYABLE P O BOX 389 MOBILE, AL 36601 vendorinvoices@cityofmobile.org	Requisition 00005390-00 FY 2020 Acct No: 7000.40.20.0000.0000.2070.0000.0000.47120. Review: Buyer: 9105paij Status: Approved
--	---

Page 2

Vendor SUNSOUTH LLC 8420 TANNER WILLIAMS RD MOBILE, AL 36608 Tel#251-649-3892 Fax 251-649-3896	Ship To MOTOR POOL 745 BROAD STREET MOBILE, AL 36604 CARTERD@CITYOFMOBILE Delivery Reference DIANE CARTER-MCCARTY Deliver To MOTOR POOL 745 BROAD STREET MOBILE, AL 36604
---	---

Date Ordered	Vendor Number	Date Required	Ship Via	Terms	Department
01/22/20	291912	01/22/20			MOTOR POOL

LN Description / Account	Qty	Unit Price	Net Price
***** General Ledger Summary Section *****			
Account		Amount	Remaining Budget
7000.40.20.0000.0000.2070.0000.0000.47120.		54057.04	
MOTOR POOL EXP			VEHICLE ACQ (GREATER \$5000)
***** Approval/Conversion Info *****			
Activity	Date	Clerk	Comment
CCancelled	06/17/20	JOHN PAINE	Requisition item removed, GL A
Approved	01/24/20	DIANE MCCARTY	
Approved	06/17/20	DIANE MCCARTY	
Forward	05/28/20	BOBBY IRBY	Automatic Forward to 910514396
Approved	06/17/20	DONNA MICHELE STANLEY	Auto approved by: 9105paij
Approved	06/17/20	DONALD ROSE	Auto approved by: 9105paij
Approved	06/17/20	JOHN PAINE	

Authorized By: _____ Date: _____

Signature

BID TABULATION FOR BID #5417

	CMAC Services Grasshopper	SUNSOUTH John Deere	MORIDGE MFG Grasshopper
60" Zero Turn X Tweel Wheels Mulch on demand Gas Engine	\$10,363.56 328G4EFI/61"	\$13,164.26 Z950R	\$9,574.00 328G4/61"
60" Zero Turn X Tweel Wheels Gas Engine No mulch	\$10,159.56 328G4EFI/61"	\$13,714.26 Z950R	\$9,574.00 328G4/72"
72" Zero Turn X Tweel Wheel Gas engine	\$11,773.92 337G5EFI/72"	\$13,514.26 Z950R	\$11,347.00 333G5/72"

CITY OF MOBILE

BID SHEET

This is Not an Order

Mailing Address:
P. O. Box 1948
Mobile, Alabama 36633
(251) 208-7434

**Purchasing Department
and Package Delivery:**
Government Plaza
4th Floor, Room S-408
205 Government St
Mobile, Alabama 36644

**READ TERMS AND CONDITIONS
ON REVERSE SIDE OF THIS PAGE
BEFORE BIDDING**

Typed by: en Buyer: 002

Please quote the lowest price at which you will furnish the articles listed below

DATE 4/22/2020	BID NO. 5417	DEPARTMENT VARIOUS	Commodities to be delivered F.O.B. Mobile to: Motor Pool 745 Broad Street
-------------------	-----------------	-----------------------	--

This bid must be received and stamped by the Purchasing office not later than: 1:00 PM, Friday, May 8, 2020

QUANTITY	ARTICLES	UNIT	UNIT PRICE		EXTENSION	
			Dollars	Cents	Dollars	Cents
Appx 1-10	ZERO TURN COMMERCIAL MID-MOUNT MOWERS Zero Turn Commercial 60” Mid-Mount Mower with Michelin X Tweel Rear Wheels and mulch on demand deck, Gasoline Powered as per the attached Minimum Specifications. John Deere Z950R or Equal. Make _____ Model _____ Provide Literature and Specifications on product bid. Upon award the City will purchase a minimum of one (1) mower. State Warranty Period: _____					
1-10	Zero Turn Commercial 60” Mid-Mount Mower with Michelin X Tweel Rear Wheels but without the Mulch on Demand deck of above mower, Gasoline Powered as per the attached Minimum Specifications but without the Mulch on Demand deck of above mower. John Deere Z950R or Equal. Make _____ Model _____ Provide Literature and Specifications on product bid. Upon award the City will purchase a minimum of one (1) mower. State Warranty Period: _____					
Page 1 of 3			TOTAL			

**RETURN ONE SIGNED COPY OF THIS BID
IN ENCLOSED ENVELOPE**

State delivery time within _____ days of receipt of P.O.

Firm Name _____

Typed Signature _____

By _____

We will allow a discount _____ % 20 days from date of receipt of goods and correct invoice of completed order.

BID TABULATION FOR BID #5417

	CMAC Services Grasshopper	SUNSOUTH John Deere	MORIDGE MFG Grasshopper
60" Zero Turn X Tweel Wheels Mulch on demand Gas Engine	\$10,363.56 328G4EFI/61"	\$13,164.26 Z950R	\$9,574.00 328G4/61"
60" Zero Turn X Tweel Wheels Gas Engine No mulch	\$10,159.56 328G4EFI/61"	\$13,714.26 Z950R	\$9,574.00 328G4/72"
72" Zero Turn X Tweel Wheel Gas engine	\$11,773.92 337G5EFI/72"	\$13,514.26 Z950R	\$11,347.00 333G5/72"

1. All quotations must be signed with the firm name and by an authorized officer or employee.
2. Verify your bid before submission as it cannot be withdrawn or corrected after being opened. In case of error in extension of prices, the unit price will govern.
3. If you do not bid, return this sheet and state reason. Otherwise, your name may be removed from our mailing list.
4. The right is reserved to reject any, or all quotations, or any portions thereof, and to waive technicalities if deemed to be in the interest of the City of Mobile.
5. This bid shall not be reassignable except by written approval of the Purchasing Agent of the City of Mobile.
6. State brand and model number of each item. All items bid must be new and latest model unless otherwise specified.
7. If bid results are desired, enclose a self-addressed and stamped envelope with your bid. (All or None bids only)
8. Do not include Federal Excise Tax as exemption certificate will be issued in lieu of same. The City is exempt from the Alabama and City sales taxes.
9. PRICES ARE TO BE FIRM AND F.O.B. DESTINATION UNLESS OTHERWISE REQUESTED.
10. BID WILL BE AWARDED ON ALL OR NONE BASIS UNLESS OTHERWISE STATED.
11. Bids received after specified time will be returned un-opened.
12. Failure to observe stated instructions and conditions will constitute grounds for rejection of your bid.
13. Furnish literature, specifications, drawings, photographs, etc., as applicable with the items bid.
14. Vendor May be required to obtain City of Mobile Business License as applicable to City of Mobile Municipal Code Section 34-50. For Business License inquiry contact the Revenue Department at (251) 208-7461 or cityofmobile.org/taxes.php.
15. If a bid bond is required in the published specifications, see below:
Each Bid Shall be Accompanied By A **Cashier's Check, Certified Check, Bank Draft Or Bid Bond** For the Sum Of Five (5) Percent Of The Amount Bid, Made Payable To The City Of Mobile And Certified By A Reputable Banking Institution. All Checks Shall Be Returned Promptly, Except The Check Of The Successful Bidder, Which Shall Be Returned After Fulfilling The Bid.
16. Contracts in excess of \$50,000 require that the successful bidder make every possible effort to have at least fifteen (15) percent of the total value of the contract performed by socially and economically disadvantaged individuals.
17. All bids/bid envelopes must have the bid number noted on the front. Bids that arrive unmarked and are opened in error shall be returned to vendor as an unacceptable bid.
18. If successful vendor's principal place of business is out-of-state, vendor may be required to have a Certificate of Authority to do business in the State of Alabama from the Alabama Secretary of State prior to issuance of a Purchase Order. Vendors are solely responsible for consulting with the Secretary of State to determine whether a Certificate is required. See www.sos.alabama.gov/BusinessServices/ForeignCorps.aspx. Please note that the time between application for and issuance of a Certificate of Authority may be several weeks.
19. Vendors do not need a City of Mobile Business License or Certificate of Authority from the Alabama Secretary of State to submit a bid, but will need to obtain the Business License and Certificate of Authority, if applicable, prior to issuance of a Purchase Order.

BID CONTINUATION SHEET

Page _____ of _____

QUANTITY	ARTICLES	UNIT	UNIT PRICE		EXTENSION	
			Dollars	Cents	Dollars	Cents
1-10	Page 2 of 3 Zero turn commercial 72" Mid-Mount Mower, Gasoline Powered Michelin X with Tweek Rear Wheels. John Deere Z950R or equal as per the attached Minimum Specifications. Make _____ Model _____ Provide Literature and Specifications on product bid. Upon award the City will purchase a minimum of one (1) mower. State Warranty Period: _____ Service should be within 20 miles of the City of Mobile. All vendors will be required to provide verification of enrollment in the E-Verify program. Additional information may be found at http://immigration.alabama.gov/ If the successful vendor's principal place of business is out-of-state, vendor may be required to have a Certificate of Authority to do business in the State of Alabama from the Secretary of State prior to issuance of a Purchase Order. Vendors are solely responsible for consulting with the Secretary of State to determine whether a Certificate is required. See: www.sos.alabama.gov/BusinessServices/ForeignCorps.aspx. Please note that the time between application for the issuance of a Certificate of Authority may be several weeks. Upon notification, vendor will have 10 business days to provide the Certificate of Authority and the E-Verify numbers to the Purchasing Department before award can be completed. (Vendors will possibly need to pay the expedite fee to meet this requirement because application is not sufficient. We must have a copy of the certificate with your Company ID number).					
			TOTAL			

**RETURN ONE SIGNED COPY OF THIS QUOTATION
IN ENCLOSED ENVELOPE**

READ ABOVE INSTRUCTIONS BEFORE QUOTING

Firm Name _____

By _____

We will allow a discount _____ % 20 days from date of receipt of goods and correct invoice of completed order.

BID CONTINUATION SHEET

Page _____ of _____

QUANTITY	ARTICLES	UNIT	UNIT PRICE		EXTENSION			
			Dollars	Cents	Dollars	Cents		
Page 3 of 3 Vendors do not need a City of Mobile Business License or Certificate of Authority from the Alabama Secretary of State, nor the E-Verify for certification to submit a bid, but will need to obtain the Business License and Certificate of Authority verification and/or provide the E-Verify Certification, if applicable, prior to issuance of a Purchase Order. If you have any questions please feel free to contact the Purchasing Department at 251-208-7434 or purchasing@cityofmobile.org. Pricing to be good for a one (1) year period following the award of this bid. At the option of the city of Mobile and the successful vender, the award of this bid may be earned for two (2) additional one (1) year periods. TO BE AWARDED ON A PER ITEM BASIS								
			TOTAL					

RETURN ONE SIGNED COPY OF THIS QUOTATION
IN ENCLOSED ENVELOPE

READ ABOVE INSTRUCTIONS BEFORE QUOTING

Firm Name _____

By _____

We will allow a discount _____ % 20 days from date of receipt of goods
and correct invoice of completed order.

60 Inch Zero-Turn Mower Minimum Specifications

Deere Z950R with Mulch on Demand Deck or Equal

	YES	NO
• 27 horsepower	_____	_____
• 2-cylinder, v-twin, air cooled gasoline engine	_____	_____
• Zero turning radius	_____	_____
• Two adjustable, padded, hand lever steering and speed control handles with built in switches to raise and lower deck and control the PTO	_____	_____
• 0-12 MPH forward travel speed	_____	_____
• 11.5 gallon fuel capacity	_____	_____
• Parking brake	_____	_____
• Electromagnetic PTO clutch	_____	_____
• V-belt driven PTO	_____	_____
• 18,000 FPM blade tip speed	_____	_____
• 72 inch cutting width	_____	_____
• Mid-mount, 7-gauge stamped steel, floating, side discharge, mulch on demand mowing deck, capable of switching between mulching and side-discharging from the driver's seat	_____	_____
• 1 – 5.5 inch adjustable cutting height, dial to adjust from driver's seat	_____	_____
• ROPS with canopy	_____	_____
• Front and rear anti-scalp rollers	_____	_____
• Front, flat free, swivel, caster wheels	_____	_____
• Hour meter	_____	_____
• Fuel gauge	_____	_____
• Dual element air filter	_____	_____
• High back, fully adjustable suspension seat with adjustable lumbar support, armrests, and isolation	_____	_____
• Front working lights	_____	_____
• Front and rear hazard lights	_____	_____
• Michelin X Tweel rear drive tires	_____	_____
• 36 month or 1500 hour, whichever comes first; or 24 month no hour limit commercial warranty	_____	_____
• Operator's manual	_____	_____
• Parts manual	_____	_____
• Technical manual	_____	_____
• Warranty service and repairs done within a 20 mile radius	_____	_____

72 Inch Zero-Turn Mower Minimum Specifications

Deere Z950R with Mulch on Demand Deck or Equal

	YES	NO
• 27 horsepower		
• 2-cylinder, v-twin, air cooled gasoline engine		
• Zero turning radius		
• Two adjustable, padded, hand lever steering and speed control handles with built in switches to raise and lower deck and control the PTO		
• 0-12 MPH forward travel speed		
• 11.5 gallon fuel capacity		
• Parking brake		
• Electromagnetic PTO clutch		
• V-belt driven PTO		
• 18,000 FPM blade tip speed		
• 72 inch cutting width		
• Mid-mount, 7-gauge stamped steel, floating, side discharge, mulch on demand mowing deck, capable of switching between mulching and side-discharging from the driver's seat		
• 1 – 5.5 inch adjustable cutting height, dial to adjust from driver's seat		
• ROPS with canopy		
• Front and rear anti-scalp rollers		
• Front, flat free, swivel, caster wheels		
• Hour meter		
• Fuel gauge		
• Dual element air filter		
• High back, fully adjustable suspension seat with adjustable lumbar support, armrests, and isolation		
• Front working lights		
• Front and rear hazard lights		
• Michelin X Tweel rear drive tires		
• 36 month or 1500 hour, whichever comes first; or 24 month no hour limit commercial warranty		
• Operator's manual		
• Parts manual		
• Technical manual		
• Warranty service and repairs done within a 20 mile radius		



PROCUREMENT DEPARTMENT

Potential bidders are responsible to check this site for any **ADDENDUMS** that are issued. It is the responsibility of the **BIDDER** to check for, download, and include with their **BID RESPONSE** any and all **ADDENDUMS** that are issued for a specific **BID** published by the City of Mobile. Failure to download and include **ADDENDUMS** in your **BID RESPONSE** may cause your bid to be rejected.

This is a sealed bid. Any responses faxed or e-mailed will be rejected.

This is a sealed bid. Any response must be submitted in a sealed envelope with the bid number and bid opening date on the outside of the envelope.

Any response that arrives improperly marked or with no bid number and opening date on the outside of the delivery or express package and opened in error will be rejected and not considered.

It is the responsibility of the bidder to insure that their bid response is delivered to and received in the Purchasing Department before the date and time of the bid opening.

Be sure to read the Terms and Conditions. All bids are F.O.B. Destination unless otherwise stated.

Be sure to sign your bid!

Package/Bid Delivery Address:
Purchasing Department
205 Government St. Room S408
Mobile, AL 36644

(Request First Delivery)



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Submitted by:

John Paine, Purchasing Agent

Sponsored by:

Mayor William S. Stimpson

Purpose and Scope of Project:

To approve issuance of purchase order to Autonation Ford Mobile for 2 2020 Ford F250 crew cab pickup trucks.

General funds.

Amount of Contract:

\$56,381.00

Funding Source

Project #

Discretionary Funds

Project String

Contract Number:

Budget Amendment REDUCE INCREASE

Grant Funds

Matching Funds

ATTACHMENTS:

Description	Type	Upload Date
20200618 Autonation Agenda Package Pos	Cover Memo	6/18/2020

REVIEWERS:

Department Reviewer	Action	Date
Mayors Office Wesch, Paul	Approved	6/18/2020 - 12:35 PM

AGENDA ITEM SUMMARY SHEET

Agenda of:

Submitted by:

Sponsored by:

Reviewed by:

Routing Authorized:

A brief synopsis and explanation of the following:

FUNDING SOURCE:

Associated Costs:

**If Cost will continue, write "indefinite" and list project annual cost.*

RESOLUTION

Sponsored by: Mayor William S. Stimpson

BE IT RESOLVED BY THE CITY COUNCIL OF MOBILE, ALABAMA, that the Purchasing Agent is authorized to execute, for and on behalf of the City of Mobile, a purchase order to the indicated vendor in the approximate amount stated, and to approve the supporting bid award if required, for the following requisition as indicated below and attached herein:

Requisition	Fiscal Year	Department	Description	Amount	Vendor
<u>12970</u>	2020	(2012) PARKS MAINTENANCE	TWO 2020 FORD F250 CREW CAB 4X2 PIKCUP TRUCKS (SEALED BID 5200)	\$56,381.00	<u>(270013)</u> <u>AUTONATION</u> <u>FORD MOBILE</u>

Adopted:

City Clerk

Bill To ACCOUNTS PAYABLE P O BOX 389 MOBILE, AL 36601 vendorinvoices@cityofmobile.org	Requisition 00012970-00 FY 2020 Acct No: 1000.40.20.2030.2012.2005.0000.0000.47010. Review: Buyer: Status: Approved	Page 1
--	--	--------

Vendor
AUTONATION FORD MOBILE
901 E I-65 SERVICE RD S

Ship To
MOTOR POOL
745 BROAD STREET

MOBILE, AL 36606

MOBILE, AL 36604
HANKINSC@CITYOFMOBILE.ORG

Tel#251-478-3351
Fax 251-643-1244

Delivery Reference
DAN OTTO

Deliver To
MOTOR POOL
745 BROAD STREET

MOBILE, AL 36604

Date Ordered	Vendor Number	Date Required	Ship Via	Terms	Department
06/15/20	270013				PARKS MAINTENANCE

LN	Description / Account	Qty	Unit Price	Net Price
001	2020 FORD F250 CREW CAB 4X2 PICKUP TRUCK AS PER BID #5200 WITH WHITE STROBE LIGHTS SPRAY IN BED LINER AND TOW PACKAGE. VENDOR TO PROVIDE 2020 FORD F250 4X2 CREWCAB PICKUP TRUCK AS PER MY BID #5200 AND YOUR QUOTE	2.00 EACH	28190.50000	56381.00

1 1000.40.20.2030.2012.2005.0000.0000.47010. 56381.00

Ship To
MOTOR POOL
745 BROAD STREET
MOBILE, AL 36604
Delivery Reference
DAN OTTO

Deliver To
MOTOR POOL
745 BROAD STREET
MOBILE, AL 36604

Requisition Link

Requisition Total 56381.00

***** General Ledger Summary Section *****

Account	Amount	Remaining Budget
1000.40.20.2030.2012.2005.0000.0000.47010.	56381.00	203784.72
PARKS MAINTENANCE EXP	EQUIPMENT (GREATER \$5000)	

Bill To ACCOUNTS PAYABLE P O BOX 389 MOBILE, AL 36601 vendorinvoices@cityofmobile.org	Requisition 00012970-00 FY 2020 Acct No: 1000.40.20.2030.2012.2005.0000.0000.47010. Review: Buyer: Status: Approved
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Page 2

Vendor AUTONATION FORD MOBILE 901 E I-65 SERVICE RD S MOBILE, AL 36606 Tel#251-478-3351 Fax 251-643-1244	Ship To MOTOR POOL 745 BROAD STREET MOBILE, AL 36604 HANKINSC@CITYOFMOBILE.ORG Delivery Reference DAN OTTO Deliver To MOTOR POOL 745 BROAD STREET MOBILE, AL 36604
---	--

Date Ordered	Vendor Number	Date Required	Ship Via	Terms	Department
06/15/20	270013				PARKS MAINTENANCE

LN Description / Account	Qty	Unit Price	Net Price
***** Approval/Conversion Info *****			
Activity Date Clerk			Comment
Cancelled 06/17/20 JOHN PAINE			GL Allocation changed
Approved 06/15/20 DANIEL OTTO			
Approved 06/17/20 DANIEL OTTO			
Approved 06/17/20 DONNA MICHELE STANLEY			Auto approved by: 9105paij
Approved 06/17/20 DONALD ROSE			Auto approved by: 9105paij
Approved 06/17/20 JOHN PAINE			

Authorized By: _____ Date: _____

Signature

	AutoNation	STIVERS BID	Lonnie Cobb Farm	Lonnie Farm	Humboldt
4x2 1/2 Extended	① 24480.50	25,675.65 ^{LV} 24453. ⁰⁰	27203. ⁰⁰ LV 24,730. ⁰⁰	—	24542.10 ^{LV} 22311. ⁰⁰
4x4 1/2 Extended	② 27440.50	25855.05 ^{LV} 27481. ⁰⁰	29686. ⁰⁰ LV 24,988. ⁰⁰	—	① 26,337.30 ^{LV} 23743. ⁰⁰
4x2 1/2 Crew	① 26590.50	27951.60 ^{LV} 26420. ⁰⁰	28,706.70 ^{LV} 26097. ⁰⁰	—	② 26,838.90 ^{LV} 24399. ⁰⁰
4x4 1/2 Crew	② 29640.50	31203.90 ^{LV} 29718. ⁰⁰	32,147.50 ^{LV} 29225. ⁰⁰	—	① 27519.80 ^{LV} 25018. ⁰⁰
3/4 4x2 Extended	① 26980.50	② 27372.40 ^{LV} 26085. ⁰⁰	8 FT Bed 29,857.3 ^{LV} 27143. ⁰⁰	6.5 FT Bed 29443.70 ^{LV} 26767. ⁰⁰	—
3/4 4x4 Extended	① 29440.50	② 30745.00 ^{LV} 29300. ⁰⁰	8 FT Bed 32564.40 ^{LV} 29604. ⁰⁰	6.5 FT Bed 32360.90 ^{LV} 29419. ⁰⁰	—
3/4 Crew 4x2	① 28190.50	② 29326.50 ^{LV} 27930. ⁰⁰	31077.20 ^{LV} 28252. ⁰⁰	—	—
3/4 4x4 Crew	① 30650.50	② 31506.35 ^{LV} 30387. ⁰⁰	33779.90 ^{LV} 30709. ⁰⁰	—	—

LV = Local Vendor Preference Applied as per
Alabama Bid Law. This is the adjusted
price with the LV

CITY OF MOBILE

BID SHEET

This is Not an Order

Mailing Address:
P. O. Box 1948
Mobile, Alabama 36633
(251) 208-7434

**Purchasing Department
and Package Delivery:**
Government Plaza
4th Floor, Room S-408
205 Government St
Mobile, Alabama 36644

**READ TERMS AND CONDITIONS
ON REVERSE SIDE OF THIS PAGE
BEFORE BIDDING**

Typed by: nm Buyer: 002

Please quote the lowest price at which you will furnish the articles listed below

DATE 08/28/2018	BID NO. 5200	DEPARTMENT Motor Pool	Commodities to be delivered F.O.B. Mobile to: TO BE SPECIFIED
--------------------	-----------------	--------------------------	--

This bid must be received and stamped by the Purchasing office not later than: 11:00 AM, Friday, September 14, 2018

QUANTITY	ARTICLES	UNIT	UNIT PRICE		EXTENSION	
			Dollars	Cents	Dollars	Cents
	2019 OR NEWER 1/2 and 3/4 TON PICKUP TRUCK'S					
Appx. 1-20	2019 or Newer 1/2 Ton 4x2 Extended Cab Pickup Truck or Equal as per the following <u>MINIMUM</u> Specifications. Make: _____ Model: _____ Model Year Bid: _____					
Appx. 1-20	2019 or Newer 1/2 Ton 4x4 Extended Cab Pickup Truck or Equal as per the following <u>MINIMUM</u> Specifications. Make: _____ Model: _____ Model Year Bid: _____					
Appx. 1-20	2019 or Newer 1/2 Ton 4x2 Four (4) Door Crew Cab Pickup Truck or Equal as per the following <u>MINIMUM</u> Specifications. Make: _____ Model: _____ Model Year Bid: _____					
Page 1 of 5			TOTAL			

**RETURN ONE SIGNED COPY OF THIS BID
IN ENCLOSED ENVELOPE**

State delivery time within _____ days of receipt of P.O.

Firm Name _____

Typed Signature _____

By _____

We will allow a discount _____ % 20 days from date of receipt of goods
and correct invoice of completed order.

1. All quotations must be signed with the firm name and by an authorized officer or employee.
2. Verify your bid before submission as it cannot be withdrawn or corrected after being opened. In case of error in extension of prices, the unit price will govern.
3. If you do not bid, return this sheet and state reason. Otherwise, your name may be removed from our mailing list.
4. The right is reserved to reject any, or all quotations, or any portions thereof, and to waive technicalities if deemed to be in the interest of the City of Mobile.
5. This bid shall not be reassignable except by written approval of the Purchasing Agent of the City of Mobile.
6. State brand and model number of each item. All items bid must be new and latest model unless otherwise specified.
7. If bid results are desired, enclose a self-addressed and stamped envelope with your bid. (All or None bids only)
8. Do not include Federal Excise Tax as exemption certificate will be issued in lieu of same. The City is exempt from the Alabama and City sales taxes.
9. PRICES ARE TO BE FIRM AND F.O.B. DESTINATION UNLESS OTHERWISE REQUESTED
10. BID WILL BE AWARDED ON ALL OR NONE BASIS UNLESS OTHERWISE STATED.
11. Bids received after specified time will be returned unopened.
12. Failure to observe stated instructions and conditions will constitute grounds for rejection of your bid.
13. Furnish literature, specifications, drawings, photographs, etc., as applicable with the items bid.
14. Vendor May be required to obtain City of Mobile Business License as applicable to City of Mobile Municipal Code Section 34-50. For Business License inquiry contact the Revenue Department at (251) 208-7461 or cityofmobile.org/taxes.php.
15. If a bid bond is required in the published specifications, see below:
Each Bid Shall be Accompanied By A **Cashier's Check, Certified Check, Bank Draft Or Bid Bond** For the Sum Of Five (5) Percent Of The Amount Bid. Made Payable To The City Of Mobile And Certified By A Reputable Banking Institution. All Checks Shall Be Returned Promptly, Except The Check Of The Successful Bidder, Which Shall Be Returned After Fulfilling The Bid.
16. Contracts in excess of \$50,000 require that the successful bidder make every possible effort to have at least fifteen (15) percent of the total value of the contract performed by socially and economically disadvantaged individuals.
17. All bids/bid envelopes must have the bid number noted on the front. Bids that arrive unmarked and are opened in error shall be returned to vendor as an unacceptable bid.
18. If successful vendor's principal place of business is out-of-state, vendor may be required to have a Certificate of Authority to do business in the State of Alabama from the Alabama Secretary of State prior to issuance of a Purchase Order. Vendors are solely responsible for consulting with the Secretary of State to determine whether a Certificate is required. See www.sos.alabama.gov/BusinessServices/ForeignCorps.aspx. Please note that the time between application for and issuance of a Certificate of Authority may be several weeks.
19. Vendors do not need a City of Mobile Business License or Certificate of Authority from the Alabama Secretary of State to submit a bid, but will need to obtain the Business License and Certificate of Authority if applicable, prior to issuance of a Purchase Order.

BID CONTINUATION SHEET

Page _____ of _____

QUANTITY	ARTICLES	UNIT	UNIT PRICE		EXTENSION	
			Dollars	Cents	Dollars	Cents
Page 2 of 5						
Appx. 1-20	2019 or Newer 1/2 Ton 4x4 Four (4) Door Crew Cab Pickup Truck or Equal as per the following MINIMUM Specifications. Make: _____ Model: _____ Model Year Bid: _____					
Appx. 1-20	2019 or Newer 3/4 Ton 4x2 Extended Cab Pickup Truck or Equal as per the following MINIMUM Specifications. Make: _____ Model: _____ Model Year Bid: _____					
Appx. 1-20	2019 or Newer 3/4 Ton 4x4 Extended Cab Pickup Truck or Equal as per the following MINIMUM Specifications. Make: _____ Model: _____ Model Year Bid: _____					
Appx. 1-20	2019 or Newer 3/4 Ton 4x2 Four (4) Door Crew Cab Pickup Truck or Equal as per the following MINIMUM Specifications. Make: _____ Model: _____ Model Year Bid: _____					
Appx. 1-20	2019 or Newer 3/4 Ton 4x4 Four (4) Door Crew Cab Pickup Truck or Equal as per the following MINIMUM Specifications. Make: _____ Model: _____ Model Year Bid: _____					
			TOTAL			

RETURN ONE SIGNED COPY OF THIS QUOTATION
IN ENCLOSED ENVELOPE

READ ABOVE INSTRUCTIONS BEFORE QUOTING

Firm Name _____

By _____

We will allow a discount _____ % 20 days from date of receipt of goods
and correct invoice of completed order.

BID CONTINUATION SHEET

Page _____ of _____

QUANTITY	ARTICLES	UNIT	UNIT PRICE		EXTENSION	
			Dollars	Cents	Dollars	Cents
	Page 3 of 5 Furnish Factory Literature and Specifications. Colors ordered may be white or red. Upon award, the City may purchase a minimum of one (1) of each of the 2019 or Newer 1/2 Ton Pickup Trucks. The City may buy up to twenty-five (20) more of each of the various pickup types listed above. Different prices for different colors not acceptable. All trucks shall be delivered with trailer package, spray in bed liner and four (4) Corner Strobe/LED Warning Lights. NOTE: Front four (4) Corner Warning Lights shall NOT be installed in headlight/turn signal/parking light fixture. Any vehicle delivered with the front four corner warning lights installed in the headlight/turn signal/parking light fixtures will be refused and only accepted once vendor replaces the light fixture with the new ones. Vehicle(s) are to be delivered with four (4) sets of fully functional keys that include the electronics and are coded to start the vehicles. Vehicle colors will be decided prior to issuance of Purchase Order. White and Red should be available along with other colors. Different prices for different colors not acceptable. Include the price of Application for Certificate of Title in your bid price. All standard items as stated in your model Literature must remain on vehicle, not removed except as noted. City of Mobile Business License Required – See Item 14 (on reverse side) All vendors will be required to provide verification of enrollment in the E-Verify program. Additional information may be found at http://immigration.alabama.gov/ If the successful vendor's principal place of business is out-of-state, vendor may be required to have a Certificate of Authority to do business in the State of Alabama from the Secretary of State prior to issuance of a Purchase Order.					
			TOTAL			

**RETURN ONE SIGNED COPY OF THIS QUOTATION
IN ENCLOSED ENVELOPE**

READ ABOVE INSTRUCTIONS BEFORE QUOTING

Firm Name _____

By _____

We will allow a discount _____ % 20 days from date of receipt of goods and correct invoice of completed order.

BID CONTINUATION SHEET

Page _____ of _____

QUANTITY	ARTICLES	UNIT	UNIT PRICE		EXTENSION	
			Dollars	Cents	Dollars	Cents
	Page 4 of 5 Vendors are solely responsible for consulting with the Secretary of State to determine whether a Certificate is required. See: www.sos.alabama.gov/BusinessServices/ForeignCorps.aspx. Please note that the time between application for the issuance of a Certificate of Authority may be several weeks. Upon notification, vendor will have 10 business days to provide the Certificate of Authority and the E-Verify numbers to the Purchasing Department before award can be completed. (Vendors will possibly need to pay the expedite fee to meet this requirement because application is not sufficient. We must have a copy of the certificate with your Company ID number). Vendors do not need a City of Mobile Business License or Certificate of Authority from the Alabama Secretary of State, nor the E-Verify for certification to submit a bid, but will need to obtain the Business License and Certificate of Authority verification and/or provide the E-Verify Certification, if applicable, prior to issuance of a Purchase Order. Vendor shall provide ALL Service and Parts Manuals for these vehicles for use by the City of Mobile. Pricing shall be good for the model year bid. At the option of the City of Mobile and the Successful Vendor, the award of this bid may be extended for two (2) additional model years. Be sure to sign and return this page including the terms and conditions on the reverse of Page 1. THE CITY OF MOBILE DOES NOT ACCEPT VENDOR'S TERMS AND CONDITIONS. TO BE AWARDED ON A PER ITEM BASIS.					
			TOTAL			

RETURN ONE SIGNED COPY OF THIS QUOTATION
IN ENCLOSED ENVELOPE

READ ABOVE INSTRUCTIONS BEFORE QUOTING

Firm Name _____

By _____

We will allow a discount _____ % 20 days from date of receipt of goods
and correct invoice of completed order.

BID CONTINUATION SHEET

Page _____ of _____

QUANTITY	ARTICLES	UNIT	UNIT PRICE		EXTENSION	
			Dollars	Cents	Dollars	Cents
	Page 5 of 5 OPTION <u>SERVICE PLANS</u> Vehicle five (5) year/75,000 mile Service Plan to cover all manufacturers recommended serviced or scheduled items. To include, but not limited to Oil and Filter Changes, Coolant and Windshield Washer Fluids and any other Item (s) recommended to be changed or serviced during the five (5) year or 75,000 miles after receipt of vehicles by the City of Mobile. There shall be a Service Center with Drive In and Drive Out Service arranged by the Vendor to cover these items within thirty five (35) miles of the City of Mobile Police Jurisdiction. The Vendor shall provide copies of all service as it is performed to the City of Mobile Municipal Garage. Repairs that are not part of the normal Warranty and Service Contract will not be done without the approval of the City of Mobile Municipal Garage. The driver of the vehicle cannot approve repairs that are not part of the Warranty and Service Program. Option 1 – If purchased when vehicle is ordered. \$ _____ Option 2 – If purchased after vehicle has been delivered. \$ _____					
			TOTAL			

RETURN ONE SIGNED COPY OF THIS QUOTATION
IN ENCLOSED ENVELOPE

READ ABOVE INSTRUCTIONS BEFORE QUOTING

Firm Name _____

By _____

We will allow a discount _____ % 20 days from date of receipt of goods and correct invoice of completed order.

SPECIFICATIONS

1 -20 – 2019 or Newer ½ Ton 4 X 2 Extended Cab Pickup Truck or equivalent as per the following **MINIMUM** specifications:

	Yes	No
1. Engine – 2.7 Liter.	_____	_____
2. Fuel Type – Gasoline.	_____	_____
3. Wheelbase – 142.0” minimum.	_____	_____
4. Drive Type – 4 X 2.	_____	_____
5. Transmission – Automatic.	_____	_____
6. Color – White.	_____	_____
7. Dual Air Bags.	_____	_____
8. Heat and Air conditioning – Factory Installed.	_____	_____
9. Radio – AM/FM with CD Player - Factory Installed.	_____	_____
10. Mirrors – Day/Night inside mirror. Dual remote control outside mirrors.	_____	_____
11. Cruise Control – Factory Installed.	_____	_____
12. Tilt Steering - Factory Installed.	_____	_____
13. Brakes – Anti-Lock Brakes.	_____	_____
14. Wheels – No Hub Caps.	_____	_____
15. Keys – Four (4) sets of keys fully functional with electronics furnished with each vehicle.	_____	_____
16. Power Windows.	_____	_____
17. Power Door Locks.	_____	_____
18. Map Lights and Day Time Running Lights.	_____	_____
19. Camera – Rear back up camera.	_____	_____
20. Four Corner Strokes Lights.	_____	_____
21. Spray on Bedliner.	_____	_____
22. Tow Package.	_____	_____

SPECIFICATIONS

1 -20 – 2019 or Newer ½ Ton 4 X 4 Extended Cab Pickup Truck or equivalent as per the following **MINIMUM** specifications:

	Yes	No
1. Engine – 2.7 Liter.	_____	_____
2. Fuel Type – Gasoline.	_____	_____
3. Wheelbase – 142.0” minimum.	_____	_____
4. Drive Type – 4 X 2.	_____	_____
5. Transmission – Automatic.	_____	_____
6. Color – White.	_____	_____
7. Dual Air Bags.	_____	_____
8. Heat and Air conditioning – Factory Installed.	_____	_____
9. Radio – AM/FM with CD Player - Factory Installed.	_____	_____
10. Mirrors – Day/Night inside mirror. Dual remote control outside mirrors.	_____	_____
11. Cruise Control – Factory Installed.	_____	_____
12. Tilt Steering - Factory Installed.	_____	_____
13. Brakes – Anti-Lock Brakes.	_____	_____
14. Wheels – No Hub Caps.	_____	_____
15. Keys – Four (4) sets of keys fully functional with electronics furnished with each vehicle.	_____	_____
16. Power Windows.	_____	_____
17. Power Door Locks.	_____	_____
18. Map Lights and Day Time Running Lights.	_____	_____
19. Camera – Rear back up camera.	_____	_____
20. Four Corner Strobes Lights.	_____	_____
21. Spray on Bedliner.	_____	_____
22. Tow Package.	_____	_____

SPECIFICATIONS

1 -20 – 2019 or Newer ½ Ton 4 X 2 Four (4) Door Crew Cab Pickup Truck or equivalent as per the following **MINIMUM** specifications:

	Yes	No
1. Engine – 2.7 Liter.	_____	_____
2. Fuel Type – Gasoline.	_____	_____
3. Wheelbase – 142.0” minimum.	_____	_____
4. Drive Type – 4 X 2.	_____	_____
5. Transmission – Automatic.	_____	_____
6. Color – White.	_____	_____
7. Dual Air Bags.	_____	_____
8. Heat and Air conditioning – Factory Installed.	_____	_____
9. Radio – AM/FM with CD Player - Factory Installed.	_____	_____
10. Mirrors – Day/Night inside mirror. Dual remote control outside mirrors.	_____	_____
11. Cruise Control – Factory Installed.	_____	_____
12. Tilt Steering - Factory Installed.	_____	_____
13. Brakes – Anti-Lock Brakes.	_____	_____
14. Wheels – No Hub Caps.	_____	_____
15. Keys – Four (4) sets of keys fully functional with electronics furnished with each vehicle.	_____	_____
16. Power Windows.	_____	_____
17. Power Door Locks.	_____	_____
18. Map Lights and Day Time Running Lights.	_____	_____
19. Camera – Rear back up camera.	_____	_____
20. Four Corner Strobes Lights.	_____	_____
21. Spray on Bedliner.	_____	_____
22. Tow Package.	_____	_____

SPECIFICATIONS

1 -20 – 2019 or Newer ½ Ton 4 X 4 Four (4) Door Crew Cab Pickup Truck or equivalent as per the following **MINIMUM** specifications:

	Yes	No
1. Engine – 2.7 Liter.	_____	_____
2. Fuel Type – Gasoline.	_____	_____
3. Wheelbase – 142.0” minimum.	_____	_____
4. Drive Type – 4 X 4.	_____	_____
5. Transmission – Automatic.	_____	_____
6. Color – White.	_____	_____
7. Dual Air Bags.	_____	_____
8. Heat and Air conditioning – Factory Installed.	_____	_____
9. Radio – AM/FM with CD Player - Factory Installed.	_____	_____
10. Mirrors – Day/Night inside mirror. Dual remote control outside mirrors.	_____	_____
11. Cruise Control – Factory Installed.	_____	_____
12. Tilt Steering - Factory Installed.	_____	_____
13. Brakes – Anti-Lock Brakes.	_____	_____
14. Wheels – No Hub Caps.	_____	_____
15. Keys – Four (4) sets of keys fully functional with electronics furnished with each vehicle.	_____	_____
16. Power Windows.	_____	_____
17. Power Door Locks.	_____	_____
18. Map Lights and Day Time Running Lights.	_____	_____
19. Camera – Rear back up camera.	_____	_____
20. Four Corner Strobes Lights.	_____	_____
21. Spray on Bedliner.	_____	_____
22. Tow Package.	_____	_____

SPECIFICATIONS

1 -20 – 2019 or Newer ¾ Ton 4 X 2 Extended Cab Pickup Truck or equivalent as per the following **MINIMUM** specifications:

	Yes	No
1. Engine – 2.7 Liter.	☐	☐
2. Fuel Type – Gasoline.	☐	☐
3. Wheelbase – 159.8” minimum.	☐	☐
4. Drive Type – 4 X 2.	☐	☐
5. Transmission – Automatic.	☐	☐
6. Color – White.	☐	☐
7. Dual Air Bags.	☐	☐
8. Heat and Air conditioning – Factory Installed.	☐	☐
9. Radio – AM/FM with CD Player - Factory Installed.	☐	☐
10. Mirrors – Day/Night inside mirror. Dual remote control outside mirrors.	☐	☐
11. Cruise Control – Factory Installed.	☐	☐
12. Tilt Steering - Factory Installed.	☐	☐
13. Brakes – Anti-Lock Brakes.	☐	☐
14. Wheels – No Hub Caps.	☐	☐
15. Keys – Four (4) sets of keys fully functional with electronics furnished with each vehicle.	☐	☐
16. Power Windows.	☐	☐
17. Power Door Locks.	☐	☐
18. Map Lights and Day Time Running Lights.	☐	☐
19. Camera – Rear back up camera.	☐	☐
20. Four Corner Strobes Lights.	☐	☐
21. Spray on Bedliner.	☐	☐

SPECIFICATIONS

1 -20 – 2019 or Newer ¾ Ton 4 X 4 Extended Cab Pickup Truck or equivalent as per the following **MINIMUM** specifications:

	Yes	No
1. Engine – 2.7 Liter.	_____	_____
2. Fuel Type – Gasoline.	_____	_____
3. Wheelbase – 159.8” minimum.	_____	_____
4. Drive Type – 4 X 4.	_____	_____
5. Transmission – Automatic.	_____	_____
6. Color – White.	_____	_____
7. Dual Air Bags.	_____	_____
8. Heat and Air conditioning – Factory Installed.	_____	_____
9. Radio – AM/FM with CD Player - Factory Installed.	_____	_____
10. Mirrors – Day/Night inside mirror. Dual remote control outside mirrors.	_____	_____
11. Cruise Control – Factory Installed.	_____	_____
12. Tilt Steering - Factory Installed.	_____	_____
13. Brakes – Anti-Lock Brakes.	_____	_____
14. Wheels – No Hub Caps.	_____	_____
15. Keys – Four (4) sets of keys fully functional with electronics furnished with each vehicle.	_____	_____
16. Power Windows.	_____	_____
17. Power Door Locks.	_____	_____
18. Map Lights and Day Time Running Lights.	_____	_____
19. Camera – Rear back up camera.	_____	_____
20. Four Corner Strobes Lights.	_____	_____
21. Spray on Bedliner.	_____	_____

SPECIFICATIONS

1 -20 – 2019 or Newer ¾ Ton 4 X 2 Four (4) Door Crew Cab Pickup Truck or equivalent as per the following **MINIMUM** specifications:

	Yes	No
1. Engine – 2.7 Liter.	_____	_____
2. Fuel Type – Gasoline.	_____	_____
3. Wheelbase – 159.8” minimum.	_____	_____
4. Drive Type – 4 X 2.	_____	_____
5. Transmission – Automatic.	_____	_____
6. Color – White.	_____	_____
7. Dual Air Bags.	_____	_____
8. Heat and Air conditioning – Factory Installed.	_____	_____
9. Radio – AM/FM with CD Player - Factory Installed.	_____	_____
10. Mirrors – Day/Night inside mirror. Dual remote control outside mirrors.	_____	_____
11. Cruise Control – Factory Installed.	_____	_____
12. Tilt Steering - Factory Installed.	_____	_____
13. Brakes – Anti-Lock Brakes.	_____	_____
14. Wheels – No Hub Caps.	_____	_____
15. Keys – Four (4) sets of keys fully functional with electronics furnished with each vehicle.	_____	_____
16. Power Windows.	_____	_____
17. Power Door Locks.	_____	_____
18. Map Lights and Day Time Running Lights.	_____	_____
19. Camera – Rear back up camera.	_____	_____
20. Four Corner Strobes Lights.	_____	_____
21. Spray on Bedliner.	_____	_____

SPECIFICATIONS

1 -20 – 2019 or Newer ¾ Ton 4 X 4 Four (4) Door Crew Cab Pickup Truck or equivalent as per the following **MINIMUM** specifications:

	Yes	No
1. Engine – 2.7 Liter.	_____	_____
2. Fuel Type – Gasoline.	_____	_____
3. Wheelbase – 159.8” minimum.	_____	_____
4. Drive Type – 4 X 4.	_____	_____
5. Transmission – Automatic.	_____	_____
6. Color – White.	_____	_____
7. Dual Air Bags.	_____	_____
8. Heat and Air conditioning – Factory Installed.	_____	_____
9. Radio – AM/FM with CD Player - Factory Installed.	_____	_____
10. Mirrors – Day/Night inside mirror. Dual remote control outside mirrors.	_____	_____
11. Cruise Control – Factory Installed.	_____	_____
12. Tilt Steering - Factory Installed.	_____	_____
13. Brakes – Anti-Lock Brakes.	_____	_____
14. Wheels – No Hub Caps.	_____	_____
15. Keys – Four (4) sets of keys fully functional with electronics furnished with each vehicle.	_____	_____
16. Power Windows.	_____	_____
17. Power Door Locks.	_____	_____
18. Map Lights and Day Time Running Lights.	_____	_____
19. Camera – Rear back up camera.	_____	_____
20. Four Corner Strobes Lights.	_____	_____
21. Spray on Bedliner.	_____	_____



PURCHASING DEPARTMENT

Potential bidders are responsible to check this site for any ADDENDUMS that are issued. It is the responsibility of the BIDDER to check for, download, and include with their BID RESPONSE any and all ADDENDUMS that are issued for a specific BID published by the City of Mobile. Failure to download and include ADDENDUMS in your BID RESPONSE may cause your bid to be rejected.

This is a sealed bid. Any responses faxed or e-mailed will be rejected.

This is a sealed bid. Any response must be submitted in a sealed envelope with the bid number and bid opening date on the outside of the envelope.

Any response that arrives improperly marked or with no bid number and opening date on the outside of the delivery or express package and opened in error will be rejected and not considered.

It is the responsibility of the bidder to insure that their bid response is delivered to and received in the Purchasing Department before the date and time of the bid opening.

Be sure to read the Terms and Conditions. All bids are F.O.B. Destination unless otherwise stated.

Be sure to sign your bid!

**Package/Bid Delivery Address:
Purchasing Department
205 Government St. Room S408
Mobile, AL 36644**

(Request First Delivery)



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Submitted by:

John Paine, Purchasing Agent

Sponsored by:

Mayor William S. Stimpson

Purpose and Scope of Project:

To approve issuance of purchase order to Sansom Equipment Co Inc for a 2020 Vactor 2115P-15 sewer cleaner truck on 2020 Freightliner 1145D tandem axle chassis.
Stormwater fee.

Amount of Contract:

\$455,219.00

Funding Source

Project #

Discretionary Funds

Project String

Contract Number:

Budget Amendment REDUCE INCREASE

Grant Funds

Matching Funds

ATTACHMENTS:

Description	Type	Upload Date
20200618 Sansom Agenda Package POs	Cover Memo	6/18/2020

REVIEWERS:

Department Reviewer	Action	Date
Mayors Office Wesch, Paul	Approved	6/18/2020 - 12:35 PM

AGENDA ITEM SUMMARY SHEET

Agenda of:

Submitted by:

Sponsored by:

Reviewed by:

Routing Authorized:

A brief synopsis and explanation of the following:

FUNDING SOURCE:

Associated Costs:

**If Cost will continue, write "indefinite" and list project annual cost.*

RESOLUTION

Sponsored by: Mayor William S. Stimpson

BE IT RESOLVED BY THE CITY COUNCIL OF MOBILE, ALABAMA, that the Purchasing Agent is authorized to execute, for and on behalf of the City of Mobile, a purchase order to the indicated vendor in the approximate amount stated, and to approve the supporting bid award if required, for the following requisition as indicated below and attached herein:

Requisition	Fiscal Year	Department	Description	Amount	Vendor
<u>10321</u>	2020	(F7000) MOTOR POOL	2020 VACTOR 211SP-15 SEWER CLEANER TRUCK ON 2020 FREIGHTLINER 114SD TANDEM AXLE CHASSIS. (SOURCEWELL COOPERATIVE PURCHASING AGREEMENT – NOT ON STATE CONTRACT AS PACKAGED)	\$455,219.00	(190715) <u>SANSOM EQUIPMENT CO INC</u>

Adopted:

City Clerk

Bill To ACCOUNTS PAYABLE P O BOX 389 MOBILE, AL 36601 vendorinvoices@cityofmobile.org	Requisition 00010321-00 FY 2020 Acct No: 4050.70.00.0000.0000.0000.0000.47120. Review: Buyer: Status: Approved	Page 1
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Vendor
 SANSOM EQUIPMENT CO INC
 2025 W I-65 SERVICE ROAD NORTH

Ship To
 MOTOR POOL
 745 BROAD STREET

MOBILE, AL 36618

MOBILE, AL 36604
 CARTERD@CITYOFMOBILE.ORG

Tel#205-401-4040
 Fax 251-631-3768

Delivery Reference
 DIANE CARTER-MCCARTY

Deliver To
 MOTOR POOL
 745 BROAD STREET

MOBILE, AL 36604

Date Ordered	Vendor Number	Date Required	Ship Via	Terms	Department
04/23/20	190715	04/23/20			MOTOR POOL

LN	Description / Account	Qty	Unit Price	Net Price
001	VACTOR TRUCK AS SPECIFIED: 2020 VACTOR 2115P-15 SEWER CLEANER TRUCK ON 2020 FREIGHTLINER 114SD TANDEM AXLE CHASSIS AS PER SANSOM QUOTE #SECQ1564 DATED 2-27-2020. PRICING BASED ON SOURCEWELL CONTRACT 122017-FSC. VENDOR TO DELIVER TO CITY OF MOBILE MOTOR POOL 745 BROAD STREET MOBILE. PURCHASING AGENT TO SIGN ALL TITLE WORK. NO ADDITIONAL CHANGES OR ADJUSTMENTS WITHOUT THE PRIOR WRITTEN PERMISSION OF THE PURCHASING AGENT OF THE CITY OF MOBILE Additional Description Notes ----- 2020 PETERBILT 567 VACTOR 2115P-15 SEWER CLEANER TRUCK. REQUESTED BY PUBLIC WORKS. 2020 PETERBILT 567 VACTOR 2115P-15 SEWER CLEANER TRUCK. REQUESTED BY PUBLIC WORKS.	1.00 EACH	455219.00000	455219.00
1	4050.70.00.0000.0000.0000.0000.47120. E C0446 .VEHICLEEXP.			455219.00

Bill To ACCOUNTS PAYABLE P O BOX 389 MOBILE, AL 36601 vendorinvoices@cityofmobile.org	Requisition 00010321-00 FY 2020 Acct No: 4050.70.00.0000.0000.0000.0000.47120. Review: Buyer: Status: Approved	Page 2
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Vendor
SANSOM EQUIPMENT CO INC
2025 W I-65 SERVICE ROAD NORTH

Ship To
MOTOR POOL
745 BROAD STREET

MOBILE, AL 36618

MOBILE, AL 36604
CARTERD@CITYOFMOBILE.ORG

Tel#205-401-4040
Fax 251-631-3768

Delivery Reference
DIANE CARTER-MCCARTY

Deliver To
MOTOR POOL
745 BROAD STREET

MOBILE, AL 36604

Date Ordered	Vendor Number	Date Required	Ship Via	Terms	Department
04/23/20	190715	04/23/20			MOTOR POOL

LN Description / Account	Qty	Unit Price	Net Price
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Ship To
MOTOR POOL
745 BROAD STREET
MOBILE, AL 36604
Delivery Reference
DIANE CARTER-MCCARTY

Deliver To
MOTOR POOL
745 BROAD STREET
MOBILE, AL 36604

[Requisition Link](#)

Requisition Total	455219.00
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***** Project Ledger Summary Section *****

Account	Amount	Remaining Budget
E C0446 .VEHICLEEXP.	455219.00	710371.87

***** General Ledger Summary Section *****

Account	Amount	Remaining Budget
4050.70.00.0000.0000.0000.0000.47120.	455219.00	203784.72
STORM WATER EXP	VEHICLE ACQ (GREATER \$5000)	

***** Approval/Conversion Info *****

Activity	Date	Clerk	Comment
CCancelled	06/17/20	JOHN PAINE	GL Allocation changed
Approved	04/27/20	NICHOLAS AMBERGER	
Approved	06/17/20	NICHOLAS AMBERGER	

Bill To ACCOUNTS PAYABLE P O BOX 389 MOBILE, AL 36601 vendorinvoices@cityofmobile.org	Requisition 00010321-00 FY 2020 Acct No: 4050.70.00.0000.0000.0000.0000.47120. Review: Buyer: Status: Approved
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Page 3

Vendor
 SANSOM EQUIPMENT CO INC
 2025 W I-65 SERVICE ROAD NORTH

Ship To
 MOTOR POOL
 745 BROAD STREET

MOBILE, AL 36618

MOBILE, AL 36604
 CARTERD@CITYOFMOBILE.ORG

Tel#205-401-4040
 Fax 251-631-3768

Delivery Reference
 DIANE CARTER-MCCARTY

Deliver To
 MOTOR POOL
 745 BROAD STREET

MOBILE, AL 36604

Date Ordered	Vendor Number	Date Required	Ship Via	Terms	Department
04/23/20	190715	04/23/20			MOTOR POOL

LN	Description / Account	Qty	Unit Price	Net Price
Approved	04/27/20 TIFFANY HOLLINS			
Approved	04/27/20 MARILYN MCMILLAN		Auto approved by: 910514227	
Approved	04/27/20 RELYA MALLORY		Auto approved by: 910514227	
Approved	06/17/20 TIFFANY HOLLINS			
Approved	06/17/20 MARILYN MCMILLAN		Auto approved by: 910514227	
Approved	06/17/20 RELYA MALLORY		Auto approved by: 910514227	
Forward	05/28/20 BOBBY IRBY		Automatic Forward to 910514396	
Approved	06/18/20 DONNA MICHELE STANLEY		Auto approved by: 9105paij	
Approved	06/18/20 DONALD ROSE		Auto approved by: 9105paij	
Approved	06/18/20 JOHN PAINE			

Authorized By: _____ Date: _____
 Signature



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Submitted by:

John Paine, Purchasing Agent

Sponsored by:

Mayor William S. Stimpson

Purpose and Scope of Project:

To approve issuance of purchase order to Toomey Equipment Co Inc for a Kubota B26 tractor backhoe/front end loader.

Capital fund.

Amount of Contract:

\$31,779.00

Funding Source

Project #

Discretionary Funds

Project String

Contract Number:

Budget Amendment REDUCE INCREASE

Grant Funds

Matching Funds

ATTACHMENTS:

Description	Type	Upload Date
20200618 Toomey Agenda Package POs	Cover Memo	6/18/2020

REVIEWERS:

Department Reviewer	Action	Date
Mayors Office Wesch, Paul	Approved	6/18/2020 - 12:35 PM

AGENDA ITEM SUMMARY SHEET

Agenda of:

Submitted by:

Sponsored by:

Reviewed by:

Routing Authorized:

A brief synopsis and explanation of the following:

FUNDING SOURCE:

Associated Costs:

**If Cost will continue, write "indefinite" and list project annual cost.*

RESOLUTION

Sponsored by: Mayor William S. Stimpson

BE IT RESOLVED BY THE CITY COUNCIL OF MOBILE, ALABAMA, that the Purchasing Agent is authorized to execute, for and on behalf of the City of Mobile, a purchase order to the indicated vendor in the approximate amount stated, and to approve the supporting bid award if required, for the following requisition as indicated below and attached herein:

Requisition	Fiscal Year	Department	Description	Amount	Vendor
<u>8919</u>	2020	(F7000) MOTOR POOL	KUBOTA B26 TRACTOR BACKHOE/FRONT END LOADER (SEALED BID 5402)	\$31,779.00	(<u>205775</u>) <u>TOOMEY</u> <u>EQUIPMENT CO</u> <u>INC</u>

Adopted:

City Clerk

Bill To ACCOUNTS PAYABLE P O BOX 389 MOBILE, AL 36601 vendorinvoices@cityofmobile.org	Requisition 00008919-00 FY 2020 Acct No: 2000.80.00.0000.0000.0000.0000.47120. Review: Buyer: Status: Released	Page 1
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Vendor
 TOOMEY EQUIPMENT CO INC
 5788 HWY 90 W

Ship To
 MOTOR POOL
 745 BROAD STREET

THEODORE, AL 36582

MOBILE, AL 36604
 CARTERD@CITYOFMOBILE.ORG

Tel#251-653-1900
 Fax 251-653-1901

Delivery Reference
 DAINE CARTER-MCCARTY

Deliver To
 MOTOR POOL
 745 BROAD STREET

MOBILE, AL 36604

Date Ordered	Vendor Number	Date Required	Ship Via	Terms	Department
03/24/20	205775	03/24/20			MOTOR POOL

LN	Description / Account	Qty	Unit Price	Net Price
001	TRACTOR BACKHOE/FRONTEND LOADER AS SPECIFIED: VENDOR TO PROVIDE KUBOTA B26 AS PER MY BID #5402 AND YOUR QUOTE Additional Description Notes ----- 2020 FOR NEWER TRACTOR BACKHOE/FRONTEND LOADER.	1.00 EACH	31779.00000	31779.00

1	2000.80.00.0000.0000.0000.0000.47120. E E0005 .VEHICLEEXP.			31779.00
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Ship To
 MOTOR POOL
 745 BROAD STREET
 MOBILE, AL 36604
 Delivery Reference
 DAINE CARTER-MCCARTY

Deliver To
 MOTOR POOL
 745 BROAD STREET
 MOBILE, AL 36604

[Requisition Link](#)

Requisition Total 31779.00

***** Project Ledger Summary Section *****

Account	Amount	Remaining Budget
E E0005 .VEHICLEEXP.	31779.00	73509.64

Bill To ACCOUNTS PAYABLE P O BOX 389 MOBILE, AL 36601 vendorinvoices@cityofmobile.org	Requisition 00008919-00 FY 2020 Acct No: 2000.80.00.0000.0000.0000.0000.47120. Review: Buyer: Status: Released	Page 2
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Vendor
 TOOMEY EQUIPMENT CO INC
 5788 HWY 90 W

Ship To
 MOTOR POOL
 745 BROAD STREET

THEODORE, AL 36582

MOBILE, AL 36604
 CARTERD@CITYOFMOBILE.ORG

Tel#251-653-1900
 Fax 251-653-1901

Delivery Reference
 DAINE CARTER-MCCARTY

Deliver To
 MOTOR POOL
 745 BROAD STREET

MOBILE, AL 36604

Date Ordered	Vendor Number	Date Required	Ship Via	Terms	Department
03/24/20	1205775	03/24/20			MOTOR POOL

Account	Amount	Remaining Budget
***** General Ledger Summary Section *****		
Account	Amount	Remaining Budget
2000.80.00.0000.0000.0000.0000.47120.		
	31779.00	203784.72
CAPITAL IMPROVEMENTS FUND EXP VEHICLE ACQ (GREATER \$5000)		

***** Approval/Conversion Info *****

Activity	Date	Clerk	Comment
Cancelled	06/13/20	JOHN PAINE	GL Allocation changed
Approved	03/25/20	KINA ANDREWS	Approved (per John Peavy)
Approved	03/25/20	JOHN PEAVY	Auto approved by: 910515803
Approved	03/25/20	DORIS IRBY	Auto approved by: 910515803
Approved	03/25/20	TIFFANY HOLLINS	
Approved	03/25/20	MARILYN MCMILLAN	Auto approved by: 910514227
Approved	03/25/20	RELYA MALLORY	Auto approved by: 910514227
Forward	05/28/20	BOBBY IRBY	Automatic Forward to 910514396
Queued	06/13/20	KINA ANDREWS	Automatic Forward to 910514396
Queued	06/13/20	JOHN PEAVY	Automatic Forward to 910514396
Queued	06/13/20	DORIS IRBY	Automatic Forward to 910514396
Pending		TIFFANY HOLLINS	Automatic Forward to 910514396
Pending		MARILYN MCMILLAN	Automatic Forward to 910514396
Pending		RELYA MALLORY	Automatic Forward to 910514396
Pending		DONNA MICHELE STANLEY	Automatic Forward to 910514396
Pending		DONALD ROSE	Automatic Forward to 910514396
Pending		JOHN PAINE	Automatic Forward to 910514396

Authorized By: _____ Date: _____
 Signature

BID TABULATION FOR BID 5402: RUBBER TIRE TRACTOR/LOADER/BACKHOE	
SUNSOUTH LLC	TOOMEY EQUIPMENT CO.
42,997 JOHN DEERE 3033R INCLUDES UNDER BODY MOWER	31,779 KUBOTA B26

BID SHEET

**READ TERMS AND CONDITIONS
ON REVERSE SIDE OF THIS PAGE
BEFORE BIDDING**

**Purchasing Department
and Package Delivery:**
Government Plaza
4th Floor, Room S-408
205 Government St
Mobile, Alabama 36644

Please quote the lowest price at which you will furnish the articles listed below

This bid must be received and stamped by the Purchasing office not later than: 11:000 AM, Friday, April 17, 2020

Page 1 of 2

State delivery time within _____ days of receipt of P.O.

Typed Signature _____

By _____

We will allow a discount _____ % 20 days from date of receipt of goods and correct invoice of completed order.

1. All quotations must be signed with the firm name and by an authorized officer or employee.
2. Verify your bid before submission as it cannot be withdrawn or corrected after being opened. In case of error in extension of prices, the unit price will govern.
3. If you do not bid, return this sheet and state reason. Otherwise, your name may be removed from our mailing list.
4. The right is reserved to **reject** any, or all quotations, or any portions thereof, and to waive technicalities if deemed to be in the interest of the City of **Mobile**.
5. This bid shall not be reassignable except by written approval of the Purchasing Agent of the City of Mobile.
6. State brand and model number of each item. All items bid must be new and latest model unless otherwise specified.
7. If bid results are desired, enclose a self-addressed and stamped envelope with your bid. (All or None bids only)
8. Do not include Federal Excise Tax as exemption certificate will be issued in lieu of same. The City is exempt from the Alabama and City sales taxes.
9. **PRICES ARE TO BE FIRM AND F.O.B. DESTINATION UNLESS OTHERWISE REQUESTED.**
10. **BID WILL BE AWARDED ON ALL OR NONE BASIS UNLESS OTHERWISE STATED.**
11. Bids received after specified time will be returned un-opened.
12. Failure to observe stated instructions and conditions will constitute grounds for rejection of your bid.
13. Furnish literature, specifications, drawings, photographs, etc., as applicable with the items bid.
14. Vendor May be required to obtain City of Mobile Business License as applicable to City of Mobile Municipal Code Section 34-50. For Business License inquiry contact the Revenue Department at (251) 208-7461 or cityofmobile.org/taxes.php.
15. If a bid bond is required in the published specifications, see below:
Each Bid Shall be Accompanied By A Cashier's Check, Certified Check, Bank Draft Or Bid Bond For the Sum Of Five (5) Percent Of The Amount Bid, Made Payable To The City Of Mobile And Certified By A Reputable Banking Institution. All Checks Shall Be Returned Promptly, Except The Check Of The Successful Bidder, Which Shall Be Returned After Fulfilling The Bid.
16. Contracts in excess of \$50,000 require that the successful bidder **make every possible effort** to have at least fifteen (15) percent of the total value of the contract performed by socially **and economically disadvantaged** individuals.
17. All bids/bid envelopes must have the bid number noted on the front. Bids that arrive unmarked and are opened in error shall be returned to vendor as an unacceptable bid.
18. If successful vendor's principal place of business is out-of-state, vendor may be required to **have a Certificate of Authority** to do business in the State of Alabama from the Alabama Secretary of State prior to issuance of a **Purchase Order**. **Vendors are solely responsible for consulting with the Secretary of State to determine whether a Certificate is required.** See www.sos.alabama.gov/BusinessServices/ForeignCorps.aspx. Please note that the **time** between application for and **issuance of a Certificate of Authority may be several weeks.**
19. Vendors do not need a City of Mobile Business License or Certificate of Authority from the Alabama Secretary of State to submit a bid, but will need to obtain the Business License and Certificate of Authority, if applicable, prior to issuance of a Purchase Order.

BID CONTINUATION SHEET

Page _____ of _____

QUANTITY	ARTICLES	UNIT	UNIT PRICE		EXTENSION	
			Dollars	Cents	Dollars	Cents
	Page 2 of 2 All vendors will be required to provide verification of Enrollment in the E-Verify program. Additional information may be found at http://immigration.alabama.gov/ If the successful vendor's principal place of business is out-of-state, Vendor may be required to have a Certificate of Authority to do Business in the State of Alabama from the Secretary of State prior to issuance of a Purchase Order. Vendors are solely responsible for consulting with the Secretary of State to determine whether a Certificate is required. See: www.sos.alabama.gov/BusinessServices/ForeignCorps.aspx. Please note that the time between application for the issuance of a Certificate of Authority may be several weeks. Upon notification, vendor will have 10 business days to provide the Certificate of Authority and the E-Verify numbers to the Purchasing Department before award can be completed. (Vendors will possibly need to pay the expedite fee to meet this requirement because application is not sufficient. We must have a copy of the certificate with your Company ID number). Vendors do not need a City of Mobile Business License or Certificate of Authority from the Alabama Secretary of State, nor the E-Verify for certification to submit a bid, but will need to obtain the Business License and Certificate of Authority verification and/or provide the E-Verify Certification, if applicable, prior to the award of this bid. Price to be firm for a one (1) year period following the award of this bid. At the option of the City of Mobile and the successful vendor, the award of this bid may be earned for two (2) additional one (1) year periods. If you have any questions, please feel free to contact the Purchasing Department at 251-208-7434 or purchasing@cityofmobile.org. TO BE AWARDED ALL OR NONE					
			TOTAL			

Bid on this form ONLY. Make no changes on this form. Additional information to be submitted on separate sheet and attached hereto.

RETURN ONE SIGNED COPY OF THIS QUOTATION
IN ENCLOSED ENVELOPE

READ ABOVE INSTRUCTIONS BEFORE QUOTING

Firm Name _____

By _____

We will allow a discount _____ % 20 days from date of receipt of goods
and correct invoice of completed order.

SPECIFICATIONS

1-3 Tractor Backhoe/Front End Loader with the following MINIMUM specifications:

<u>Tractor Specifications</u>	<u>YES</u>	<u>NO</u>
1. Gross power 24.3 HP (18.1 kw)	_____	_____
2. Net power 23.1 HP (17.2 kw)	_____	_____
3. Max. PTO power 19.5 HP (14.5 kw)	_____	_____
4. Fuel tank capacity 8.2 gal (31 liters)	_____	_____
5. Tire size front 23 x 8.5-14 R4 (ND)	_____	_____
6. Tire size rear 12.4-16 R4 (ND)	_____	_____
7. Wheelbase 62.2 in. (1581 mm)	_____	_____
8. Tread Front 35.6 in (905 mm)	_____	_____
9. Tread Rear 41.3 in (1050 mm)	_____	_____
10. Weight with loader, backhoe and ROPS/FOPS 4001 lbs. (1815 kg)	_____	_____
11. Min. turning radius 8.2 ft. (2.5 m)	_____	_____
12. Rear PTO Independent, 540 rpm	_____	_____
13. Power steering (Hydrostatic)	_____	_____
14. Transmission type HST (3 range)	_____	_____
15. Brake type (Wet disc)	_____	_____
16. Pump capacity 11.1 GPM (420/min)	_____	_____
17. 3-point hitch lift capacity at 24 in. (610 mm) behind lift point (1676 lbs. (760 kgf)	_____	_____
18. Deck Full-floating ISO-mounted flat deck	_____	_____
19. Lift capacity to max. height at pivot pin: 1301 lbs. (590 kg)	_____	_____

	<u>YES</u>	<u>NO</u>
20. Maximum lift height to pivot pin 94.5 in. (2400 mm)	☐	☐
21. Clearance with bucket dumped 70.0 in. (1778 mm)	☐	☐
22. Reach at maximum height (22.3 in. (567 mm)	☐	☐
23. Maximum dump angle 45 deg.	☐	☐
24. Reach with bucket on ground 61.5 in. (1561 mm)	☐	☐
25. Bucket rollback angle 46 deg.	☐	☐
26. Digging depth 7.0 in. (177 mm)	☐	☐
27. Digging force using bucket cylinder (approx.) 4210 lbs. (18731 N)	☐	☐
28. Digging force using dipperstick cylinder (approx.) 2123 lbs. (9444 N)	☐	☐
29. Trunnion type boom swing mechanism (Two cylinders)	☐	☐
30. Net weight (approx.) 1025 lbs. (465 kg)	☐	☐
31. Auxillary hydraulic valve (Optional 7.0 GPM)	☐	☐
32. Max. lifting height : 94.5 in. (2400 mm)	☐	☐
33. Max digging depth: 99.8 (2535 mm)	☐	☐
34. 12 in. bucket	☐	☐
35. 2-lever Quick Coupler Pallet Forks	☐	☐



PROCUREMENT DEPARTMENT

Potential bidders are responsible to check this site for any **ADDENDUMS** that are issued. It is the responsibility of the **BIDDER** to check for, download, and include with their **BID RESPONSE** any and all **ADDENDUMS** that are issued for a specific **BID** published by the City of Mobile. Failure to download and include **ADDENDUMS** in your **BID RESPONSE** may cause your bid to be rejected.

This is a sealed bid. Any responses faxed or e-mailed will be rejected.

This is a sealed bid. Any response must be submitted in a sealed envelope with the bid number and bid opening date on the outside of the envelope.

Any response that arrives improperly marked or with no bid number and opening date on the outside of the delivery or express package and opened in error will be rejected and not considered.

It is the responsibility of the bidder to insure that their bid response is delivered to and received in the Purchasing Department before the date and time of the bid opening.

Be sure to read the Terms and Conditions. All bids are F.O.B. Destination unless otherwise stated.

Be sure to sign your bid!

Package/Bid Delivery Address:
Purchasing Department
205 Government St. Room S408
Mobile, AL 36644

(Request First Delivery)



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Submitted by:

John Paine, Purchasing Agent

Sponsored by:

Mayor William S. Stimpson

Purpose and Scope of Project:

To approve issuance of purchase order to Sunsouth LLC for eight John Deere z950R zero turn mowers.

General Fund.

Amount of Contract:

\$109,314.08

Funding Source

Project #

Discretionary Funds

Project String

Contract Number:

Budget Amendment

REDUCE

INCREASE

Grant Funds

Matching Funds

ATTACHMENTS:

Description	Type	Upload Date
20200618 Sunsouth2 Agenda Package POs	Cover Memo	6/18/2020

REVIEWERS:

Department Reviewer	Action	Date
Mayors Office Wesch, Paul	Approved	6/18/2020 - 1:54 PM

AGENDA ITEM SUMMARY SHEET

Agenda of:

Submitted by:

Sponsored by:

Reviewed by:

Routing Authorized:

A brief synopsis and explanation of the following:

FUNDING SOURCE:

Associated Costs:

**If Cost will continue, write "indefinite" and list project annual cost.*

RESOLUTION

Sponsored by: Mayor William S. Stimpson

BE IT RESOLVED BY THE CITY COUNCIL OF MOBILE, ALABAMA, that the Purchasing Agent is authorized to execute, for and on behalf of the City of Mobile, a purchase order to the indicated vendor in the approximate amount stated, and to approve the supporting bid award if required, for the following requisition as indicated below and attached herein:

Requisition	Fiscal Year	Department	Description	Amount	Vendor
<u>7813</u>	2020	(F7000) MOTOR POOL	TWO JOHN DEERE Z950R 72IN ZERO TURN MOWERS, SIX JOHN DEERE Z950R 60IN ZERO TURN MOWERS. (SEALED BID 5417)	\$109,314.08	<u>(291912)</u> <u>SUNSOUTH LLC</u>

Adopted:

City Clerk

Bill To ACCOUNTS PAYABLE P O BOX 389 MOBILE, AL 36601 vendorinvoices@cityofmobile.org	Requisition 00007813-00 FY 2020 Acct No: 7000.40.20.0000.0000.2070.0000.0000.47120. Review: Buyer: Status: Released	Page 1
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Vendor
 SUNSOUTH LLC
 8420 TANNER WILLIAMS RD

Ship To
 MOTOR POOL
 745 BROAD STREET

MOBILE, AL 36608

MOBILE, AL 36604
 CARTERD@CITYOFMOBILE.ORG

Tel#251-649-3892
 Fax 251-649-3896

Delivery Reference
 DIANE CARTER-MCCARTY

Deliver To
 MOTOR POOL
 745 BROAD STREET

MOBILE, AL 36604

Date Ordered	Vendor Number	Date Required	Ship Via	Terms	Department
05/08/20	291912	03/06/20			MOTOR POOL

LN Description / Account	Qty	Unit Price	Net Price
001 ZERO TURN MOWER AS SPECIFIED: JOHN DEERE ZERO TURN MOWER GASOLINE ENGINE WITH 72 INCH CUTTING DECK VENDOR TO PROVIDE JOHN DEERE Z950R MOWERS WITH TWEEL WHEELS. AS PER MY BID #5417 AND YOUR QUOTE Additional Description Notes	2.00 EACH	13514.26000	27028.52

2020 JOHN DEERE ZERO TURN MOWER GASOLINE ENGINE WITH 72 INCH CUTTING DECK.
 REQUESTED BY PUBLIC WORKS STREET DEPT.

1 7000.40.20.0000.0000.2070.0000.0000.47120. E MP02070 .VEHICLEEXP.	27028.52
--	----------

Ship To
 MOTOR POOL
 745 BROAD STREET
 MOBILE, AL 36604
 Delivery Reference
 DIANE CARTER-MCCARTY

Deliver To
 MOTOR POOL
 745 BROAD STREET
 MOBILE, AL 36604

002 ZERO TURN MOWER AS SPECIFIED: JOHN DEERE ZERO TURN MOWER GASOLINE ENGINE WITH 60 INCH CUTTING DECK	6.00 EACH	13714.26000	82285.56
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Bill To ACCOUNTS PAYABLE P O BOX 389 MOBILE, AL 36601 vendorinvoices@cityofmobile.org	Requisition 00007813-00 FY 2020 Acct No: 7000.40.20.0000.0000.2070.0000.0000.47120. Review: Buyer: Status: Released	Page 2
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Vendor
SUNSOUTH LLC
8420 TANNER WILLIAMS RD

Ship To
MOTOR POOL
745 BROAD STREET

MOBILE, AL 36608

MOBILE, AL 36604
CARTERD@CITYOFMOBILE.ORG

Tel#251-649-3892
Fax 251-649-3896

Delivery Reference
DIANE CARTER-MCCARTY

Deliver To
MOTOR POOL
745 BROAD STREET

MOBILE, AL 36604

Date Ordered	Vendor Number	Date Required	Ship Via	Terms	Department
05/08/20	291912	03/06/20			MOTOR POOL

LN	Description / Account	Qty	Unit Price	Net Price
	VENDOR TO PROVIDE JOHN DEERE Z950R MOWERS WITH TWEEL WHEELS AS PER MY BID #5417 AND YOUR QUOTE Additional Description Notes			

2020 ZERO TURN MOWER AS SPECIFIED: JOHN DEERE ZERO TURN MOWER GASOLINE
ENGINE WITH 60 INCH CUTTING DECK. REQUESTED BY PUBLIC WORKS STREET DEPT.

1	7000.40.20.0000.0000.2070.0000.0000.47120. E MP02070 .VEHICLEEXP.			82285.56
---	--	--	--	----------

Ship To
MOTOR POOL
745 BROAD STREET
MOBILE, AL 36604
Delivery Reference
DIANE CARTER-MCCARTY

Deliver To
MOTOR POOL
745 BROAD STREET
MOBILE, AL 36604

Requisition Link

Requisition Total	109314.08
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***** Project Ledger Summary Section *****

Account	Amount	Remaining Budget
E MP02070 .VEHICLEEXP.	109314.08	124358.76

***** General Ledger Summary Section *****

Bill To ACCOUNTS PAYABLE P O BOX 389 MOBILE, AL 36601 vendorinvoices@cityofmobile.org	Requisition 00007813-00 FY 2020 Acct No: 7000.40.20.0000.0000.2070.0000.0000.47120. Review: Buyer: Status: Released	Page 3
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Vendor
 SUNSOUTH LLC
 8420 TANNER WILLIAMS RD

Ship To
 MOTOR POOL
 745 BROAD STREET

MOBILE, AL 36608

MOBILE, AL 36604
 CARTERD@CITYOFMOBILE.ORG

Tel#251-649-3892
 Fax 251-649-3896

Delivery Reference
 DIANE CARTER-MCCARTY

Deliver To
 MOTOR POOL
 745 BROAD STREET

MOBILE, AL 36604

Date Ordered	Vendor Number	Date Required	Ship Via	Terms	Department
05/08/20	291912	03/06/20			MOTOR POOL

Account	Amount	Remaining Budget
Account	Amount	Remaining Budget
7000.40.20.0000.0000.2070.0000.0000.47120.		
	109314.08	203784.72
MOTOR POOL EXP	VEHICLE ACQ (GREATER \$5000)	

***** Approval/Conversion Info *****

Activity	Date	Clerk	Comment
Canceled	06/18/20	JOHN PAINE	GL Allocation, GL Allocation c
Approved	03/08/20	DIANE MCCARTY	
Approved	05/08/20	DIANE MCCARTY	
Rejected	05/08/20	JOHN PAINE	returned per your request
Forward	05/28/20	BOBBY IRBY	Automatic Forward to 910514396
Queued	06/18/20	DIANE MCCARTY	Automatic Forward to 910514396
Pending		DONNA MICHELE STANLEY	Automatic Forward to 910514396
Pending		DONALD ROSE	Automatic Forward to 910514396
Pending		JOHN PAINE	Automatic Forward to 910514396

Authorized By: _____ Date: _____
 Signature

BID TABULATION FOR BID #5417

	CMAC Services Grasshopper	SUNSOUTH John Deere	MORIDGE MFG Grasshopper
60" Zero Turn X Tweel Wheels Mulch on demand Gas Engine	\$10,363.56 328G4EFI/61"	\$13,164.26 Z950R	\$9,574.00 328G4/61"
60" Zero Turn X Tweel Wheels Gas Engine No mulch	\$10,159.56 328G4EFI/61"	\$13,714.26 Z950R	\$9,574.00 328G4/72"
72" Zero Turn X Tweel Wheel Gas engine	\$11,773.92 337G5EFI/72"	\$13,514.26 Z950R	\$11,347.00 333G5/72"

CITY OF MOBILE

BID SHEET

This is Not an Order

Mailing Address:
P. O. Box 1948
Mobile, Alabama 36633
(251) 208-7434

**Purchasing Department
and Package Delivery:**
Government Plaza
4th Floor, Room S-408
205 Government St
Mobile, Alabama 36644

**READ TERMS AND CONDITIONS
ON REVERSE SIDE OF THIS PAGE
BEFORE BIDDING**

Typed by: en Buyer: 002

Please quote the lowest price at which you will furnish the articles listed below

DATE 4/22/2020	BID NO. 5417	DEPARTMENT VARIOUS	Commodities to be delivered F.O.B. Mobile to: Motor Pool 745 Broad Street
-------------------	-----------------	-----------------------	--

This bid must be received and stamped by the Purchasing office not later than: 1:00 PM, Friday, May 8, 2020

QUANTITY	ARTICLES	UNIT	UNIT PRICE		EXTENSION	
			Dollars	Cents	Dollars	Cents
Appx 1-10	ZERO TURN COMMERCIAL MID-MOUNT MOWERS Zero Turn Commercial 60” Mid-Mount Mower with Michelin X Tweel Rear Wheels and mulch on demand deck, Gasoline Powered as per the attached Minimum Specifications. John Deere Z950R or Equal. Make _____ Model _____ Provide Literature and Specifications on product bid. Upon award the City will purchase a minimum of one (1) mower. State Warranty Period: _____					
1-10	Zero Turn Commercial 60” Mid-Mount Mower with Michelin X Tweel Rear Wheels but without the Mulch on Demand deck of above mower, Gasoline Powered as per the attached Minimum Specifications but without the Mulch on Demand deck of above mower. John Deere Z950R or Equal. Make _____ Model _____ Provide Literature and Specifications on product bid. Upon award the City will purchase a minimum of one (1) mower. State Warranty Period: _____					
Page 1 of 3			TOTAL			

**RETURN ONE SIGNED COPY OF THIS BID
IN ENCLOSED ENVELOPE**

State delivery time within _____ days of receipt of P.O.

Firm Name _____

Typed Signature _____

By _____

We will allow a discount _____ % 20 days from date of receipt of goods and correct invoice of completed order.

1. All quotations must be signed with the firm name and by an authorized officer or employee.
2. Verify your bid before submission as it cannot be withdrawn or corrected after being opened. In case of error in extension of prices, the unit price will govern.
3. If you do not bid, return this sheet and state reason. Otherwise, your name may be removed from our mailing list.
4. The right is reserved to reject any, or all quotations, or any portions thereof, and to waive technicalities if deemed to be in the interest of the City of Mobile.
5. This bid shall not be reassignable except by written approval of the Purchasing Agent of the City of Mobile.
6. State brand and model number of each item. All items bid must be new and latest model unless otherwise specified.
7. If bid results are desired, enclose a self-addressed and stamped envelope with your bid. (All or None bids only)
8. Do not include Federal Excise Tax as exemption certificate will be issued in lieu of same. The City is exempt from the Alabama and City sales taxes.
9. PRICES ARE TO BE FIRM AND F.O.B. DESTINATION UNLESS OTHERWISE REQUESTED.
10. BID WILL BE AWARDED ON ALL OR NONE BASIS UNLESS OTHERWISE STATED.
11. Bids received after specified time will be returned un-opened.
12. Failure to observe stated instructions and conditions will constitute grounds for rejection of your bid.
13. Furnish literature, specifications, drawings, photographs, etc., as applicable with the items bid.
14. Vendor May be required to obtain City of Mobile Business License as applicable to City of Mobile Municipal Code Section 34-50. For Business License inquiry contact the Revenue Department at (251) 208-7461 or cityofmobile.org/taxes.php.
15. If a bid bond is required in the published specifications, see below:
Each Bid Shall be Accompanied By A **Cashier's Check, Certified Check, Bank Draft Or Bid Bond** For the Sum Of Five (5) Percent Of The Amount Bid, Made Payable To The City Of Mobile And Certified By A Reputable Banking Institution. All Checks Shall Be Returned Promptly, Except The Check Of The Successful Bidder, Which Shall Be Returned After Fulfilling The Bid.
16. Contracts in excess of \$50,000 require that the successful bidder make every possible effort to have at least fifteen (15) percent of the total value of the contract performed by socially and economically disadvantaged individuals.
17. All bids/bid envelopes must have the bid number noted on the front. Bids that arrive unmarked and are opened in error shall be returned to vendor as an unacceptable bid.
18. If successful vendor's principal place of business is out-of-state, vendor may be required to have a Certificate of Authority to do business in the State of Alabama from the Alabama Secretary of State prior to issuance of a Purchase Order. Vendors are solely responsible for consulting with the Secretary of State to determine whether a Certificate is required. See www.sos.alabama.gov/BusinessServices/ForeignCorps.aspx. Please note that the time between application for and issuance of a Certificate of Authority may be several weeks.
19. Vendors do not need a City of Mobile Business License or Certificate of Authority from the Alabama Secretary of State to submit a bid, but will need to obtain the Business License and Certificate of Authority, if applicable, prior to issuance of a Purchase Order.

BID CONTINUATION SHEET

Page _____ of _____

QUANTITY	ARTICLES	UNIT	UNIT PRICE		EXTENSION	
			Dollars	Cents	Dollars	Cents
1-10	Page 2 of 3 Zero turn commercial 72" Mid-Mount Mower, Gasoline Powered Michelin X with Tweel Rear Wheels. John Deere Z950R or equal as per the attached Minimum Specifications. Make_____Model_____ Provide Literature and Specifications on product bid. Upon award the City will purchase a minimum of one (1) mower. State Warranty Period: _____ Service should be within 20 miles of the City of Mobile. All vendors will be required to provide verification of enrollment in the E-Verify program. Additional information may be found at http://immigration.alabama.gov/ If the successful vendor's principal place of business is out-of-state, vendor may be required to have a Certificate of Authority to do business in the State of Alabama from the Secretary of State prior to issuance of a Purchase Order. Vendors are solely responsible for consulting with the Secretary of State to determine whether a Certificate is required. See: www.sos.alabama.gov/BusinessServices/ForeignCorps.aspx. Please note that the time between application for the issuance of a Certificate of Authority may be several weeks. Upon notification, vendor will have 10 business days to provide the Certificate of Authority and the E-Verify numbers to the Purchasing Department before award can be completed. (Vendors will possibly need to pay the expedite fee to meet this requirement because application is not sufficient. We must have a copy of the certificate with your Company ID number).					
			TOTAL			

RETURN ONE SIGNED COPY OF THIS QUOTATION
IN ENCLOSED ENVELOPE

READ ABOVE INSTRUCTIONS BEFORE QUOTING

Firm Name _____

By _____

We will allow a discount _____ % 20 days from date of receipt of goods
and correct invoice of completed order.

BID CONTINUATION SHEET

Page _____ of _____

QUANTITY	ARTICLES	UNIT	UNIT PRICE		EXTENSION			
			Dollars	Cents	Dollars	Cents		
Page 3 of 3 Vendors do not need a City of Mobile Business License or Certificate of Authority from the Alabama Secretary of State, nor the E-Verify for certification to submit a bid, but will need to obtain the Business License and Certificate of Authority verification and/or provide the E-Verify Certification, if applicable, prior to issuance of a Purchase Order. If you have any questions please feel free to contact the Purchasing Department at 251-208-7434 or purchasing@cityofmobile.org. Pricing to be good for a one (1) year period following the award of this bid. At the option of the city of Mobile and the successful vender, the award of this bid may be earned for two (2) additional one (1) year periods. TO BE AWARDED ON A PER ITEM BASIS								
			TOTAL					

RETURN ONE SIGNED COPY OF THIS QUOTATION
IN ENCLOSED ENVELOPE

READ ABOVE INSTRUCTIONS BEFORE QUOTING

Firm Name _____

By _____

We will allow a discount _____ % 20 days from date of receipt of goods
and correct invoice of completed order.

60 Inch Zero-Turn Mower Minimum Specifications

Deere Z950R with Mulch on Demand Deck or Equal

	YES	NO
• 27 horsepower	_____	_____
• 2-cylinder, v-twin, air cooled gasoline engine	_____	_____
• Zero turning radius	_____	_____
• Two adjustable, padded, hand lever steering and speed control handles with built in switches to raise and lower deck and control the PTO	_____	_____
• 0-12 MPH forward travel speed	_____	_____
• 11.5 gallon fuel capacity	_____	_____
• Parking brake	_____	_____
• Electromagnetic PTO clutch	_____	_____
• V-belt driven PTO	_____	_____
• 18,000 FPM blade tip speed	_____	_____
• 72 inch cutting width	_____	_____
• Mid-mount, 7-gauge stamped steel, floating, side discharge, mulch on demand mowing deck, capable of switching between mulching and side-discharging from the driver's seat	_____	_____
• 1 – 5.5 inch adjustable cutting height, dial to adjust from driver's seat	_____	_____
• ROPS with canopy	_____	_____
• Front and rear anti-scalp rollers	_____	_____
• Front, flat free, swivel, caster wheels	_____	_____
• Hour meter	_____	_____
• Fuel gauge	_____	_____
• Dual element air filter	_____	_____
• High back, fully adjustable suspension seat with adjustable lumbar support, armrests, and isolation	_____	_____
• Front working lights	_____	_____
• Front and rear hazard lights	_____	_____
• Michelin X Tweel rear drive tires	_____	_____
• 36 month or 1500 hour, whichever comes first; or 24 month no hour limit commercial warranty	_____	_____
• Operator's manual	_____	_____
• Parts manual	_____	_____
• Technical manual	_____	_____
• Warranty service and repairs done within a 20 mile radius	_____	_____

72 Inch Zero-Turn Mower Minimum Specifications

Deere Z950R with Mulch on Demand Deck or Equal

	YES	NO
• 27 horsepower		
• 2-cylinder, v-twin, air cooled gasoline engine		
• Zero turning radius		
• Two adjustable, padded, hand lever steering and speed control handles with built in switches to raise and lower deck and control the PTO		
• 0-12 MPH forward travel speed		
• 11.5 gallon fuel capacity		
• Parking brake		
• Electromagnetic PTO clutch		
• V-belt driven PTO		
• 18,000 FPM blade tip speed		
• 72 inch cutting width		
• Mid-mount, 7-gauge stamped steel, floating, side discharge, mulch on demand mowing deck, capable of switching between mulching and side-discharging from the driver's seat		
• 1 – 5.5 inch adjustable cutting height, dial to adjust from driver's seat		
• ROPS with canopy		
• Front and rear anti-scalp rollers		
• Front, flat free, swivel, caster wheels		
• Hour meter		
• Fuel gauge		
• Dual element air filter		
• High back, fully adjustable suspension seat with adjustable lumbar support, armrests, and isolation		
• Front working lights		
• Front and rear hazard lights		
• Michelin X Tweel rear drive tires		
• 36 month or 1500 hour, whichever comes first; or 24 month no hour limit commercial warranty		
• Operator's manual		
• Parts manual		
• Technical manual		
• Warranty service and repairs done within a 20 mile radius		



PROCUREMENT DEPARTMENT

Potential bidders are responsible to check this site for any **ADDENDUMS** that are issued. It is the responsibility of the **BIDDER** to check for, download, and include with their **BID RESPONSE** any and all **ADDENDUMS** that are issued for a specific **BID** published by the City of Mobile. Failure to download and include **ADDENDUMS** in your **BID RESPONSE** may cause your bid to be rejected.

This is a sealed bid. Any responses faxed or e-mailed will be rejected.

This is a sealed bid. Any response must be submitted in a sealed envelope with the bid number and bid opening date on the outside of the envelope.

Any response that arrives improperly marked or with no bid number and opening date on the outside of the delivery or express package and opened in error will be rejected and not considered.

It is the responsibility of the bidder to insure that their bid response is delivered to and received in the Purchasing Department before the date and time of the bid opening.

Be sure to read the Terms and Conditions. All bids are F.O.B. Destination unless otherwise stated.

Be sure to sign your bid!

Package/Bid Delivery Address:
Purchasing Department
205 Government St. Room S408
Mobile, AL 36644

(Request First Delivery)



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Submitted by:

John Paine, Purchasing Agent

Sponsored by:

Mayor William S. Stimpson

Purpose and Scope of Project:

To approve issuance of purchase order to Polaris Sales, Inc , for a Polaris Ranger Crew XP 1000 Premium Utility Vehicle.

General Fund.

Amount of Contract:

\$27,071.64

Funding Source

Project #

Discretionary Funds

Project String

Contract Number:

Budget Amendment REDUCE INCREASE

Grant Funds

Matching Funds

ATTACHMENTS:

Description	Type	Upload Date
20200618 Polaris Agenda Package POs	Cover Memo	6/18/2020

REVIEWERS:

Department Reviewer	Action	Date
Mayors Office Wesch, Paul	Approved	6/18/2020 - 1:54 PM

AGENDA ITEM SUMMARY SHEET

Agenda of:

Submitted by:

Sponsored by:

Reviewed by:

Routing Authorized:

A brief synopsis and explanation of the following:

FUNDING SOURCE:

Associated Costs:

**If Cost will continue, write "indefinite" and list project annual cost.*

RESOLUTION

Sponsored by: Mayor William S. Stimpson

BE IT RESOLVED BY THE CITY COUNCIL OF MOBILE, ALABAMA, that the Purchasing Agent is authorized to execute, for and on behalf of the City of Mobile, a purchase order to the indicated vendor in the approximate amount stated, and to approve the supporting bid award if required, for the following requisition as indicated below and attached herein:

Requisition	Fiscal Year	Department	Description	Amount	Vendor
<u>11855</u>	2020	(1510) FIRE ADMINISTRATION	POLARIS RANGER CREW XP1000 UTILITY VEHICLE (GSA CONTRACT)	\$27,071.64	(<u>295939</u>) <u>POLARIS SALES, INC.</u>

Adopted:

City Clerk

Bill To ACCOUNTS PAYABLE P O BOX 389 MOBILE, AL 36601 vendorinvoices@cityofmobile.org	Requisition 00011855-00 FY 2020 Acct No: 6120.70.15.0000.0000.1510.0000.0000.44020. Review: Buyer: Status: Approved	Page 1
--	--	--------

Vendor POLARIS SALES, INC. 2100 HIGHWAY 55 MEDINA, MN 55340 USA Tel#866-468-7783, opt 1 Fax 763-847-8288	Ship To FIRE CENTRAL SUPPLY 2851 OLD SHELL ROAD MOBILE, AL 36607 Delivery Reference VICTORIA RICHARDSON Deliver To FIRE CENTRAL SUPPLY 2851 OLD SHELL ROAD MOBILE, AL 36607
--	--

Date Ordered	Vendor Number	Date Required	Ship Via	Terms	Department
05/26/20	295939				FIRE ADMINISTRATION

LN	Description / Account	Qty	Unit Price	Net Price
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General Notes

AS PER GSA CONTRACT NAME GSA -078, CONTRACT NUMBER GS-078-0398M

001	POLARIS SALES QUOTE QUO=15249-D8Y6Y0 DATED 5-19-2020 TRUCK SPORT UTILITY VEHICLE (SUV) AS FOLLOWS: Additional Description Notes	1.00 EACH	27071.64000	27071.64
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POLARIS RANGER AS SPECIFIED, NO SUBS:

RANGER Crew XP 1000 Premium,
 Matte Sagebrush Green - 49 State, Item #R20RSE99AA; Sunset Red Body Panel
 Upgrade, item 0000507 Red Panel kit-Open Market; FENDER-FRONT LH LE SSRED,
 item 5453723-520;
 FENDER-FRONT RH LE SSRED, item 5453725-520;
 HOOD-CENTER LE SSRED, item 5453727-520;

PANEL-TRIM LH LE SSRED, item 5454106-520;
 PANEL-TRIM RH LE SSRED, item 5454107-520;
 Crew 1000 Poly Sport Roof, item 2883274;
 1000 Pulse 6 Roof Wire Connection
 Cable, item 2882904; 33in Single Row Combo Bar (5350 lumens), item 2882077;
 11in Single Row Flood Bar (1660
 lumens), item 2882313; 2 each 1000 Single Light Bar Wire Harness, item
 2883230; Light Bar Wire Harness Roof Guide, item 5414966; 2 each Light Bar
 Wire Harness Roof Grommet, item 5415049; 1000 Front Hood Storage Rack (does
 not
 work with HD or Upper Bumper systems), item 2882690; 2 each Pro Armor

=====	=====
Bill To ACCOUNTS PAYABLE P O BOX 389 MOBILE, AL 36601 vendorinvoices@cityofmobile.org	Requisition 00011855-00 FY 2020 Acct No: 6120.70.15.0000.0000.1510.0000.0000.44020. Review: Buyer: Status: Approved
	Page 2
=====	=====

Vendor
POLARIS SALES, INC.
2100 HIGHWAY 55

Ship To
FIRE CENTRAL SUPPLY
2851 OLD SHELL ROAD

MOBILE, AL 36607

MEDINA, MN 55340
USA
Tel#866-468-7783, opt 1
Fax 763-847-8288

Delivery Reference
VICTORIA RICHARDSON

Deliver To
FIRE CENTRAL SUPPLY
2851 OLD SHELL ROAD

MOBILE, AL 36607

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Date Ordered	Vendor Number	Date Required	Ship Via	Terms	Department
-----	-----	-----	-----	-----	-----
05/26/20	295939				FIRE ADMINISTRATION
-----	-----	-----	-----	-----	-----

LN	Description / Account	Qty	Unit Price	Net Price
	Preserve Front Tire (26x8-12) Front-	each, item 5416403; 2	each Pro Armor	
	Preserve Rear Tire (26x10-12)			
	Rear- each, item 5416402; Custom Graphics for Fire item 2883966; 1000			
	Hardcoat Flip-Down Poly Windshield, item 2884139; 1000 Polaris Dual Speed			
	Pro HD 4500 LB Winch (synthetic rope)- 1000 req			
	Front Brushguard, item 2882711; 1000 Poly Rear Panel, item 2883773; 1000			
	Crank Window Poly Doors, item 2882561; Crew 1000 Rear Poly Doors for Power			
	or			
	Crank window Front Doors, item 2883437; INSTALL fee included			
	ABA#: 091 000 022			
	Quote Number:			
	QUO-15249-D8Y6Y0			
	GSA - 078 City of Mobile - XP 1000 Crew			

Vendor Item
Inventory Item/Loc 724

1	6120.70.15.0000.0000.1510.0000.0000.44020.	27071.64
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Ship To
FIRE CENTRAL SUPPLY
2851 OLD SHELL ROAD
MOBILE, AL 36607
Delivery Reference
VICTORIA RICHARDSON

Deliver To

Authorized By: _____ Date: _____
Signature



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Submitted by:

John Paine, Purchasing Agent

Sponsored by:

Mayor William S. Stimpson

Purpose and Scope of Project:

To approve issuance of Purchase Order to Kronos Incorporated for ANNUAL RENEWAL OF WORKFORCE TELESTAFF AND ASSOCIATED HR MANAGEMENT SOFTWARE LICENSES.

General Fund

Amount of Contract:

\$17,658.92

Funding Source

Project #

Discretionary Funds

Project String

Contract Number:

Budget Amendment REDUCE INCREASE

Grant Funds

Matching Funds

ATTACHMENTS:

Description	Type	Upload Date
20200618 Kronos Agenda Package POs	Cover Memo	6/18/2020

REVIEWERS:

Department Reviewer	Action	Date
Mayors Office Wesch, Paul	Approved	6/18/2020 - 2:22 PM

AGENDA ITEM SUMMARY SHEET

Agenda of:

Submitted by:

Sponsored by:

Reviewed by:

Routing Authorized:

A brief synopsis and explanation of the following:

FUNDING SOURCE:

Associated Costs:

**If Cost will continue, write "indefinite" and list project annual cost.*

RESOLUTION

Sponsored by: Mayor William S. Stimpson

BE IT RESOLVED BY THE CITY COUNCIL OF MOBILE, ALABAMA, that the Purchasing Agent is authorized to execute, for and on behalf of the City of Mobile, a purchase order to the indicated vendor in the approximate amount stated, and to approve the supporting bid award if required, for the following requisition as indicated below and attached herein:

Requisition	Fiscal Year	Department	Description	Amount	Vendor
<u>12987</u>	2020	(1510) FIRE ADMINISTRATION	ANNUAL RENEWAL OF WORKFORCE TELESTAFF AND ASSOCIATED HR MANAGEMENT SOFTWARE LICENSES (SOLE SOURCE RENEWAL OF EXISITING PRODUCT – US COMMUNITIES COOPERATIVE PURCHASING AGREEMENT)	\$17,658.92	<u>(294306)</u> <u>KRONOS</u> <u>INCORPORATED</u>

Adopted:

City Clerk

Bill To ACCOUNTS PAYABLE P O BOX 389 MOBILE, AL 36601 vendorinvoices@cityofmobile.org	Requisition 00012987-00 FY 2020 Acct No: 1000.30.15.1510.1510.1510.0000.0000.42200. Review: Buyer: 9105fo1a Status: Approved	Page 1
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Vendor KRONOS INCORPORATED 297 BILLERICA RD CHELMSFORD, MA 01824 Tel#864-967-9960 Fax 866-935-1163	Ship To FIRE CENTRAL SUPPLY 2851 OLD SHELL ROAD MOBILE, AL 36607 Delivery Reference VICTORIA RICHARDSON Deliver To FIRE CENTRAL SUPPLY 2851 OLD SHELL ROAD MOBILE, AL 36607
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Date Ordered	Vendor Number	Date Required	Ship Via	Terms	Department
06/15/20	294306				FIRE ADMINISTRATION

LN	Description / Account	Qty	Unit Price	Net Price
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General Notes

THIS RENEWAL CONTRACT #1201243 R24-FEB-20

ORIGINAL CONTRACT PER US COMMUNITIES CONTRACT #14-JLR-003 AND KRONOS QUOTE #531861-1 AND KRONOS QUOTE #531861-1 AND KRONOS QUOTE #544405-1.

PRIOR CONTRACT RENEWAL: PER CONTRACT #1201243 R21-FEB-17 AND CONTRACT #1201243 R22-FEB-19
#1201243 S23-MAY-19

ORIGINAL CONTRACT PER US COMMUNITIES CONTRACT #14-JLR-003 AND KRONOS QUOTE #531861-1 AND KRONOS QUOTE #531861-1 AND KRONOS QUOTE #544405-1.

ATTN: KIMBERLY HONOHAN

001	WORKFORCE TELESTAFF ENTERPRISE (575 LICENSES) CONTACT MANAGER (575 LICENSES), GATEWAY MANAGER (1 LICENSE), GLOBAL ACCESS (575 LICENSES), SMS MANAGER (575 LICENSE) & KNOWLEDGE PASS (575 LICENSE); FOR ONE YEAR (366 DAYS); BEGINNING DATE: JUN 23, 2020, ENDING DATE JUN 22, 2021; INVOICE 11596836, DUE MAY 24, 2020 Vendor Item	1.00 EACH	17658.92000	17658.92
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1	1000.30.15.1510.1510.1510.0000.0000.42200.	17658.92
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Bill To ACCOUNTS PAYABLE P O BOX 389 MOBILE, AL 36601 vendorinvoices@cityofmobile.org	Requisition 00012987-00 FY 2020 Acct No: 1000.30.15.1510.1510.1510.0000.0000.42200. Review: Buyer: 9105fola Status: Approved	Page 2
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Vendor KRONOS INCORPORATED 297 BILLERICA RD CHELMSFORD, MA 01824 Tel#864-967-9960 Fax 866-935-1163	Ship To FIRE CENTRAL SUPPLY 2851 OLD SHELL ROAD MOBILE, AL 36607 Delivery Reference VICTORIA RICHARDSON Deliver To FIRE CENTRAL SUPPLY 2851 OLD SHELL ROAD MOBILE, AL 36607
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Date Ordered	Vendor Number	Date Required	Ship Via	Terms	Department
06/15/20	294306				FIRE ADMINISTRATION

LN Description / Account	Qty	Unit Price	Net Price
Ship To FIRE CENTRAL SUPPLY 2851 OLD SHELL ROAD MOBILE, AL 36607 Delivery Reference VICTORIA RICHARDSON Deliver To FIRE CENTRAL SUPPLY 2851 OLD SHELL ROAD MOBILE, AL 36607			

[Requisition Link](#)

Requisition Total	17658.92
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***** General Ledger Summary Section *****

Account 1000.30.15.1510.1510.1510.0000.0000.42200.	Amount 17658.92	Remaining Budget 1998357.84
FIRE ADMINISTRATION EXP	PROFESSIONAL & TECHNICAL	

***** Approval/Conversion Info *****

Activity	Date	Clerk	Comment
Forward	06/16/20	JOHN PAINE	
Approved	06/18/20	DONNA MICHELE STANLEY	Auto approved by: 9105fola
Approved	06/18/20	DONALD ROSE	Auto approved by: 9105fola
Approved	06/18/20	ANNE FOLEY	Auto approved by: 9105fola
Approved	06/18/20	ANNE FOLEY	

=====	=====
Bill To	Requisition 00012987-00 FY 2020
ACCOUNTS PAYABLE	
P O BOX 389	Acct No:
	1000.30.15.1510.1510.1510.0000.0000.42200.
MOBILE, AL	Review:
36601	Buyer: 9105fo1a
vendorinvoices@cityofmobile.org	Status: Approved
	Page 3
=====	=====

Vendor	Ship To
KRONOS INCORPORATED	FIRE CENTRAL SUPPLY
297 BILLERICA RD	2851 OLD SHELL ROAD
	MOBILE, AL 36607
CHELMSFORD, MA 01824	
Tel#864-967-9960	Delivery Reference
Fax 866-935-1163	VICTORIA RICHARDSON
	Deliver To
	FIRE CENTRAL SUPPLY
	2851 OLD SHELL ROAD
	MOBILE, AL 36607

-----	-----
Date	Vendor
Ordered	Number
	Required
	Via
	Terms
	Department
-----	-----
06/15/20	294306
	FIRE ADMINISTRATION
-----	-----

LN Description / Account	Qty	Unit Price	Net Price
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Authorized By: _____ Date: _____

Signature



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Submitted by:

Chief Lawrence L. Battiste IV

Sponsored by:

Mayor Stimpson

Purpose and Scope of Project:

The requested funds will be used to enclose the Police Department's covered motorcycle parking pad which will protect approximately \$250,000 worth of assets. Transfer the sum of \$49,288.29 from Capital Account C0129 to Capital Account C0509..

Funding Source

Project #

Project String C0129

Budget Amendment

Grant Funds

Discretionary Funds

Contract Number:

REDUCE Capital Account C0129 **INCREASE** Capital Account C0509

Matching Funds

ATTACHMENTS:

Description	Type	Upload Date
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REVIEWERS:

Department	Reviewer	Action	Date
Public Safety	Merchant, Mary Ann	Approved	6/18/2020 - 1:41 PM



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Submitted by:

Michelle Melton, REAM; Nick Amberger, Engineering

Sponsored by:

Mayor William S. Stimpson and Councilmember Joel Daves

Purpose and Scope of Project:

First batch of ROW Acquisitions for the McGregor Ave. Widening Project (City Engineering Project No. 2013-202-07; ALDOT Project No. STPMB-7508(600)), funded out of Capital Budget C0159). Tracts 2,6,7,8,9,11,12,13,24,28,29,37,and 40 (13 of 43 tracts). Jones Walker, LLP is closing agent pursuant to Engagement Letter (attached) dated May 22, 2018.

Amount of Contract:

\$190,000.00 plus closing costs

Funding Source

Project # McGregor Avenue (Airport Blvd to Dauphin St.) 2013-202-07; ALDOT Project No. STPMB-7508(600)

Discretionary Funds

Project String 20002000-42200

Contract Number:2804

Budget Amendment **REDUCE** **INCREASE**

Grant Funds \$190,000.00 from ALDOT (City reimbursed at end of project)

Matching Funds

ATTACHMENTS:

Description	Type	Upload Date
-------------	------	-------------

REVIEWERS:

Department	Reviewer	Action	Date
Real Estate Asset Management	Christensen, Brad	Approved	6/17/2020 - 12:41 PM
Capital	Hollins, Tiffany	Approved	6/17/2020 - 1:48 PM

Mayors
Office

Wesch, Paul

Approved

6/18/2020 - 8:55
AM



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Submitted by:

James Roberts, Senior Director
Neighborhood Development

Sponsored by:

Mayor William S. Stimpson

Funding Source

Project #

Discretionary Funds

Project String

Contract Number:

Budget Amendment REDUCE INCREASE

Grant Funds

Matching Funds

ATTACHMENTS:

Description	Type	Upload Date
-------------	------	-------------

REVIEWERS:

Department	Reviewer	Action	Date
Neighborhood Development	Roberts, James	Approved	6/25/2020 - 1:29 PM
Legal	Kern, Chris	Approved	6/25/2020 - 1:48 PM
Mayors Office	Wesch, Paul	Approved	6/25/2020 - 2:38 PM



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Submitted by:

Mayor Stimpson

Sponsored by:

Mayor Stimpson and Councilor Manzie

Purpose and Scope of Project:

Ordinance requiring the wearing of face masks in public during the Covid-19 pandemic

Amount of Contract:

0

Funding Source

Project #

Discretionary Funds

Project String

Contract Number:

Budget Amendment REDUCE INCREASE

Grant Funds

Matching Funds

ATTACHMENTS:

Description	Type	Upload Date
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REVIEWERS:

Department	Reviewer	Action	Date
Legal	Kern, Chris	Approved	6/25/2020 - 1:48 PM
Mayors Office	Wesch, Paul	Approved	6/25/2020 - 2:40 PM
Legal	Kern, Chris	Approved	6/25/2020 - 1:49 PM



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Funding Source

Project #

Discretionary Funds

Project String

Contract Number:

Budget Amendment REDUCE INCREASE

Grant Funds

Matching Funds

ATTACHMENTS:

Description

Type

Upload Date

REVIEWERS:

Department Reviewer

Action

Date

City Clerk Merchant, Mary Ann

Approved

6/24/2020 -
10:16 AM



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Submitted by:

Relya G. Mallory, Capital Projects Administrator
Paul Wesch, Finance Director

Sponsored by:

Williams S. Stimpson, Mayor

Purpose and Scope of Project:

To Authorize the Issuance of General Obligation Refunding Warrants, Series 2020. The Warrants being refunded are the General Obligation Recovery Zone Economic Development Warrants, 2009C.

Funding Source

Project # N/A

Discretionary Funds None

Project String N/A

Contract Number:None

Budget Amendment **REDUCE** **INCREASE**

Grant Funds

Matching Funds

ATTACHMENTS:

Description	Type	Upload Date
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REVIEWERS:

Department	Reviewer	Action	Date
Capital	Mallory, Relya	Approved	6/24/2020 - 3:38 PM
Capital	Mallory, Relya	Approved	6/24/2020 - 3:41 PM
Mayors Office	Wesch, Paul	Approved	6/25/2020 - 8:54 AM



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Funding Source

Project #

Discretionary Funds

Project String

Contract Number:

Budget Amendment REDUCE INCREASE

Grant Funds

Matching Funds

ATTACHMENTS:

Description

Type

Upload Date

REVIEWERS:

Department Reviewer

Action

Date

City Clerk Merchant, Mary Ann

Approved

5/27/2020 -
11:19 AM



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Funding Source

Project #

Discretionary Funds

Project String

Contract Number:

Budget Amendment REDUCE INCREASE

Grant Funds

Matching Funds

ATTACHMENTS:

Description

Type

Upload Date

REVIEWERS:

Department Reviewer

Action

Date

City Clerk Merchant, Mary Ann

Approved

5/27/2020 -
11:19 AM



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Funding Source

Project #

Discretionary Funds

Project String

Contract Number:

Budget Amendment REDUCE INCREASE

Grant Funds

Matching Funds

ATTACHMENTS:

Description

Type

Upload Date

REVIEWERS:

Department Reviewer

Action

Date

City Clerk Merchant, Mary Ann

Approved

5/27/2020 -
11:21 AM



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Funding Source

Project #

Discretionary Funds

Project String

Contract Number:

Budget Amendment REDUCE INCREASE

Grant Funds

Matching Funds

ATTACHMENTS:

Description

Type

Upload Date

REVIEWERS:

Department Reviewer

Action

Date

City Clerk Merchant, Mary Ann

Approved

5/27/2020 -
11:22 AM



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Funding Source

Project #

Discretionary Funds

Project String

Contract Number:

Budget Amendment REDUCE INCREASE

Grant Funds

Matching Funds

ATTACHMENTS:

Description

Type

Upload Date

REVIEWERS:

Department Reviewer

Action

Date

City Clerk Merchant, Mary Ann

Approved

5/27/2020 -
11:23 AM



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Funding Source

Project #

Discretionary Funds

Project String

Contract Number:

Budget Amendment REDUCE INCREASE

Grant Funds

Matching Funds

ATTACHMENTS:

Description

Type

Upload Date

REVIEWERS:

Department Reviewer

Action

Date

City Clerk Merchant, Mary Ann

Approved

5/27/2020 -
11:25 AM



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Funding Source

Project #

Discretionary Funds

Project String

Contract Number:

Budget Amendment REDUCE INCREASE

Grant Funds

Matching Funds

ATTACHMENTS:

Description

Type

Upload Date

REVIEWERS:

Department Reviewer

Action

Date

City Clerk Merchant, Mary Ann

Approved

5/27/2020 -
11:29 AM



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Funding Source

Project #

Discretionary Funds

Project String

Contract Number:

Budget Amendment REDUCE INCREASE

Grant Funds

Matching Funds

ATTACHMENTS:

Description

Type

Upload Date

REVIEWERS:

Department Reviewer

Action

Date

City Clerk Merchant, Mary Ann

Approved

5/27/2020 -
11:30 AM



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Funding Source

Project #

Discretionary Funds

Project String

Contract Number:

Budget Amendment REDUCE INCREASE

Grant Funds

Matching Funds

ATTACHMENTS:

Description

Type

Upload Date

REVIEWERS:

Department Reviewer

Action

Date

City Clerk Merchant, Mary Ann

Approved

5/27/2020 -
11:31 AM



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Submitted by:

Gary Jackson, Municipal Enforcement Program Coordinator

Sponsored by:

Council Member - District 1- Fredrick Richardson

Council Member - District 2- Levon Manzie

Council Member - District 3- C J Small

Council Member - District 4- John Williams

Council Member- District 5- Joel Daves

Council Member - District 6- Bess Rich

Council Member - District 7 Gina Gregory

Purpose and Scope of Project:

Add Davis Outdoor Services, LLC to the list of private contractors to abate properties declared public nuisances

Effective Date of Contract:

6/30/2020

Funding Source

Project # Davis Outdoor Services add to list as private contractor

Discretionary Funds

Project String

Contract Number:

Budget Amendment **REDUCE** **INCREASE**

Grant Funds

Matching Funds

ATTACHMENTS:

Description	Type	Upload Date
-------------	------	-------------

REVIEWERS:

Department	Reviewer	Action	Date
Municipal Enforcement	Merchant, Mary Ann	Approved	6/25/2020 - 8:23 AM



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Submitted by:

Gary Jackson, Municipal Enforcement Program Coordinator

Sponsored by:

Council District 1- Fred Richardson

Council District 2- Levon Manzie

Council District 3- C J Small

Council District 4- John Williams

Council District 5- Joel Daves

Council District 6- Bess Rich

Council District 7- Gina Gregory

Purpose and Scope of Project:

Add Restored Foundation, LLC to the list of private contractors to abate properties declared public nuisances

Effective Date of Contract:

6/30/2020

Funding Source

Project # Add Restored Foundation, LLC to the list
of private contractors to abate properties declared
public

Discretionary Funds

Project String

Contract Number:

Budget Amendment **REDUCE** **INCREASE**

Grant Funds

Matching Funds

ATTACHMENTS:

Description	Type	Upload Date
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REVIEWERS:

Department	Reviewer
Municipal	

Action

Date

6/25/2020 - 9:32

Enforcement Merchant, Mary Ann

Approved

AM



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Submitted by:

Gary Jackson, Municipal Enforcement Program Coordinator

Sponsored by:

Council Member District 1- Fredrick Richardson

Council Member District 2- Levon Manzie

Council Member District 3- C J Small

Council Member District 4- John Williams

Council Member District 5- Joel Daves

Council Member District 6- Bess Rich

Council Member District 7- Gina Gregory

Purpose and Scope of Project:

Declare weeds noxious, Weed Lien Group 1605

Effective Date of Contract:

6/30/2020

Funding Source

Project # Declare weeds noxious, Weed Lien Group 1605 **Discretionary Funds**

Project String

Contract Number:

Budget Amendment **REDUCE** **INCREASE**

Grant Funds **Matching Funds**

ATTACHMENTS:

Description	Type	Upload Date
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REVIEWERS:

Department	Reviewer	Action	Date
Municipal Enforcement	Merchant, Mary Ann	Approved	6/25/2020 - 9:34 AM



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Submitted by:

Paul M. Sealy, Fire Chief

Sponsored by:

William S. Stimpson, Mayor

Purpose and Scope of Project:

To recognize those employees as part of the Mayor's incentive program who have gone above and beyond their duties with the City of Mobile.

Amount of Contract:

500.00

Funding Source

Project #

Discretionary Funds

Project String 1100-1100-49320

Contract Number:

Budget Amendment **REDUCE** **INCREASE**

Grant Funds

Matching Funds

ATTACHMENTS:

Description	Type	Upload Date
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REVIEWERS:

Department	Reviewer	Action	Date
Fire Rescue	Sealy, Paul	Approved	6/22/2020 - 9:40 AM
Mayors Office	Wesch, Paul	Approved	6/25/2020 - 8:55 AM



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Submitted by:

Nick Amberger, P.E.
City Engineer

Sponsored by:

Mayor William S. Stimpson and Councilman Levon C. Manzie

Purpose and Scope of Project:

To accept contract with McElhenney Construction Company, LLC

Amount of Contract:

\$472,745.05

Funding Source

Project # C0479

Project String 20002000-48010

Budget Amendment **REDUCE** **INCREASE**

Grant Funds

Discretionary Funds

Contract Number:2807

Matching Funds

ATTACHMENTS:

Description	Type	Upload Date
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REVIEWERS:

Department	Reviewer	Action	Date
Engineering	Amberger, Nick	Approved	6/23/2020 - 12:28 PM
Capital	Hollins, Tiffany	Approved	6/23/2020 - 1:05 PM
Legal	Kern, Chris	Approved	6/23/2020 - 4:50 PM
Mayors Office	Wesch, Paul	Approved	6/25/2020 - 8:54 AM



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Submitted by:

Kimberly Harden, Director of Architectural Engineering Department

Sponsored by:

Councilmember Williams and Mayor Stimpson

Purpose and Scope of Project:

Add Change Order #1 to contract no.:2057, Budget no.: C0286 for Dog River Park Improvements-Phase 2 Renovations and New Restroom

Amount of Contract:

\$139,795.09

Funding Source

Project # Dog River Park Improvements - Phase 2
Renovations and New Restroom, PR-116B-17

Discretionary Funds

Project String 20002000-48010

Contract Number:2057

Budget Amendment **REDUCE** **INCREASE** \$139,795.09

Grant Funds

Matching Funds

ATTACHMENTS:

Description	Type	Upload Date
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REVIEWERS:

Department	Reviewer	Action	Date
Architectural Engineering	Harden, Kim	Approved	6/24/2020 - 3:24 PM
Capital	Hollins, Tiffany	Approved	6/24/2020 - 4:45 PM
Legal	Kern, Chris	Approved	6/24/2020 - 6:04 PM
Mayors Office	Wesch, Paul	Approved	6/25/2020 - 8:53 AM



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Submitted by:

Scott Kearney, Chief Technology Officer

Sponsored by:

Mayor William S. Stimpson

Purpose and Scope of Project:

Contract with Technology Integration Group ("TIG") for expert remote and onsite engineering support and advisory recommendations on computer network security architecture and configuration. Source of funding will be from the general fund operating budget's Professional and Technical account 10045000.42200.

Amount of Contract:

Not to Exceed \$50,000

Effective Date of Contract:

7/7/2020

Funding Source

Project #

Discretionary Funds

Project String

Contract Number:

Budget Amendment REDUCE INCREASE

Grant Funds

Matching Funds

ATTACHMENTS:

Description	Type	Upload Date
Certificate of Liability Insurance	Backup Material	6/22/2020
E-Verify	Backup Material	6/22/2020

REVIEWERS:

Department Reviewer	Action	Date
MIT Kearney, Scott	Approved	6/22/2020 - 3:18 PM

Budget	Sapp, Celia	Approved	6/22/2020 - 4:05 PM
Legal	Kern, Chris	Approved	6/24/2020 - 2:20 PM
Legal	Kern, Chris	Approved	6/24/2020 - 2:20 PM
Mayors Office	Wesch, Paul	Approved	6/25/2020 - 8:55 AM



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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below			406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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)

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 INSURANCEDATE (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
		☐ 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	X	SPECIAL	AMOUNT OF INSURANCE	DEDUCTIBLE
COVERAGE / PERILS / FORMS						
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
--

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 Citicorp Vendor Finance Leasing 15325 S. E. 30th Place, #100 Bellevue, WA 98007	ADDITIONAL INSURED MORTGAGEE X	LENDER'S LOSS PAYABLE Lease #'s 1548560-1548563	X	LOSS PAYEE
	LOAN #			
	AUTHORIZED REPRESENTATIVE 			



HRAEMEY

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 615007	POLICY NUMBER 711008985-0013	
	EFFECTIVE DATE 10/31/2019	EXPIRATION DATE 10/31/2020	☐ 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
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION

PERILS INSURED	BASIC	BROAD	X	SPECIAL	AMOUNT OF INSURANCE	DEDUCTIBLE
Blanket 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 MORTGAGEE	LENDER'S LOSS PAYABLE ☒ LOSS PAYEE
	LOAN # 615007	
	AUTHORIZED REPRESENTATIVE 	



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
		☐ 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

☒

SPECIAL

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Blanket Contents/Improvements & Betterments/RC/Special/Agreed Amount Business Income/Special Form Location Limits: Improvements & Betterments: \$100,000 (in Contents limit) Contents: \$200,000 Business Income: \$110,000	\$25,771,000 \$5,557,250	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 MUFG Union Bank, N.A. its successors and/or assigns P.O. Box 3647 Everett, WA 98213	ADDITIONAL INSURED ☒ MORTGAGEE	LENDER'S LOSS PAYABLE ☒ 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

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

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 INSURER A : Atlantic Specialty Ins. Co. INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :
INSURED TIG Real Estate Holdings, LLC a California LLC 10240 Flanders Court San Diego, CA 92121	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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☐ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ 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		N/A				PER STATUTE ☐ OTH-ER ☐ 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

MUFG 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



HRAMEY

EVIDENCE OF PROPERTY INSURANCEDATE (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 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	☐ 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	☒ SPECIAL	AMOUNT OF INSURANCE	DEDUCTIBLE
Blanket Buildings-Special Form/Replacement Cost/Agreed Amount Endt/ Building Ordinance Included Blanket Business Income/Extra Expense-Special Form/Agreed Amount Endt Building Limit for this Location: \$8,066,110				\$11,030,110	1,000
				\$5,557,250	

REMARKS (Including Special Conditions)

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

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 ☒ MORTGAGEE	LENDER'S LOSS PAYABLE ☒ 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

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

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 :	

INSURED

TIG Real Estate Holdings, LLC a California LLC
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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☐ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE ☐ OTH-ER ☐ 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



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 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
		☐ 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 ☒ SPECIAL ☐

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Blanket Buildings/RC/Special Form/Agreed Amount	\$11,130,110	1,000
Blanket Contents/RC/Special/Agreed Amount	\$25,771,000	1,000
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

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	☒ LOSS PAYEE
	☒ MORTGAGEE	☒ 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

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

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 INSURER A : Atlantic Specialty Ins. Co. NAIC # 27154
INSURED TIG Real Estate Holdings, LLC a California LLC 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	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO-JECT X 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 ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X 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 OTH-ER 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 Union Bank, N.A. Its successors and/or assigns P.O. Box 3647 Everett, WA 98213	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. AUTHORIZED REPRESENTATIVE
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HRAHEY

EVIDENCE OF PROPERTY INSURANCEDATE (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	☐ 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	X	SPECIAL	AMOUNT OF INSURANCE	DEDUCTIBLE
COVERAGE / PERILS / FORMS						
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	X	LOSS PAYEE
	MORTGAGEE	X	Equipment	
	LOAN #			
AUTHORIZED REPRESENTATIVE 				



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	☐ CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:			

PROPERTY INFORMATION

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

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED 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

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 MORTGAGEE	LENDER'S LOSS PAYABLE ☒ LOSS PAYEE
LOAN # Dealer #225239		
AUTHORIZED REPRESENTATIVE 		



HRAEMEY

EVIDENCE OF PROPERTY INSURANCEDATE (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	☐ 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

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	☒ 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.

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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ 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 INSURER A : Atlantic Specialty Ins. Co. 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	NAIC # 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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	Y / N N / A		406038027-0008	10/31/2019	10/31/2020	☒ 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)
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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	INSURER(S) AFFORDING COVERAGE INSURER A : Atlantic Specialty Ins. Co. 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	NAIC # 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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☐ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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



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	
INSURER A : Atlantic Specialty Ins. Co.	
NAIC # 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	☒ COMMERCIAL GENERAL LIABILITY	X		711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000
	☐ CLAIMS-MADE ☒ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	☒ zero deductible						MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ LOC						GENERAL AGGREGATE \$ 2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
A	☒ AUTOMOBILE LIABILITY			711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	☒ Comp Ded-\$1,000 ☒ Coll Ded-\$1,000						PROPERTY DAMAGE (Per accident) \$
A	☒ UMBRELLA LIAB ☒ OCCUR			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE \$ 15,000,000
	DED ☒ RETENTION \$ 0						
A	☒ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ 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

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

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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:

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ 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 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

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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



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 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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ Comp Ded-\$1,000 ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☐ EXCESS LIAB DED ☒ 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	☒ 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

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ 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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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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

Producer R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505	THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.
Named Insured PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121	Insurance Company Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038

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

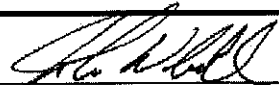
X	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$ \$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH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

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

Certificate Holder Box Amedisys, Inc. 3854 American Way, Ste. A Baton Rouge LA 70818	CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.
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THIS CERTIFICATE DOES NOT 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



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 INSURER A : Atlantic Specialty Ins. Co. 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	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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ PER STATUTE 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



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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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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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 INSURER A : Atlantic Specialty Ins. Co. 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	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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ 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

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



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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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)

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



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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ 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
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



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 :	
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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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	☒ PER STATUTE ☐ 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



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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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 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:

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ PER STATUTE ☐ 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.

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ Comp Ded-\$1,000 ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☐ EXCESS LIAB DED ☒ 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	X	406038027-0008	10/31/2019	10/31/2020	☒ 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

Producer R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505	THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.
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Named Insured PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121	Insurance Company Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038
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THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.

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

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

Certificate Holder Box AT&T, Inc. Its Affiliates; directors, officers & employees 175 E. Houston St. San Antonio TX 78205	CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.
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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.
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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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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ Comp Ded-\$1,000 ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☐ EXCESS LIAB DED ☒ 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	☒ 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 Busienss Auto per VCG207 & VCA201 re:Technology Parts & Supplies 071615-01 90 days notice of cancellation/15 days for non-payment of premium Incls Third Party Crime Coverage-\$1m Limit

CERTIFICATE HOLDER

CANCELLATION

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



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 INSURER A : Atlantic Specialty Ins. Co. 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	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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ 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

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

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	
INSURER A : Atlantic Specialty Ins. Co.	
NAIC # 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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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
---	---



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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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

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)

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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	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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ Comp Ded-\$1,000 ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☐ EXCESS LIAB DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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)
Avis Budget Group, Inc. and its Subsidiaries, including, but not limited to, Avis Budget Car Rental, LLC, Budget Rent A Car System, Inc., and Budget Truck Rental, LLC are included as Additional Insured & Loss Payee for all vehicles leased, rented or supplied as a substitute or as an additional vehicle to the Named Insured per VCA201. Hired Car Physical Damage limited to \$75,000 with \$1,000 Comp & Coll Ded

CERTIFICATE HOLDER

CANCELLATION

Avis Budget Group, Inc. and its Subsidiaries 4500 S. 129th E Ave #100 P.O. Box 690360 Tulsa, OK 74169-0360	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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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	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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A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ 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 - 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

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ Comp Ded-\$1,000 ☐ SCHEDULED AUTOS ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ RETENTION \$ 0	X	X	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	☒ 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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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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

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



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 INSURER A : Atlantic Specialty Ins. Co. 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	NAIC # 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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ Comp Ded-\$1,000 ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ 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

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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	Y / N N / A		406038027-0008	10/31/2019	10/31/2020	☒ 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)

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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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 :	
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	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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ Comp Ded-\$1,000 ☐ SCHEDULED AUTOS ☒ 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	☒ UMBRELLA LIAB ☐ EXCESS LIAB ☐ DED ☒ 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	X	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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)
BMR-Pacific Center LP, Biomed Realty, LP and BRE Edison Parent LP and each of their respective lenders, general partners, members, property managers and affiliates are included as Additional Insured as specified by contract per VCG207 & VCA201 with respects to operations of the Insured performed on their behalf Re:Malin Extension TI, 5880 Pacific Center Blvd. Waiver of subrogation applies on each policy and coverage is primary/non-contributory

CERTIFICATE HOLDER

CANCELLATION

BMR-Pacific Center LP 17190 Bernardo Center Dr. San Diego, CA 92128	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ Comp Ded-\$1,000 ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☐ EXCESS LIAB DED ☒ 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	☒ PER STATUTE ☐ 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)
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
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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 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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ Comp Ded-\$1,000 ☐ SCHEDULED AUTOS ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ RETENTION \$ 0	X	X	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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ 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)
Brownsburg Community School Corporation is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf

CERTIFICATE HOLDER

CANCELLATION

Brownsburg Community School Corporation 310 Stadium Dr. Brownsburg, IN 46112	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ 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

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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	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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ Comp Ded-\$1,000 ☐ SCHEDULED AUTOS ☒ 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	☒ UMBRELLA LIAB ☐ EXCESS LIAB DED ☒ 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	X	406038027-0008	10/31/2019	10/31/2020	☒ 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

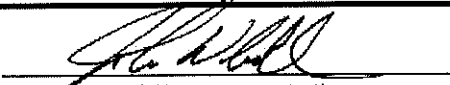
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



Certificate of Insurance

Producer R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505		THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.			
Named Insured PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121		Insurance Company Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038			
THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.					
X	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$ \$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator™ 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 CareFusion and its subsidiaries and affiliates 3750 Torrey View Court San Diego CA 92130			CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, 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



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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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



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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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 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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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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)
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

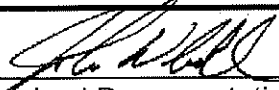
CANCELLATION

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

Producer R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505		THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.			
Named Insured PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121		Insurance Company Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038			
THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.					
X	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
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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™ content liability policy				\$ \$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$ \$
Description or Comments Professional Liability, Internet and Network Liability Insurance with respects to operations of the Insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium					
Certificate Holder Box CDW Logistics, Inc and Affiliates 200 North Milwaukee Ave. Vernon Hills IL 60061			CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, 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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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ 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 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

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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



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 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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ 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)
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:

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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ Comp Ded-\$1,000 ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☐ EXCESS LIAB DED ☒ 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	☒ 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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY Comp Ded-\$1,000 ☒ NON-OWNED AUTOS ONLY 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	☒ UMBRELLA LIAB EXCESS LIAB DED ☒ 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	☒ 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 :	
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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ Comp Ded-\$1,000 ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	X	406038027-0008	10/31/2019	10/31/2020	☒ 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 Offices, 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

Producer R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505		THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.			
Named Insured PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121		Insurance Company Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038			
THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.					
X	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$ \$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator™ content liability policy				\$ \$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$ \$
Description or Comments Professional Liability, Internet and Network Liability Insurance with respects to operations of the Insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium					
Certificate Holder Box City and County of San Francisco, Office of Contract Admin, 1 Dr. Carlton B. Goodlett Pl, City Hall Rm 430 San Francisco CA 94102			CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.		
THIS CERTIFICATE DOES NOT CONFER ANY COVERAGE RIGHTS ON THE CERTIFICATE HOLDER. THE CERTIFICATE HOLDER IS NOT AN ADDITIONAL INSURED UNLESS: (1) THE INSURANCE COMPANY HAS ISSUED AN ENDORSEMENT TO THE POLICY TO EFFECT SUCH COVERAGE, 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



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 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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☒ 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	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ Comp Ded-\$1,000 ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ 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

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:

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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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? ☐ Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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#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



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 INSURER A : Atlantic Specialty Ins. Co. 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	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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ Comp Ded-\$1,000 ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ 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 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



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 INSURER A : Atlantic Specialty Ins. Co. 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	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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ Comp Ded-\$1,000 ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☐ EXCESS LIAB DED ☒ 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	☒ 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 of premium coverage is primary & non-contributory Re:FC-7234-Co-Op Agreement for CCTV Services

CERTIFICATE HOLDER

CANCELLATION

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. 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 INSURER A : Atlantic Specialty Ins. Co. 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	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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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	☒ PER STATUTE ☐ 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

Producer R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505	THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.
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Named Insured PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121	Insurance Company Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038
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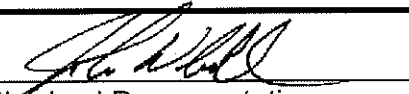
THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.

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

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

Certificate Holder Box City of Atlanta Enterprise Risk Management 68 Mitchell St. #9100 Atlanta GA 30303	CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS 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



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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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. 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



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 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

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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ Comp Ded-\$1,000 ☐ SCHEDULED AUTOS ☒ 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	☒ UMBRELLA LIAB ☐ EXCESS LIAB DED ☒ 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	☒ 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: Hardware Procurement and support

CERTIFICATE HOLDER

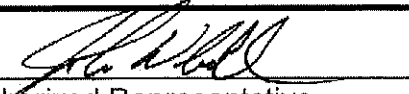
CANCELLATION

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



Certificate of Insurance

Producer R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505		THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.			
Named Insured PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121		Insurance Company Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038			
THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.					
X	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$ \$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator SM content liability policy				\$ \$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$ \$
Description or Comments Professional Liability, Internet and Network Liability Insurance with respects to operations of the Insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium Re: Hardware Procurement and support					
Certificate Holder Box City of Atlanta Enterprise Risk Management 68 Mitchell St. #9100 Atlanta GA 30303			CANCELLATION: IF THE POLICY DESCRIBED IN THIS 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.

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 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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ Comp Ded-\$1,000 ☐ SCHEDULED AUTOS ☒ 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	☒ UMBRELLA LIAB ☐ EXCESS LIAB DED ☒ 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	☒ 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

Producer R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91506	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.
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Named Insured PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121	Insurance Company Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038
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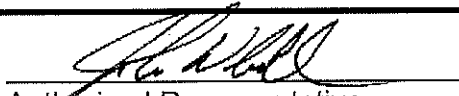
THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.

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

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

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

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

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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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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ Comp Ded-\$1,000 ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ 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
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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 & 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



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	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
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A	☒ UMBRELLA LIAB ☐ EXCESS LIAB DED ☒ 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	☒ 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
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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 & 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.



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

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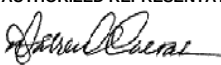
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							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
A	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY Comp Ded-\$1,000 ☒ NON-OWNED AUTOS ONLY 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	☒ UMBRELLA LIAB ☐ EXCESS LIAB DED ☒ RETENTION \$ 0			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000
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							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

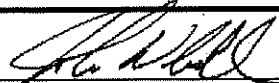
CANCELLATION

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 



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Named Insured PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121		Insurance Company Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038			
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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 Beaverton The Beaverton Building 12725 SW Millikan Way Beaverton OR 97006			CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.		
THIS CERTIFICATE DOES NOT CONFER ANY COVERAGE RIGHTS ON THE CERTIFICATE HOLDER. THE CERTIFICATE HOLDER IS NOT AN ADDITIONAL INSURED UNLESS: (1) THE INSURANCE COMPANY HAS ISSUED AN ENDORSEMENT TO THE POLICY TO EFFECT SUCH COVERAGE, OR (2) THE CERTIFICATE HOLDER SATISFIES ALL OF THE REQUIREMENTS IN THE POLICY TO QUALIFY AS AN ADDITIONAL INSURED AS DESCRIBED IN THE POLICY'S DEFINITION OF "YOU."				THIS CERTIFICATE DOES NOT CHANGE IN ANY WAY THE INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE 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

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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 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:

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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	☒ PER STATUTE ☐ 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

Producer R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505	THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.
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Named Insured PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121	Insurance Company Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038
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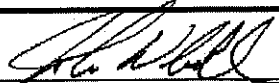
THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.

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

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

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

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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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	☒ PER STATUTE ☐ 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

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY Comp Ded-\$1,000 ☒ NON-OWNED AUTOS ONLY 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	X	406038027-0008	10/31/2019	10/31/2020	☒ 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)
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

Producer R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91506	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.
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Named Insured PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121	Insurance Company Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038
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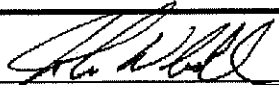
X	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$ \$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator SM content liability policy				\$ \$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$ \$

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

Certificate Holder Box City of Corvallis 501 SW Madison Ave. Corvallis OR 97339	CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.
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Authorized Representative

10/25/2019

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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	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 :	
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A	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY Comp Ded-\$1,000 ☒ NON-OWNED AUTOS ONLY 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	☒ UMBRELLA LIAB EXCESS LIAB DED ☒ 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	X	406038027-0008	10/31/2019	10/31/2020	☒ 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 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

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ 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 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

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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	☒ PER STATUTE ☐ 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 :	
	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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ 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



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 INSURER A : Atlantic Specialty Ins. Co. 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	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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ 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

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

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

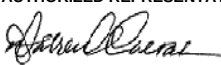
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ Comp Ded-\$1,000 ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY ☒ 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) \$ \$
	☐ UMBRELLA LIAB ☐ EXCESS LIAB ☐ DED ☐ 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	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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).

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	
INSURER A : Atlantic Specialty Ins. Co.	
NAIC # 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:**

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	☒ COMMERCIAL GENERAL LIABILITY	X		711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000
	☐ CLAIMS-MADE ☒ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	☒ 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 ☒ PROJECT ☒ LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						\$
A	☒ AUTOMOBILE LIABILITY			711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	☒ Comp Ded-\$1,000 ☒ Coll Ded-\$1,000						PROPERTY DAMAGE (Per accident) \$
							\$
A	☒ UMBRELLA LIAB ☒ OCCUR			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE \$ 15,000,000
	☐ DED ☒ RETENTION \$ 0						\$
A	☒ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ 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

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**

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

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 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:

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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	☒ PER STATUTE ☐ 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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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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



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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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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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	INSURER A : Atlantic Specialty Ins. Co.	27154
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	INSURER C :	
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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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)

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	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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ 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 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

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ Comp Ded-\$1,000 ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☐ EXCESS LIAB DED ☒ 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	X	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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 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

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

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

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

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

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

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:

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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☒ 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	☒ UMBRELLA LIAB ☐ EXCESS LIAB DED ☒ 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	X	406038027-0008	10/31/2019	10/31/2020	☒ 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

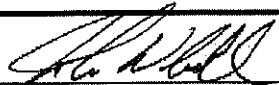
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



Certificate of Insurance

Producer R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91506		THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.			
Named Insured PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121		Insurance Company Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038			
THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.					
X	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$ \$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator SM content liability policy				\$ \$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$ \$
Description or Comments Professional Liability, Internet and Network Liability Insurance with respects to operations of the Insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium					
Certificate Holder Box City of San Jose - Finance Department Attn: Risk Manager 200 E. Santa Clara St., 14th Fl San Jose CA 951131906			CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.		
THIS CERTIFICATE DOES NOT CONFER ANY COVERAGE RIGHTS ON THE CERTIFICATE HOLDER. THE CERTIFICATE HOLDER IS NOT AN ADDITIONAL INSURED UNLESS: (1) THE INSURANCE COMPANY HAS ISSUED AN ENDORSEMENT TO THE POLICY TO EFFECT SUCH COVERAGE, OR (2) THE CERTIFICATE HOLDER SATISFIES ALL OF THE REQUIREMENTS IN THE POLICY TO QUALIFY AS AN ADDITIONAL INSURED AS DESCRIBED IN THE POLICY'S DEFINITION OF "YOU."			THIS CERTIFICATE DOES NOT CHANGE IN ANY WAY THE INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE 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

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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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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ Comp Ded-\$1,000 ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☐ EXCESS LIAB DED ☒ 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)
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

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Named Insured PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121	Insurance Company Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038

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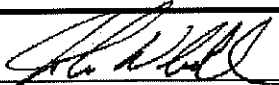
X	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$ \$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH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

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

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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 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:

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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



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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ Comp Ded-\$1,000 ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☐ EXCESS LIAB DED ☒ 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		X	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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

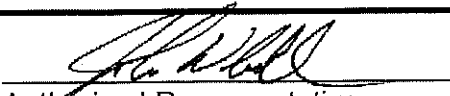
CANCELLATION

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

Producer R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505		THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.			
Named Insured PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121		Insurance Company Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038			
THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.					
X	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$ \$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator SM content liability policy				\$ \$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$ \$
Description or Comments Professional Liability, Internet and Network Liability Insurance with respects to operations of the Insured performed on behalf of Certificate Holder. Waiver of Subrogation applies. 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium					
Certificate Holder Box City of West Covina 1444 West Garvey Ave. South West Covina CA 91790			CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.		
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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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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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		X	406038027-0008	10/31/2019	10/31/2020	☒ 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

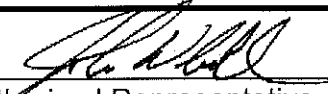
CANCELLATION

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

Producer R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505		THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.			
Named Insured PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121		Insurance Company Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038			
THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.					
X	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$ \$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator™ 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.					
Certificate Holder Box Cobb County Purchasing Department 100 Cherokee St. Marietta GA 30090			CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.		
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Authorized Representative

10/25/2019
Date



PCSPECI-02

HRAEMEY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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	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 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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							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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	X	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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



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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ 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)
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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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	X	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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

Producer R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505	THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.
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Named Insured PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121	Insurance Company Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038
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THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.

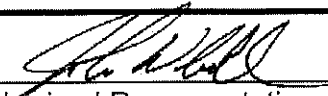
X	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$ \$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH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

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

Certificate Holder Box Cooperative Educational Services 4216 Balloon Park Rd. NE Albuquerque NM 871095801	CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.
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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

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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 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:

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	☒ COMMERCIAL GENERAL LIABILITY	X		711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000
	☐ CLAIMS-MADE ☒ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	☒ zero deductible						MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	☐ POLICY ☒ PROJECT ☒ LOC						GENERAL AGGREGATE \$ 2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
A	☒ AUTOMOBILE LIABILITY			711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	☒ ANY AUTO OWNED AUTOS ONLY						BODILY INJURY (Per person) \$
	☒ HIRED AUTOS ONLY						BODILY INJURY (Per accident) \$
	☒ Comp Ded-\$1,000						PROPERTY DAMAGE (Per accident) \$
	☒ SCHEDULED AUTOS					\$	
	☒ NON-OWNED AUTOS ONLY					\$	
	☒ Coll Ded-\$1,000					\$	
A	☒ UMBRELLA LIAB			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000
	☒ EXCESS LIAB						AGGREGATE \$ 15,000,000
	DED ☒ RETENTION \$ 0						\$
A	☒ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A	X	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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)
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

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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	X	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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	
INSURER A : Atlantic Specialty Ins. Co.	
NAIC # 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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below			406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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
 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.

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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	☒ PER STATUTE ☐ 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

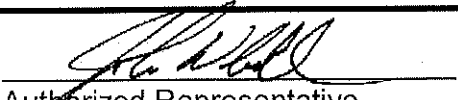
CANCELLATION

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

Producer R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505		THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.			
Named Insured PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121		Insurance Company Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038			
THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.					
X	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$ \$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator™ content liability policy				\$ \$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$ \$
Description or Comments Professional Liability, Internet and Network Liability Insurance with respects to operations of the Insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium Re: RFQ-IS-14201348/MA-IS-1540004-1					
Certificate Holder Box County of Los Angeles Internal Services Department 1100 N. Eastern Ave. RM #G115 Los Angeles CA 90083			CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.		
THIS CERTIFICATE DOES NOT CONFER ANY COVERAGE RIGHTS ON THE CERTIFICATE HOLDER. THE CERTIFICATE HOLDER IS NOT AN ADDITIONAL INSURED UNLESS: (1) THE INSURANCE COMPANY HAS ISSUED AN ENDORSEMENT TO THE POLICY TO EFFECT SUCH COVERAGE, OR (2) THE CERTIFICATE HOLDER SATISFIES ALL OF THE REQUIREMENTS IN THE POLICY TO QUALIFY AS AN ADDITIONAL INSURED AS DESCRIBED IN THE POLICY'S DEFINITION OF "YOU."				THIS CERTIFICATE DOES NOT CHANGE IN ANY WAY THE INSURANCE PROVIDED BY THE POLICY DESCRIBED HEREIN. THE 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 :	
	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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ 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-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

Producer R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505		THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.			
Named Insured PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121		Insurance Company Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038			
THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.					
X	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$ \$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator SM content liability policy				\$ \$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$ \$
Description or Comments Professional Liability, Internet and Network Liability Insurance with respects to operations of the Insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium Re: RFQ-IS-14201338/MA-IS-1540005-1					
Certificate Holder Box County of Los Angeles Internal Services Department 1100 N. Eastern Ave. RM #G115 Los Angeles CA 90063			CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.		
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Authorized Representative

10/25/2019
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:

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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	Y / N N / A		406038027-0008	10/31/2019	10/31/2020	☒ 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

Producer R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91506	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.
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Named Insured PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121	Insurance Company Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038
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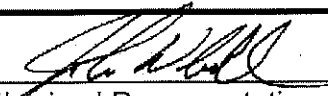
X	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$ \$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator SM content liability policy				\$ \$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$ \$

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

Certificate Holder Box County of Los Angeles Internal Services Department 1100 N. Eastern Ave. RM #0115 Los Angeles CA 90063	CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.
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THIS CERTIFICATE DOES NOT 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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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ 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-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

Producer R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91506	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.
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Named Insured PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121	Insurance Company Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038
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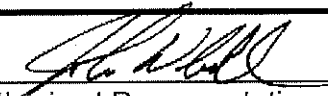
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X	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$ \$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator SM content liability policy				\$ \$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$ \$

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

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

10/25/2019

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	
INSURER A : Atlantic Specialty Ins. Co.	
NAIC # 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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below			406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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-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

Producer R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505	THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.
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Named Insured PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121	Insurance Company Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038
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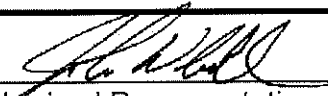
X	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$ \$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator™ content liability policy				\$ \$
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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

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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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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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	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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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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CERTIFICATE HOLDER

CANCELLATION

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

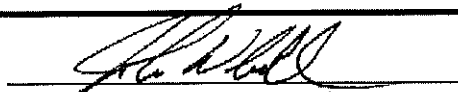
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AUTHORIZED REPRESENTATIVE



Certificate of Insurance

Producer R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505		THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.			
Named Insured PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121		Insurance Company Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038			
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Description or Comments Professional Liability, Internet and Network Liability Insurance with respects to operations of the Insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium Re: RFQ-IS-14201254/MA-IS-1540009-1					
Certificate Holder Box County of Los Angeles Internal Services Department 1100 N. Eastern Ave. RM #G115 Los Angeles CA 90063			CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.		
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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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ 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).

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 INSURER A : Atlantic Specialty Ins. Co. NAIC # 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	

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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.

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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ 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

Producer R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505		THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.			
Named Insured PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121		Insurance Company Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038			
THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.					
X	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$ \$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator SM content liability policy				\$ \$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$ \$
Description or Comments Professional Liability, Internet and Network Liability Insurance with respects to operations of the Insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium Re: RFQ-IS-14260426/MA-IS-1440180					
Certificate Holder Box County of Los Angeles Internal Services Department 1100 N. Eastern Ave. RM #G115 Los Angeles CA 90063			CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.		
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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ PER STATUTE ☐ 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

Producer R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91506		THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.			
Named Insured PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121		Insurance Company Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038			
THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.					
X	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$ \$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator™ 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: RFB-IS-18200169-Monitor-Lenovo-CCPP X, RFB-IS-18200165-Laptop/Tablet-Lenovo-CCPP X & RFB-IS-18200161-Computer-Lenovo-CCPP X					
Certificate Holder Box County of Los Angeles Internal Services Department 1100 North Eastern Ave. Los Angeles CA 90063			CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.		
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



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 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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY Comp Ded-\$1,000 ☒ NON-OWNED AUTOS ONLY 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	☒ UMBRELLA LIAB EXCESS LIAB DED ☒ 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	☒ 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)
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.



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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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		X	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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 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



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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ RETENTION \$ 0	X		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	☒ 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

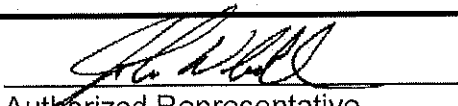
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Covendis and State of Georgia are included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf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

Producer R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505		THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.			
Named Insured PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121		Insurance Company Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038			
THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.					
X	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$ \$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator™ content liability policy				\$ \$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$ \$
Description or Comments Professional Liability, Internet and Network Liability Insurance with respects to operations of the Insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium					
Certificate Holder Box Covendis and State of Georgia 200 Walker St. SW, Ste. B Atlanta GA 30313			CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.		
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Authorized Representative

10/25/2019
Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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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	
INSURER A : Atlantic Specialty Ins. Co.	
NAIC # 27154	
INSURED	
P.C. Specialists, Inc. DBA: Technology Integration Group 10240 Flanders Court San Diego, CA 92121	
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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ Comp Ded-\$1,000 ☐ SCHEDULED AUTOS ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	X	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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)
 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
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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

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



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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ Comp Ded-\$1,000 ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☐ EXCESS LIAB DED ☒ 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	☒ 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

CUMMINS, Inc. Attn: Corp Risk Mgmt Dept
500 Jackson Street
Mail Code: 60805
Columbus, IN 60805

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

AUTHORIZED REPRESENTATIVE



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	
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COVERAGES

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A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ 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 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:

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ Comp Ded-\$1,000 ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ 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
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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



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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ Comp Ded-\$1,000 ☐ SCHEDULED AUTOS ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ RETENTION \$ 0	X	X	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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	X	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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 & 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

Producer R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91506	THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.
Named Insured PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121	Insurance Company Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038

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

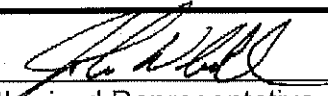
X	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$ \$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH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

Certificate Holder Box Denver Public Schools Purchasing Department 780 Grant St. Denver CO 80203	CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.
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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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	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

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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ Comp Ded-\$1,000 ☐ SCHEDULED AUTOS ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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	☒ PER STATUTE ☐ 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



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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ Comp Ded-\$1,000 ☐ SCHEDULED AUTOS ☒ 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	☒ UMBRELLA LIAB ☐ EXCESS LIAB DED ☒ 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	X	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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)
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

Producer R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505	THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.
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Named Insured PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc. 10240 FLANDERS COURT SAN DIEGO, CA 92121	Insurance Company Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038
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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.

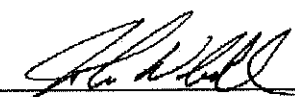
X	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$ \$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH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

Certificate Holder Box Dole Packaged Foods, LLC 3059 Townsgate Rd., Ste. 400 Westlake Village CA 91361	CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.
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THIS CERTIFICATE DOES NOT 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



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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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	☒ PER STATUTE ☐ 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

HRAHEY

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ Comp Ded-\$1,000 ☐ SCHEDULED AUTOS ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ RETENTION \$ 0	X	X	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	X	406038027-0008	10/31/2019	10/31/2020	☒ 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)
EDF Renewables, Inc., any parent company, any subsidiary company, any entity controlling, controlled by or under common control of any such entity, and their respective owners, shareholders, partners, members, divisions, officers, directors, employees, trustees, representatives and agents, all of their respective successors and assigns, and any other entities required in the contract documents as additional insureds on GL, Excess & Auto per VCG207, CG2037 & VCA201. Waiver of Subrogation included for GL, Auto & WC and primary/non-contributory included on GL & Auto 90 Days Notice of Cancellation/15 Days for Non-Payment of Premium
Re: IT Software Installation

CERTIFICATE HOLDER

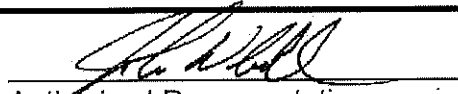
CANCELLATION

EDF Renewables, Inc. Attn: Risk Management 15445 Innovation Drive 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

Producer R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505		THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.			
Named Insured PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121		Insurance Company Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038			
THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.					
X	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$ \$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator™ content liability policy				\$ \$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$ \$
Description or Comments Professional Liability, Internet and Network Liability Insurance with respects to operations of the Insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium Project: IT Software Installation					
Certificate Holder Box EDF Renewable Energy, Inc. Attn: Risk Management 15445 Innovation Drive San Diego CA 92128			CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.		
THIS CERTIFICATE DOES NOT CONFER ANY COVERAGE RIGHTS ON THE 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 :	
	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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☒ 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	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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 dedds

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



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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☒ 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	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ PER STATUTE ☐ 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)
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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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	
INSURER A : Atlantic Specialty Ins. Co.	
NAIC # 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:**

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY ☒ Comp Ded-\$1,000 ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ RETENTION \$ 0	X	X	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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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)
 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
--	---



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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ Comp Ded-\$1,000 ☐ SCHEDULED AUTOS ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ RETENTION \$ 0	X	X	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	X	406038027-0008	10/31/2019	10/31/2020	☒ 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:Maintenance & Support Services for Smartnet

CERTIFICATE HOLDER

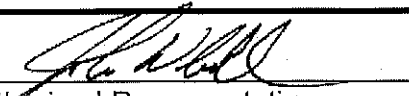
CANCELLATION

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



Certificate of Insurance

Producer R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505		THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.			
Named Insured PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121		Insurance Company Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038			
THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.					
X	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$ \$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator™ 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					
Certificate Holder Box Escambia County Attn: Joe Pillitary, CPPO, CPPB Office of Purchasing, Rm11.101 P.O. Box 1591 Pensacola FL 325911591			CANCELLATION: IF THE POLICY DESCRIBED IN THIS 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

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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:

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ Comp Ded-\$1,000 ☐ SCHEDULED AUTOS ☒ 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	☒ UMBRELLA LIAB ☐ EXCESS LIAB DED ☒ RETENTION \$ 0	X	X	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	X	406038027-0008	10/31/2019	10/31/2020	☒ 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

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 INSURER A : Atlantic Specialty Ins. Co. 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	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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	Y / N N / A		406038027-0008	10/31/2019	10/31/2020	☒ 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)

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

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 :	
	INSURER D :	
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	INSURER F :	

COVERAGES

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A	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ 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)
Fico Financial Corp, Landlord, and The Krauss Organization, Inc. as it's Agent are named Additional Insured-Landlord as specified by contract in Form VCG207 regarding leased premises at 5850-A W. Cypress St., Tampa, FL 33607

CERTIFICATE HOLDER

CANCELLATION

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



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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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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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)

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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

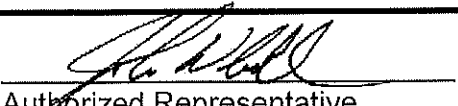
CANCELLATION

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

Producer R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91506		THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.			
Named Insured PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121		Insurance Company Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038			
THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.					
X	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$ \$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator SM content liability policy				\$ \$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$ \$
Description or Comments Professional Liability, Internet and Network Liability Insurance with respects to operations of the Insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium Re: RFP:18-100 Project: VMware Migration					
Certificate Holder Box Floyd County Schools 600 Riverside Parkway NE Rome GA 30161			CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.		
THIS CERTIFICATE DOES NOT CONFER ANY COVERAGE RIGHTS ON THE 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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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

COVERAGES

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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

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

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	
INSURER A : Atlantic Specialty Ins. Co.	
NAIC # 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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ Comp Ded-\$1,000 ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☐ EXCESS LIAB ☒ 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	X	406038027-0008	10/31/2019	10/31/2020	☒ 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: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 	



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 :	
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	INSURER F :	

COVERAGES

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REVISION NUMBER:

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A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ 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 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

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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 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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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	☒ PER STATUTE ☐ 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



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:

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ PER STATUTE ☐ 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
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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
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COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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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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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



CERTIFICATE OF LIABILITY INSURANCE

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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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



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 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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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 - 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



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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ PER STATUTE ☐ 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 - 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



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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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: 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

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 :	
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COVERAGES

CERTIFICATE NUMBER:

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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	☒ PER STATUTE ☐ 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: 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

HFRAMEY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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INSURED P.C. Specialists, Inc. DBA: Technology Integration Group 10240 Flanders Court San Diego, CA 92121	INSURER B :	
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A	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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:

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



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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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



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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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	☒ PER STATUTE ☐ 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 :	
	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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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	☒ PER STATUTE ☐ 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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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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	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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☒ 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	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below			406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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	INSURER A : Atlantic Specialty Ins. Co.	27154
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A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as Additional Insured as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf
Re: Cameras for Death Row

CERTIFICATE HOLDER

CANCELLATION

Georgia Diagnostic and Classification State Prison
2978 Highway 36 W
Jackson, GA 30233

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

AUTHORIZED REPRESENTATIVE



PCSPECI-02

HRAEMEY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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	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:

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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

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	
INSURER A : Atlantic Specialty Ins. Co.	
NAIC # 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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ Comp Ded-\$1,000 ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☐ EXCESS LIAB ☒ 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	☒ 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, Kawaihoa 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

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ 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: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

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ Comp Ded-\$1,000 ☐ SCHEDULED AUTOS ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	X	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ Comp Ded-\$1,000 ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☐ EXCESS LIAB DED ☒ 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	☒ 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: Bid #RP016-13, Purchase of Symantec Products and Related Services

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



Certificate of Insurance

Producer R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91506		THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.			
Named Insured PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121		Insurance Company Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038			
THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.					
X	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$ \$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator SM content liability policy				\$ \$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$ \$
Description or Comments Professional Liability, Internet and Network Liability Insurance with respects to operations of the Insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium Waiver of subrogation applies Re:Bid #RP016-13, Purchase of Symantec Products and Related Services					
Certificate Holder Box Gwinnett County BOC 75 Langley Dr. Lawrenceville GA 300466935			CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.		
THIS CERTIFICATE DOES NOT CONFER ANY COVERAGE RIGHTS ON THE 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 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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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	☒ PER STATUTE ☐ 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

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

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 INSURER A : Atlantic Specialty Ins. Co. 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	NAIC # 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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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	☒ PER STATUTE ☐ 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

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

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	
INSURER A : Atlantic Specialty Ins. Co.	
NAIC # 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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY ☒ Comp Ded-\$1,000 ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	X	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ Comp Ded-\$1,000 ☐ SCHEDULED AUTOS ☒ 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	☒ UMBRELLA LIAB ☐ EXCESS LIAB DED ☒ 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		X	406038027-0008	10/31/2019	10/31/2020	☒ 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 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

HFRAMEY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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INSURED P.C. Specialists, Inc. DBA: Technology Integration Group 10240 Flanders Court San Diego, CA 92121	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
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ Comp Ded-\$1,000 ☐ SCHEDULED AUTOS ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ RETENTION \$ 0	X	X	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	X	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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

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



CERTIFICATE OF LIABILITY INSURANCE

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INSURED P.C. Specialists, Inc. DBA: Technology Integration Group 10240 Flanders Court San Diego, CA 92121	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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☒ 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	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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

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	
INSURER A : Atlantic Specialty Ins. Co.	
NAIC # 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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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
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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:

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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

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



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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY ☒ Comp Ded-\$1,000 ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ RETENTION \$ 0	X	X	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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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)
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

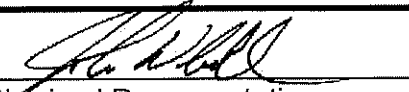
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



Certificate of Insurance

Producer R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505		THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.			
Named Insured PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121		Insurance Company Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038			
THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.					
X	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$ \$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator SM content liability policy				\$ \$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$ \$
Description or Comments Professional Liability, Internet and Network Liability Insurance with respects to operations of the Insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium Waiver of subrogation applies					
Certificate Holder Box Henry County Water Authority 1695 Hwy 20 West Mc Donough GA 30253			CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.		
THIS CERTIFICATE DOES NOT CONFER ANY COVERAGE RIGHTS ON THE CERTIFICATE HOLDER. THE CERTIFICATE HOLDER IS NOT AN ADDITIONAL INSURED UNLESS: (1) THE INSURANCE COMPANY HAS ISSUED AN ENDORSEMENT TO THE POLICY TO EFFECT SUCH COVERAGE, 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



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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☐ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	X	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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



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	
INSURER A : Atlantic Specialty Ins. Co.	
NAIC # 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	☒ COMMERCIAL GENERAL LIABILITY	X		711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000
	☐ CLAIMS-MADE ☒ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	☒ 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 ☒ PROJECT ☒ LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						\$
A	☒ AUTOMOBILE LIABILITY			711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	☒ Comp Ded-\$1,000 ☒ Coll Ded-\$1,000						PROPERTY DAMAGE (Per accident) \$
							\$
A	☒ UMBRELLA LIAB ☒ OCCUR			711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE \$ 15,000,000
	☐ DED ☒ RETENTION \$ 0						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ Y / N ☐ N / A						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: 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



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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ Comp Ded-\$1,000 ☐ SCHEDULED AUTOS ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	X	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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)
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

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 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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ 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

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



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: REVISION NUMBER:

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A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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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CERTIFICATE NUMBER:

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A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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	☒ 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	☒ 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

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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	INSURER A : Atlantic Specialty Ins. Co.	27154
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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ 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

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

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 INSURER A : Atlantic Specialty Ins. Co. 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	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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	Y / N N / A		406038027-0008	10/31/2019	10/31/2020	☒ 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 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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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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	☒ PER STATUTE ☐ 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)
Investment Properties, Ltd. is named Additional Insured-Landlord as specified by contract in Form VCG207 regarding leased premises at 143 W. Rhapsody, San Antonio, TX 78216 90 days notice of cancellation/15 days for non-payment of premium coverage is primary & non-contributory

CERTIFICATE HOLDER

CANCELLATION

Investment Properties, Ltd 1011 N. Frio, Ste. 200 San Antonio, TX 78207	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ Comp Ded-\$1,000 ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☐ EXCESS LIAB DED ☒ 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	☒ 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)

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



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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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	☐ 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	☒ 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

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 ☒ 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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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ 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

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



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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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)
US Government, LANS and its members:Bechtel National Inc, the Regents of the University of California, Washington Group International Inc., MWX Technologies Inc., and their respective subsidiaries and affiliates are included as Additional Insureds as specified by contract per VCG207 with respects to operations of the Insured performed on their behalf Primary wording and Waiver of Subrogation provided on General Liability

CERTIFICATE HOLDER	CANCELLATION
LANS Attn: Nancy Williams P.O. Box 1663 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:

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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 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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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

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:

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ Comp Ded-\$1,000 ☐ SCHEDULED AUTOS ☒ 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) \$
	☐ UMBRELLA LIAB ☐ EXCESS LIAB DED ☐ 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	☒ PER STATUTE ☐ 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

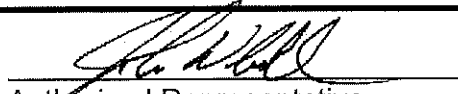
CANCELLATION

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

Producer R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91606		THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.			
Named Insured PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121		Insurance Company Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038			
THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.					
X	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$ \$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator SM content liability policy				\$ \$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$ \$
Description or Comments Professional Liability, Internet and Network Liability Insurance with respects to operations of the Insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium Waiver of Subrogation applies					
Certificate Holder Box Lenovo (United States) Inc. 1009 Think Place Morrisville NC 27560			CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.		
THIS CERTIFICATE DOES NOT CONFER ANY COVERAGE RIGHTS ON THE CERTIFICATE HOLDER. THE CERTIFICATE HOLDER IS NOT AN ADDITIONAL INSURED UNLESS: (1) THE INSURANCE COMPANY HAS ISSUED AN ENDORSEMENT TO THE POLICY TO EFFECT SUCH COVERAGE, OR (2) THE CERTIFICATE HOLDER SATISFIES ALL OF THE REQUIREMENTS IN THE POLICY TO QUALIFY AS AN ADDITIONAL INSURED AS DESCRIBED IN THE POLICY'S DEFINITION OF "YOU."			THIS CERTIFICATE DOES 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 :	
	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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ Comp Ded-\$1,000 ☐ SCHEDULED AUTOS ☒ 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	☒ UMBRELLA LIAB ☐ EXCESS LIAB DED ☒ 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	X	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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)
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

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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	☒ PER STATUTE ☐ 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

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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

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A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ Comp Ded-\$1,000 ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☐ EXCESS LIAB DED ☒ 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	☒ 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

HRAHEY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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	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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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ OTH-ER
							E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 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)

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

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A	☒ UMBRELLA LIAB ☐ EXCESS LIAB DED ☒ 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	☒ 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
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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

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 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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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	☒ PER STATUTE ☐ 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 #
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INSURED P.C. Specialists, Inc. DBA: Technology Integration Group 10240 Flanders Court San Diego, CA 92121	INSURER B :	
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	INSURER F :	

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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ RETENTION \$ 0	X		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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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



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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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:

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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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	X	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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)
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

HRAEMEY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ Comp Ded-\$1,000 ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☐ EXCESS LIAB DED ☒ 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	☒ 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



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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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



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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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 N3B-Los Alamos 600 Sixth Street Los Alamos, NM 87544	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. AUTHORIZED REPRESENTATIVE
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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 :	
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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER 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
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A	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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



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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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

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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 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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ Comp Ded-\$1,000 ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☐ EXCESS LIAB DED ☒ 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	☒ 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: Bid 15-16-59-Electronic Device Charging Cabinets

CERTIFICATE HOLDER

CANCELLATION

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



CERTIFICATE OF LIABILITY INSURANCE

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

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	INSURER(S) AFFORDING COVERAGE INSURER A : Atlantic Specialty Ins. Co. NAIC # 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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☒ 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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	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	☒ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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 Navajo Agricultural Products Industry (NAPI) PO Drawer 1318 Farmington, NM 87499	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. AUTHORIZED REPRESENTATIVE
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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	INSURER A : Atlantic Specialty Ins. Co.	27154
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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
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A	☒ UMBRELLA LIAB ☐ EXCESS LIAB DED ☒ 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	X	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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

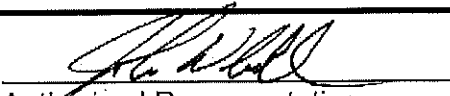
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



Certificate of Insurance

Producer R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505		THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.			
Named Insured PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121		Insurance Company Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038			
THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.					
X	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$ \$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator™ 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 Waiver of Subrogation Included					
Certificate Holder Box Navajo Nation PO Box 2588 Window Rock AZ 86515			CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.		
THIS CERTIFICATE DOES NOT CONFER ANY COVERAGE RIGHTS ON THE 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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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	INSURER A : Atlantic Specialty Ins. Co.	27154
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COVERAGES

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CERTIFICATE HOLDER

CANCELLATION

Navajo Nation - Department of Information Technology
PO Box 5970
Window Rock, AZ 86515

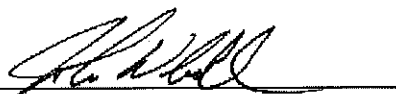
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AUTHORIZED REPRESENTATIVE



Certificate of Insurance

Producer R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505		THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.			
Named Insured PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc. 10240 FLANDERS COURT SAN DIEGO, CA 92121		Insurance Company Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038			
THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.					
X	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$ \$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator™ content liability policy				\$ \$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$ \$
Description or Comments Professional Liability, Internet and Network Liability Insurance with respects to operations of the Insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium					
Certificate Holder Box Navajo Nation - Department of Information Technology PO Box 5970 Window Rock AZ 86515			CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.		
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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 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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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

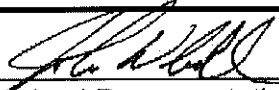


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Named Insured PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121	Insurance Company Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038
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X	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$ \$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator SM content liability policy				\$ \$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$ \$

Description or Comments	
Certificate Holder Box Navajo Tribal Utility Authority ATTN: Shelly E. Cleveland, Purchasing Department North Navajo Route 12 Fort Defiance AZ 86504	CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.
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Authorized Representative

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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 :	
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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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 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

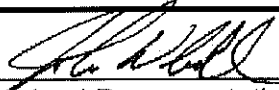


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	ClickStream® 2.0 connected services with CyberInfusion® policy				\$ \$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator SM content liability policy				\$ \$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$ \$

Description or Comments	
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Authorized Representative

10/25/2019
Date



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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 :	
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							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
							MED EXP (Any one person) \$ 10,000
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							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
A	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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)

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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		INSURER(S) AFFORDING COVERAGE	
		INSURER A : Atlantic Specialty Ins. Co.	
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A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ Comp Ded-\$1,000 ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB ☒ DED ☒ 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	☒ 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: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



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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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



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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ PER STATUTE ☐ 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)
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:

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ 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

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)

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 10240 Flanders Court San Diego, CA 92121	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
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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



CERTIFICATE OF LIABILITY INSURANCE

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

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	INSURER(S) AFFORDING COVERAGE INSURER A : Atlantic Specialty Ins. Co. NAIC # 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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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 Oconee County Schools P.O. Box 146 35-A School St. Watkinsville, GA 30677	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. 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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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	X	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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: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

Producer R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505	THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.
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Named Insured PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121	Insurance Company Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038
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THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.

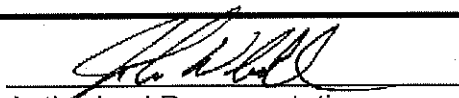
X	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$ \$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH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

Description or Comments
Professional Liability, Internet and Network Liability Insurance with respects to operations of the Insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium Re:RFQ#: IS 43-14
Jobsite: 602-C North Pearl St., Crestview, FL 32536

Certificate Holder Box Okaloosa County 602-C North Pearl St. Crestview FL 32536	CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.
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THIS CERTIFICATE DOES NOT 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



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 INSURER A : Atlantic Specialty Ins. Co. 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	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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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)

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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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 INSURER A : Atlantic Specialty Ins. Co. 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	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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ 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 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

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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	X	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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)
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.

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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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	☒ PER STATUTE ☐ 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: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

Peacock University and Asset Specialists, Inc. 3710 Buckeye St., Ste. 100 Palm Beach Gardens, FL 33410	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE



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 INSURER A : Atlantic Specialty Ins. Co. 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	NAIC # 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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ 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 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:

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☒ 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	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ 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 dedds

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



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 INSURER A : Atlantic Specialty Ins. Co. 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	NAIC # 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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	Y / N N / A		406038027-0008	10/31/2019	10/31/2020	☒ 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 ded's 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)

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

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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

HRAHEY

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

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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☒ 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	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ Comp Ded-\$1,000 ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☐ EXCESS LIAB DED ☒ 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	☒ 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)
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



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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☒ 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	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ 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 Penske Truck Leasing Co. LP and it's partners 11115 Texland Blvd. Charlotte, NC 28273	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. 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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☒ 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	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ 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? ☐ Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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 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

Penske Truck Leasing Co., L.P.
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.

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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	X	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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)

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

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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	
INSURER A : Atlantic Specialty Ins. Co.	
NAIC # 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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ Comp Ded-\$1,000 ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB ☒ DED ☒ 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	X	406038027-0008	10/31/2019	10/31/2020	☒ 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 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



Certificate of Insurance

Producer R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505	THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.
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Named Insured PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121	Insurance Company Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038
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THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.

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

Description or Comments
Professional Liability, Internet and Network Liability Insurance with respects to operations of the Insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium Re:On-Call Information Technology Services

Certificate Holder Box Port of Long Beach On-Call Information Technology Services P.O. Box 570 Long Beach CA 90801	CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.
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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



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 INSURER A : Atlantic Specialty Ins. Co. 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	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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ 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

CERTIFICATE HOLDER Port of San Diego Purchasing Department 3165 Pacific Highway San Diego, CA 92101	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. AUTHORIZED REPRESENTATIVE
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	INSURER A : Atlantic Specialty Ins. Co.	27154
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
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	INSURER F :	

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A	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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 & 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



CERTIFICATE OF LIABILITY INSURANCE

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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 10240 Flanders Court San Diego, CA 92121	INSURER B :	
	INSURER C :	
	INSURER D :	
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	INSURER F :	

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	AUTOMOBILE LIABILITY ☐ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE ☐ OTH-ER ☐ 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



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A	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ 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

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CERTIFICATE HOLDER PriceSmart, Inc. and its subsidiaries 9740 Scranton Rd. San Diego, CA 92121	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. AUTHORIZED REPRESENTATIVE
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INSURED P.C. Specialists, Inc. DBA: Technology Integration Group 10240 Flanders Court San Diego, CA 92121	INSURER B :	
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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

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AUTHORIZED REPRESENTATIVE



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A	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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



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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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	☒ PER STATUTE ☐ 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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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	
INSURER A : Atlantic Specialty Ins. Co.	
NAIC # 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:**

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY ☒ Comp Ded-\$1,000 ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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)
 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
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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

Retirement Housing Foundation



Certificate of Insurance

Producer R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505	THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.
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Named Insured PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121	Insurance Company Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038
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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.

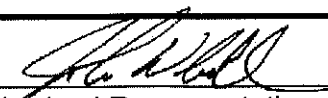
X	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$ \$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH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

Certificate Holder Box Retirement Housing Foundation Attn: Corporate Risk Manager 911 N. Studebaker Rd. Long Beach CA 90815	CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.
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THIS CERTIFICATE DOES NOT 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

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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:

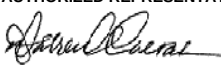
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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY	X		711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000
	☐ CLAIMS-MADE ☒ OCCUR						DAMAGE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

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 



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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ 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 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:

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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ Comp Ded-\$1,000 ☐ SCHEDULED AUTOS ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ 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 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



Certificate of Insurance

Producer R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505	THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.
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Named Insured PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121	Insurance Company Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038
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THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.

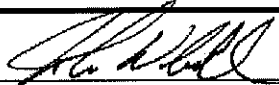
X	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$ \$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH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

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

Certificate Holder Box Rush Enterprises, Inc. AOIS AOIASA ATIMA PO Box 34630 San Antonio TX 78265	CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.
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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

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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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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ 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 :	
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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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	☒ PER STATUTE ☐ 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	
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	INSURER A : Atlantic Specialty Ins. Co.	27154
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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

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							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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below			406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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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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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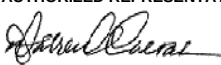
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ LOC ☐ OTHER:	X		711008985-0013	10/31/2019	10/31/2020	EACH 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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)

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)

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 :	
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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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

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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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	☒ PER STATUTE ☐ 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 INSURER A : Atlantic Specialty Ins. Co. 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	NAIC # 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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	Y / N N / A	X	406038027-0008	10/31/2019	10/31/2020	☒ 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)
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

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 :	
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COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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	X	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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)
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

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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)
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



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	
INSURER A : Atlantic Specialty Ins. Co.	
NAIC # 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:**

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	☒ COMMERCIAL GENERAL LIABILITY	X	X	711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 1,000,000
	☐ CLAIMS-MADE ☒ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	☒ zero deductible						MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	☐ POLICY ☒ PROJECT ☒ LOC						GENERAL AGGREGATE \$ 2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
A	☒ AUTOMOBILE LIABILITY	X	X	711008985-0013	10/31/2019	10/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	☒ ANY AUTO OWNED AUTOS ONLY						BODILY INJURY (Per person) \$
	☒ HIRED AUTOS ONLY						BODILY INJURY (Per accident) \$
	☒ SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	☒ NON-OWNED AUTOS ONLY						
	Comp Ded-\$1,000	Coll Ded-\$1,000					
A	☒ UMBRELLA LIAB	X	X	711008985-0013	10/31/2019	10/31/2020	EACH OCCURRENCE \$ 15,000,000
	☐ EXCESS LIAB						AGGREGATE \$ 15,000,000
	DED ☒ RETENTION \$ 0						
A	☒ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N	A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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





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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☒ 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	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	Y / N N / A		406038027-0008	10/31/2019	10/31/2020	☒ 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

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 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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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	☒ PER STATUTE ☐ 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



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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	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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	X	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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

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

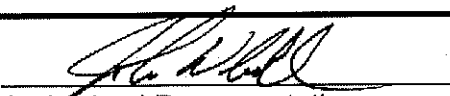
Job Description

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

Producer R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91506		THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.			
Named Insured PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121		Insurance Company Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038			
THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.					
X	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$ \$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator™ content liability policy				\$ \$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$ \$
Description or Comments Professional Liability, Internet and Network Liability Insurance with respects to operations of the Insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium Reference Number: 0000003826					
Certificate Holder Box Sempra Energy Insurance Compliance PO Box 12010-S1 Hemet CA 925468010			CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.		
THIS CERTIFICATE DOES NOT CONFER ANY COVERAGE RIGHTS ON THE CERTIFICATE HOLDER. THE CERTIFICATE HOLDER IS NOT AN ADDITIONAL INSURED UNLESS: (1) THE INSURANCE COMPANY HAS ISSUED AN ENDORSEMENT TO THE POLICY TO EFFECT SUCH COVERAGE, OR (2) THE CERTIFICATE HOLDER SATISFIES ALL OF THE REQUIREMENTS IN THE POLICY TO QUALIFY AS AN ADDITIONAL INSURED AS DESCRIBED IN THE POLICY'S DEFINITION OF "YOU."				THIS CERTIFICATE DOES NOT CHANGE 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).

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:

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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	☒ PER STATUTE ☐ 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

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 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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	X	406038027-0008	10/31/2019	10/31/2020	☒ 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
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

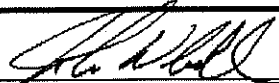


Certificate of Insurance

Producer R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91606	THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.
Named Insured PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121	Insurance Company Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038
THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.	

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

Description or Comments Professional Liability, Internet and Network Liability Insurance with respects to operations of the Insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium	
Certificate Holder Box St. Lucie Public Schools 4204 Okeechobee Rd. Fort Pierce FL 34947	CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.
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Authorized Representative

10/25/2019
Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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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 INSURER A : Atlantic Specialty Ins. Co. 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	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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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 - 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)

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	
INSURER A : Atlantic Specialty Ins. Co.	
NAIC # 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:**

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



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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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 (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

Producer R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91506	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.
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Named Insured PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121	Insurance Company Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038
--	---

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 State of Georgia Georgia Dept of Admin Services 200 Piedmont Ave., SE, #1302, West Tower Atlanta GA 303349010	CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.
---	--

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

THIS CERTIFICATE 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



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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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	☒ PER STATUTE ☐ 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

Producer R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91506	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.
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Named Insured PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121	Insurance Company Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038
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THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.

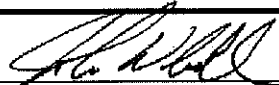
X	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$ \$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH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

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

Certificate Holder Box State of Georgia Georgia Dept of Admin Services 200 Piedmont Ave., SE, #1302, West Tower Atlanta GA 303349010	CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.
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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

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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ 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 - 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

Producer R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91506	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.
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Named Insured PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121	Insurance Company Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038
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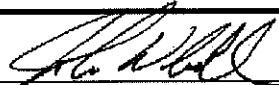
X	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$ \$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$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 State of Georgia Georgia Dept of Admin Services 200 Piedmont Ave., SE, #1302, West Tower Atlanta GA 303349010	CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.
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Authorized Representative

10/25/2019
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:

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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ 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 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

Producer R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91506	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.
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Named Insured PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121	Insurance Company Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038
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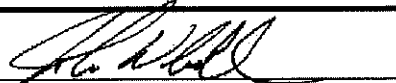
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X	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$ \$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 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

Certificate Holder Box State of Georgia Georgia Dept of Admin Services 200 Piedmont Ave., SE, #1302, West Tower Atlanta GA 303349010	CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.
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Authorized Representative

10/25/2019
Date



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 INSURER A : Atlantic Specialty Ins. Co. 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	NAIC # 27154	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

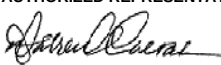
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ Comp Ded-\$1,000 ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB ☒ 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	☒ 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 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 
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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	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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ 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).

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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	☒ PER STATUTE ☐ 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 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

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ Comp Ded-\$1,000 ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☐ EXCESS LIAB DED ☒ 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	☒ 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 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

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 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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ 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

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

Producer R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505	THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.
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Named Insured PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121	Insurance Company Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038
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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.

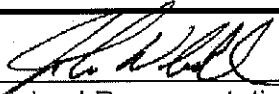
X	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$ \$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$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 State of Hawaii, Department of Education P.O. Box 2360 Honolulu HI 96804	CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.
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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



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 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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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	☒ PER STATUTE ☐ 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



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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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ PER STATUTE ☐ 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 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

Producer R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505	THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.
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Named Insured PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121	Insurance Company Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038
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THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.

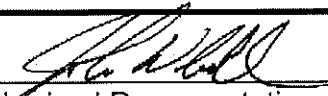
X	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$ \$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH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

Description or Comments
Professional Liability, Internet and Network Liability Insurance with respects to operations of the Insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium
Re: RFQ No. IT 2018-45

Certificate Holder Box State of Hawai'i, Office of Hawaiian Affairs 560 North Nimitz Highway, Ste. 200 Honolulu HI 96817	CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.
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THIS CERTIFICATE DOES NOT 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



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 :	
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	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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY Comp Ded-\$1,000 ☒ NON-OWNED AUTOS ONLY 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	☒ UMBRELLA LIAB ☐ EXCESS LIAB DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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

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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 P.C. Specialists, Inc. DBA: Technology Integration Group 10240 Flanders Court San Diego, CA 92121	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
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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	☒ PER STATUTE ☐ 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 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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	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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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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							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
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							\$
A	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ Comp Ded-\$1,000 ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☐ EXCESS LIAB ☐ DED ☒ RETENTION \$ 0	X		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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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 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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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ Comp Ded-\$1,000 ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☐ EXCESS LIAB DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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)
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
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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ 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 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)

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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	☒ PER STATUTE ☐ 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 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

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

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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ PER STATUTE ☐ 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 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

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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:

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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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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	☐ UMBRELLA LIAB ☐ EXCESS LIAB DED ☐ 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	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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 Cvrq			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

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	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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY Comp Ded-\$1,000 ☒ NON-OWNED AUTOS ONLY 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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)
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

Producer R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505	THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.
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Named Insured PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121	Insurance Company Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038
---	---

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

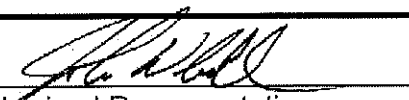
X	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$ \$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH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

Description or Comments
Professional Liability, Internet and Network Liability Insurance with respects to operations of the Insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium Bid No. 2014-062-Annual contract for toner cartridges for Inkjet and laser printers

Certificate Holder Box Tarrant County Purchasing Department 100 E. Weatherford #303 Fort Worth TX 76102	CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.
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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).

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ Comp Ded-\$1,000 ☐ SCHEDULED AUTOS ☒ 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	☒ UMBRELLA LIAB ☐ EXCESS LIAB DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		X	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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)
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

Producer R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505	THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.
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Named Insured PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121	Insurance Company Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038
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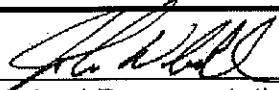
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X	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$ \$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 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

Certificate Holder Box Tennessee Valley Authority TVA IT Contracts LP 4T, 11011 Market Street Chattanooga TN 37402	CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.
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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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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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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ Comp Ded-\$1,000 ☐ SCHEDULED AUTOS ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ RETENTION \$ 0	X	X	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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N	A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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)
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

Tennessee Valley Authority
1101 Market St, LP 4T-C
Chattanooga, TN 37402

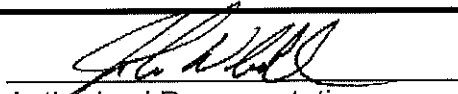
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AUTHORIZED REPRESENTATIVE



Certificate of Insurance

Producer R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505		THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.			
Named Insured PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121		Insurance Company Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038			
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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:Contract #10411					
Certificate Holder Box Tennessee Valley Authority 11011 Market St, LP 4T-C Chattanooga TN 37402			CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.		
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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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COVERAGES

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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ RETENTION \$ 0		X	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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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 Insureds 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 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:

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ Comp Ded-\$1,000 ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☐ EXCESS LIAB DED ☒ RETENTION \$ 0	X		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	☒ PER STATUTE ☐ 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

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

Certificate Holder Box The City of Wilsonville 29799 SW Town Center Loop E. Wilsonville OR 97070	CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.
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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 :	
	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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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	X	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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, 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

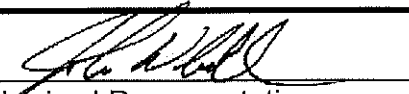
CANCELLATION

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

Producer R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91505		THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.			
Named Insured PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121		Insurance Company Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038			
THE POLICY DESCRIBED BELOW IS SUBJECT TO ALL OF THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN THE POLICY. THIS CERTIFICATE REFLECTS THAT THE POLICY WAS ISSUED TO THE NAMED INSURED ABOVE FOR THE POLICY PERIOD INDICATED. THIS CERTIFICATE IS NOT EVIDENCE THAT THE POLICY MEETS ANY REQUIREMENTS OF ANY CONTRACT OR OTHER DOCUMENT THAT MAY EXIST BETWEEN THE NAMED INSURED AND ANY OTHER PARTY. THE LIMITS OF LIABILITY SHOWN BELOW MAY HAVE BEEN (OR IN THE FUTURE MAY BE) REDUCED OR EXHAUSTED BY PAID CLAIMS.					
X	Type of Insurance	Policy Number	Policy Start Date	Policy End Date	Liability Limits at Policy Inception
	ClickStream® 2.0 connected services with CyberInfusion® policy				\$ \$
X	HyperDrive® 2.0 technology services with CyberInfusion® policy	EMT 11160 13	10/31/2019	10/31/2020	\$5,000,000 EACH GLITCH \$7,000,000 AGGREGATE
	Disseminator™ content liability policy				\$ \$
	BusinessWare® 2.0 E&O with CyberInfusion® policy				\$ \$
Description or Comments Professional Liability, Internet and Network Liability Insurance with respects to operations of the Insured performed on behalf of Certificate Holder 30 Days Notice of Cancellation; 10 Days Notice for Non-Payment of Premium MWD Agreement 145640					
Certificate Holder Box The Metropolitan Water District of Southern California 700 North Alameda St. Los Angeles CA 90012			CANCELLATION: IF THE POLICY DESCRIBED IN THIS 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



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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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

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.

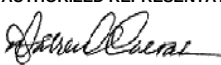
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☒ LOC ☐ OTHER:	X		711008985-0013	10/31/2019	10/31/2020	EACH 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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

The Regents of the University of California; UC Davis 135 Young Hall-ID #115E One Shields Ave. Davis, CA 95616	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 



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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ 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 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



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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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	Y/N N/A	X	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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

Producer R-T Specialty of California, LLC - Burbank 3900 W. Alameda Ave., Ste 2100 Burbank, CA 91606	THIS CERTIFICATE OF INSURANCE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT PROVIDE THE CERTIFICATE HOLDER WITH ANY RIGHTS UNDER THE POLICY DESCRIBED BELOW. THE POLICY IS NOT CHANGED OR AMENDED IN ANY WAY BY THIS CERTIFICATE.
--	---

Named Insured PC Specialists, Inc. dba: Technology Integration Group TIG Shanghai, Ltd Itex, Inc. dba: Technology Integration Group Technology Integration Group, Inc. 10240 Flanders Court, San Diego, CA 92121	Insurance Company Hudson Specialty Insurance Company (a stock company) 100 William Street, 5th Floor, New York, NY 10038
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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

Certificate Holder Box Time Warner Cable Inc its subsidiaries & affiliated companies companies c/o Oceanic Time Warner Cable, 200 Akamaiul St. Mililani HI 96789	CANCELLATION: IF THE POLICY DESCRIBED IN THIS CERTIFICATE IS CANCELLED BY THE INSURANCE COMPANY BEFORE THE POLICY END DATE SHOWN, THE INSURANCE COMPANY OR ITS REPRESENTATIVE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (OR 10 DAYS FOR NON-PAYMENT) TO THE FIRST ENTITY OR PERSON NAMED IN THE CERTIFICATE HOLDER BOX, BUT THE INSURANCE COMPANY, ITS AGENTS AND REPRESENTATIVES WILL NOT BE LIABLE IN ANY WAY FOR FAILURE TO MAIL SUCH NOTICE.
--	--

THIS CERTIFICATE DOES NOT CONFER ANY COVERAGE RIGHTS ON THE CERTIFICATE HOLDER. THE CERTIFICATE HOLDER IS NOT AN ADDITIONAL INSURED UNLESS: (1) THE INSURANCE COMPANY HAS ISSUED AN ENDORSEMENT TO THE POLICY TO EFFECT SUCH COVERAGE, OR (2) THE CERTIFICATE HOLDER SATISFIES ALL OF THE REQUIREMENTS IN THE POLICY TO QUALIFY AS AN ADDITIONAL INSURED AS DESCRIBED IN THE POLICY'S DEFINITION OF "YOU."	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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ Comp Ded-\$1,000 ☐ SCHEDULED AUTOS ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ RETENTION \$ 0		X	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		X	406038027-0008	10/31/2019	10/31/2020	☒ 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)
Tosoh Quartz, Inc. is named Additional Insured as specified by contract per VCG207 & VCA201 coverage is primary/non-contributory; waiver of subrogation applies to all coverages 90 days notice of cancellation/15 days for non-payment

Locations:
14270 , 14380 & 14250 NW Science Park Dr., Portland OR 97229
5665-C A/C NW Wagon Way, Hillsboro OR 97124

CERTIFICATE HOLDER

CANCELLATION

Tosoh Quartz, Inc. 14380 NW Science Park Dr. Portland, OR 97229	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE



PCSPECI-02

HRAHEY

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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	☒ PER STATUTE ☐ 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



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	
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INSURED P.C. Specialists, Inc. DBA: Technology Integration Group 10240 Flanders Court San Diego, CA 92121	INSURER B :	
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A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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	
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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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

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A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ 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

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)

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A	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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	☒ PER STATUTE ☐ 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)
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



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	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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ 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

CERTIFICATE HOLDER University of Southern California Attn: John Ostrowski 3470 McClintock Ave. Los Angeles, CA 90089	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. 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).

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ PER STATUTE ☐ 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).

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ 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)

Re:Property of Others in the Insured's care, custody & control. Value: \$1,500,000. Special Form coverage applies subject to a \$1,000 Deductible

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 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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ 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	☒ PER STATUTE ☐ 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



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 INSURER A : Atlantic Specialty Ins. Co. 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	NAIC # 27154

COVERAGES

CERTIFICATE NUMBER:

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	☐ UMBRELLA LIAB ☐ EXCESS LIAB DED ☐ 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	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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)
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

WCCP Palm Plaza, LLC
Avison Young
2777 E Camelback Rd., Ste. 230
Phoenix, AZ 85016

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

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2019

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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 :	
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	INSURER F :	

COVERAGES

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A	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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	☒ 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)

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



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 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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ 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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ 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) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406038027-0008	10/31/2019	10/31/2020	☒ PER STATUTE ☐ 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

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ zero deductible GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☒ 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 ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ Comp Ded-\$1,000 ☐ SCHEDULED AUTOS ☒ 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	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ 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		X	406038027-0008	10/31/2019	10/31/2020	☒ 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)
WRC/QV Gwinnett Industrial, LLC and Westmount Realty Group, LLC are named Additional Insured-Landlord as specified by contract in Form VCG207 & VCA201 regarding leased premises at 1750 Corporate Dr. #730 & #740, Norcross, GA 30093 coverage is primary/non-contributory; waiver of subrogation applies to all coverages 90 days notice of cancellation/15 days for non-payment

CERTIFICATE HOLDER

CANCELLATION

WRC/QV Gwinnett Industrial, LLC Attn: Robert N. Timmons 700 N. Pearl Street, Suite N1650 Dallas, TX 75201	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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 Manager

Employer of Signatory HUB International Insurance

Telephone: (760) 707-5656 Date Signed 10/27/19

Please note that this endorsement form may be photocopied; however, it may not be altered or recreated.

GENERAL LIABILITY SPECIAL ENDORSEMENT		ENDORSEMENT NO.	EFFECTIVE DATE (MM/DD/YY)																								
FOR THE CITY OF LONG BEACH, HARBOR DEPARTMENT			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.: 711008985-0013 Policy Period: (from) 10/31/19 (to) 10/31/20 ☐ Deductible \$ _____ OR ☐ Self-Insured Retention of \$ _____																									
NAME INSURED & ADDRESS P.C. Specialists, Inc. dba: Technology Integration Group 10240 Flanders Ct. San Diego, CA 92121		APPLICABILITY. 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 ☐ in which case only the following specific agreements and permits with the City are covered: AGREEMENTS/PERMITS:																									
TYPE OF INSURANCE ☒ GENERAL LIABILITY ☒ COMMERCIAL GENERAL LIABILITY ☐ Claims Made Retroactive Date _____ ☐ COMPREHENSIVE GENERAL LIABILITY ☒ Occurrence ☐ OWNERS & CONTRACTORS PROTECTIVE		OTHER PROVISIONS																									
COVERAGES		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th colspan="2" style="text-align: center;">LIABILITY LIMITS IN \$</th> </tr> <tr> <th></th> <th style="text-align: center;">EACH OCCURRENCE</th> <th style="text-align: center;">AGGREGATE</th> </tr> </thead> <tbody> <tr> <td>☒ GENERAL LIABILITY</td> <td style="text-align: center;">1,000,000</td> <td style="text-align: center;">2,000,000</td> </tr> <tr> <td>☒ PRODUCTS/COMPLETED OPERATIONS</td> <td style="text-align: center;">1,000,000</td> <td style="text-align: center;">2,000,000</td> </tr> <tr> <td>☒ PERSONAL & ADVERTISING INJURY</td> <td style="text-align: center;">1,000,000</td> <td style="text-align: center;">Incl in Agg</td> </tr> <tr> <td>☒ FIRE LEGAL LIABILITY</td> <td style="text-align: center;">1,000,000</td> <td style="text-align: center;">Incl in Agg</td> </tr> <tr> <td>☒ EXPLOSION, COLLAPSE, UNDERGROUND HAZARDS (XCU)</td> <td style="text-align: center;">Included</td> <td style="text-align: center;">Incl in Agg</td> </tr> <tr> <td>☐ CONTRACTUAL LIABILITY - RAILROADS</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">N/A</td> </tr> </tbody> </table>			LIABILITY LIMITS IN \$			EACH OCCURRENCE	AGGREGATE	☒ GENERAL LIABILITY	1,000,000	2,000,000	☒ PRODUCTS/COMPLETED OPERATIONS	1,000,000	2,000,000	☒ PERSONAL & ADVERTISING INJURY	1,000,000	Incl in Agg	☒ FIRE LEGAL LIABILITY	1,000,000	Incl in Agg	☒ EXPLOSION, COLLAPSE, UNDERGROUND HAZARDS (XCU)	Included	Incl in Agg	☐ CONTRACTUAL LIABILITY - RAILROADS	N/A	N/A
	LIABILITY LIMITS IN \$																										
	EACH OCCURRENCE	AGGREGATE																									
☒ GENERAL LIABILITY	1,000,000	2,000,000																									
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☒ EXPLOSION, COLLAPSE, UNDERGROUND HAZARDS (XCU)	Included	Incl in Agg																									
☐ CONTRACTUAL LIABILITY - RAILROADS	N/A	N/A																									
		CLAIMS: 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																									
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:																											
ADDITIONAL INSURED. 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. CONTRIBUTION NOT REQUIRED. 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. 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.) SCOPE OF COVERAGE. This endorsement shall afford coverage at least as broad as Insurance Services Office Commercial General Liability Coverage, "occurrence" form CG 0001.																											
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 / ADDITIONAL INSURED																											
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>		AUTHORIZED REPRESENTATIVE 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.

AUTOMOBILE 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. 11525 Faraday Ave., Ste. 200, Carlsbad, CA 92008 Telephone 760-707-5656		POLICY INFORMATION Insurance Company: Atlantic Specialty Insurance Policy No.: 711008985-0013 Policy Period: (from) 10/31/19 (to) 10/31/20 ☐ Deductible \$ _____ OR ☐ Self-Insured Retention of \$ _____	
NAMED INSURED & ADDRESS P.C. Specialists, Inc. dba: Technology Integration Group 10240 Flanders Ct. San Diego, CA 92121		APPLICABILITY. 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 ☐ in which case only the following specific permits and agreements with the City are covered: AGREEMENTS/PERMITS:	
TYPE OF INSURANCE ☒ BUSINESS AUTO POLICY ☐ TRUCKERS AND MOTOR CARRIER LIABILITY POLICY ☐ GARAGEKEEPERS LIABILITY ☐ STUNT ACTIVITY ☐ OTHER _____		OTHER PROVISIONS CLAIMS: Underwriter's Representative for claims pursuant to this Insurance (must be completed if different than producer)	
LIABILITY LIMIT IN \$ \$ 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	
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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 / ADDITIONAL INSURED			
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: <u>Healy Ramey</u> Title: <u>Account Manager</u> Employer of Signatory: <u>HUB International Insurance</u> Telephone: <u>(760) 707-5656</u> Date Signed: <u>10/27/19</u>	

FORM FOR SECTIONS 9 (a) and (b) BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT; CODE OF ALABAMA, SECTIONS 31-13-9 (a) and (b)

AFFIDAVIT FOR BUSINESS ENTITY/EMPLOYER /CONTRACTOR

(To be completed as a condition for the award of any contract, grant, or incentive by the State of Alabama, any political subdivision thereof, or any state-funded entity to a business entity or employer that employs one or more employees)

State of California

County of San Diego

Before me, a notary public, personally appeared Tom Janecek (print name) who, being duly sworn, says as follows:

As a condition for the award of any contract, grant, or incentive by the State of Alabama, any political subdivision thereof, or any state-funded entity to a business entity or employer that employs one or more employees, I hereby attest that in my capacity as Chief Financial Officer (state position) for PC Specialists, Inc., dba Technology Integration Group (TIG) (state business entity/employer/contractor name) that said business entity/employer/contractor shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien.

I further attest that said business entity/employer/contractor is enrolled in the E-Verify program. (ATTACH DOCUMENTATION ESTABLISHING THAT BUSINESS ENTITY/EMPLOYER/CONTRACTOR IS ENROLLED IN THE E-VERIFY PROGRAM)

Tom Janecek Signature of Affiant

Sworn to and subscribed before me this 10th day of June, 2020.

I certify that the affiant is known (or made known) to me to be the identical party he or she claims to be.

Shawn Jaur Signature and Seal of Notary Public

Author: Jean Brown

Statutory Authority: Code of Alabama, sections 31-13-9 (a) and (b); Section 31-13-9 (h).

History: New Rule: Filed December 12, 2011; effective December 12, 2011

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
 County of San Diego)
 On 6/10/2020 before me, Shana Jackson, Notary Public,
 Date Here Insert Name and Title of the Officer
 personally appeared Tom Janacek
 Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/~~are~~ subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in his/~~her/their~~ authorized capacity(ies), and that by his/~~her/their~~ signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature [Signature]
 Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: E-Verify Affidavit Document Date: 6/10/2020
 Number of Pages: 1 Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: Tom Janacek
☒ Corporate Officer — Title(s): CEO
☐ Partner — ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator
☐ Other: _____
 Signer Is Representing: _____

Signer's Name: _____
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator
☐ Other: _____
 Signer Is Representing: _____



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Submitted by:

John Paine, Purchasing Agent

Sponsored by:

Mayor William S. Stimpson

Purpose and Scope of Project:

To approve the purchase of 185 pairs of firefighter boots from Sunbelt Fire, Inc.

General fund.

Amount of Contract:

\$73,815.00

Funding Source

Project #

Discretionary Funds

Project String

Contract Number:

Budget Amendment REDUCE INCREASE

Grant Funds

Matching Funds

ATTACHMENTS:

Description	Type	Upload Date
20200624 Sunbelt Agenda Package POs	Cover Memo	6/24/2020

REVIEWERS:

Department Reviewer	Action	Date
Mayors Office Wesch, Paul	Approved	6/25/2020 - 8:55 AM

AGENDA ITEM SUMMARY SHEET

Agenda of:

Submitted by:

Sponsored by:

Reviewed by:

Routing Authorized:

A brief synopsis and explanation of the following:

FUNDING SOURCE:

Associated Costs:

**If Cost will continue, write "indefinite" and list project annual cost.*

RESOLUTION

Sponsored by: Mayor William S. Stimpson

BE IT RESOLVED BY THE CITY COUNCIL OF MOBILE, ALABAMA, that the Purchasing Agent is authorized to execute, for and on behalf of the City of Mobile, a purchase order to the indicated vendor in the approximate amount stated, and to approve the supporting bid award if required, for the following requisition as indicated below and attached herein:

Requisition	Fiscal Year	Department	Description	Amount	Vendor
<u>13226</u>	2020	(1510) FIRE ADMINISTRATION	185 PAIRS OF FIREFIGHTER LEATHER PULL ON BOOTS (SEALED BID 5387)	\$73,815.00	(<u>198904</u>) <u>SUNBELT FIRE</u> <u>INC</u>

Adopted:

City Clerk

Bill To ACCOUNTS PAYABLE P O BOX 389 MOBILE, AL 36601 vendorinvoices@cityofmobile.org	Requisition 00013226-00 FY 2020 PO 20012745 Acct No: 1000.30.15.1510.1522.1510.0000.0000.42150. Review: Buyer: Status: Converted	Page 1
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Vendor SUNBELT FIRE INC 8050 MCGOWIN DRIVE FAIRHOPE, AL 36532 Tel#251-928-9917 Fax 251-928-9933	Ship To FIRE CENTRAL SUPPLY 2851 OLD SHELL ROAD MOBILE, AL 36607 Delivery Reference VICTORIA RICHARDSON Deliver To FIRE CENTRAL SUPPLY 2851 OLD SHELL ROAD MOBILE, AL 36607
--	--

Date Ordered	Vendor Number	Date Required	Ship Via	Terms	Department
06/19/20	198904				FIRE ADMINISTRATION

LN Description / Account	Qty	Unit Price	Net Price
001 BOOTS FIRE, LEATHER, PULL ON, BLACK. VENDOR TO PROVIDE GLOBE 1201400. AS PER MY BID 5387 AND YOUR QUOTE. Vendor Item Inventory Item/Loc 13931	185.00 EACH	399.00000	73815.00
1 1000.30.15.1510.1522.1510.0000.0000.42150.			73815.00

Ship To
FIRE CENTRAL SUPPLY
2851 OLD SHELL ROAD
MOBILE, AL 36607
Delivery Reference
VICTORIA RICHARDSON

Deliver To
FIRE CENTRAL SUPPLY
2851 OLD SHELL ROAD
MOBILE, AL 36607

[Requisition Link](#)

Requisition Total 73815.00

***** General Ledger Summary Section *****

Account	Amount	Remaining Budget
1000.30.15.1510.1522.1510.0000.0000.42150.		
FIRE SUPPRESSION DIV EXP	73815.00	1808614.61
MAINTENANCE & REPAIRS		

Bill To ACCOUNTS PAYABLE P O BOX 389 MOBILE, AL 36601 vendorinvoices@cityofmobile.org	Requisition 00013226-00 FY 2020 PO 20012745 Acct No: 1000.30.15.1510.1522.1510.0000.0000.42150. Review: Buyer: Status: Converted	Page 2
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Vendor
 SUNBELT FIRE INC
 8050 MCGOWIN DRIVE

Ship To
 FIRE CENTRAL SUPPLY
 2851 OLD SHELL ROAD

FAIRHOPE, AL 36532

MOBILE, AL 36607

Tel#251-928-9917
 Fax 251-928-9933

Delivery Reference
 VICTORIA RICHARDSON

Deliver To
 FIRE CENTRAL SUPPLY
 2851 OLD SHELL ROAD

MOBILE, AL 36607

Date Ordered	Vendor Number	Date Required	Ship Via	Terms	Department
06/19/20	198904				FIRE ADMINISTRATION

LN	Description / Account	Qty	Unit Price	Net Price
***** Approval/Conversion Info *****				
	Activity Date Clerk	Comment		
	Approved 06/19/20 TAMMY BROADHEAD	Auto approved by: 910518820		
	Approved 06/19/20 EMILY NORTON			

Authorized By: _____ Date: _____
 Signature

TABULATION

	SUNBELT FIRE INC	\$399.00 EACH
NO REPOSNSE	ASPETTO INC	
NO REPOSNSE	AZAR'S UNIFORMS INC	
NO REPOSNSE	BONAVENTURE CO INC dba BONAVENTURE FIRE & SAFETY	
NO REPOSNSE	CENTRAL ALABAMA TRAINING SOLUTIONS	
NO REPOSNSE	DANA SAFETY	
NO REPOSNSE	FELD FIRE	
NO REPOSNSE	FERRARA FIRE	
NO REPOSNSE	FIREHOUSE SALES	
NO REPOSNSE	GALLS LLC	
NO REPOSNSE	GEORGIA FIRE & RESCUE SUPPLY LLC	
NO REPOSNSE	MUNICIPAL EMERGENCY SERVICES, S.E.	
NO BID	NAFECO	(NORTH AMERICAN FIRE EQUIPMENT CO INC)
NO REPOSNSE	RITZ SAFETY LLC	
NO BID	TUSCALOOSA FIRE EQUIPMENT INC	
NO REPOSNSE	MAGID GLOVE & SAFETY MFG CO LLC	
NO REPOSNSE	COASTAL RESCUE SOLUTIONS INC	
NO REPOSNSE	KONOVAL LLC.	

BID SHEET

This is Not an Order

**Purchasing Department
and Package Delivery:**
Government Plaza
4th Floor, Room S-408
205 Government St
Mobile, Alabama 36644

**READ TERMS AND CONDITIONS
ON REVERSE SIDE OF THIS PAGE
BEFORE BIDDING**

Please quote the lowest price at which you will furnish the articles listed below

This bid must be received and stamped by the Purchasing office not later than: 10:30 AM, Wednesday, March 04, 2020

We will allow a discount _____% 20 days from date of receipt of goods and correct invoice of completed order.

1. All quotations must be signed with the firm name and by an authorized officer or employee.
2. Verify your bid before submission as it cannot be withdrawn or corrected after being opened. In case of error in extension of prices, the unit price will govern.
3. If you do not bid, return this sheet and state reason. Otherwise, your name may be removed from our mailing list.
4. The right is reserved to **reject** any, or all quotations, or any portions thereof, and to waive technicalities if deemed to be in the interest of the City of **Mobile**.
5. This bid shall not be reassignable except by written approval of the Purchasing Agent of the City of Mobile.
6. State brand and model number of each item. All items bid must be new and latest model unless otherwise specified.
7. If bid results are desired, enclose a self-addressed and stamped envelope with your bid. (All or None bids only)
8. Do not include Federal Excise Tax as exemption certificate will be issued in lieu of same. The City is exempt from the Alabama and City sales taxes.
9. **PRICES ARE TO BE FIRM AND F.O.B. DESTINATION UNLESS OTHERWISE REQUESTED.**
10. **BID WILL BE AWARDED ON ALL OR NONE BASIS UNLESS OTHERWISE STATED.**
11. Bids received after specified time will be returned un-opened.
12. Failure to observe stated instructions and conditions will constitute grounds for rejection of your bid.
13. Furnish literature, specifications, drawings, photographs, etc., as applicable with the items bid.
14. Vendor May be required to obtain City of Mobile Business License as applicable to City of Mobile Municipal Code Section 34-50. For Business License inquiry contact the Revenue Department at (251) 208-7461 or cityofmobile.org/taxes.php.
15. If a bid bond is required in the published specifications, see below:
Each Bid Shall be Accompanied By A Cashier's Check, Certified Check, Bank Draft Or Bid Bond For the Sum Of Five (5) Percent Of The Amount Bid, Made Payable To The City Of Mobile And Certified By A Reputable Banking Institution. All Checks Shall Be Returned Promptly, Except The Check Of The Successful Bidder, Which Shall Be Returned After Fulfilling The Bid.
16. Contracts in excess of \$50,000 require that the successful bidder **make every possible effort** to have at least fifteen (15) percent of the total value of the contract performed by socially and economically disadvantaged individuals.
17. All bids/bid envelopes must have the bid number noted on the front. Bids that arrive unmarked and are opened in error shall be returned to vendor as an unacceptable bid.
18. If successful vendor's principal place of business is out-of-state, vendor may be required to have a Certificate of Authority to do business in the State of Alabama from the Alabama Secretary of State prior to issuance of a Purchase Order. Vendors **are solely responsible for consulting with the Secretary of State to determine whether a Certificate is required.** See www.sos.alabama.gov/BusinessServices/ForeignCorps.aspx. Please note that the time between application for and issuance of a Certificate of Authority may be several weeks.
19. Vendors do not need a City of Mobile Business License or Certificate of Authority from the Alabama Secretary of State to submit a bid, but will need to obtain the Business License and Certificate of Authority, if applicable, prior to issuance of a Purchase Order.

Page _____ of _____

We will allow a discount _____ % 20 days from date of receipt of goods and correct invoice of completed order.

Specifications for Structural Fire Fighting 14" Pull-On Boots

Globe FootGear Structural Supreme™

NFPA 1971 and NFPA 1992 Certified

Certified to NFPA 1971, *Standard on Protective Ensembles for Structural Firefighting and Proximity Firefighting, Current Edition* for Structural Fire Fighting and NFPA 1992, *Standard on Liquid Splash-Protective Ensembles and Clothing for Hazardous Materials Emergencies, Current Edition*.

_____Comply _____Exception

General Design

14 inch Pull-On athletic footwear (cement construction) boot, black flame-resistant and water-resistant leather, double-stitched leather joining seams, hi-vis yellow and silver reflective trim, leather-trimmed webbing pull straps, padded leather collar, padded leather flex joints in the shaft above vamp and heel, liquid and chemical resistant breathable bootie liner, cut-resistant and thermal protective bootie-shield liner, composite safety toe cap, composite shank, composite penetration-resistant insole barrier, molded shin guard, flame-resistant synthetic rubber molded cup outsole and toe bumper, 3D lasting board, molded composite heel counter, internal heel fit system, and a removable molded footbed as well as an additional insert for use in conjunction with the footbed.

_____Comply _____Exception

Slip Resistance

Boots must exceed the minimum test values for slip resistance (average of left and right foot) as detailed below to provide superior performance in dry, wet, and frosted ice conditions. Boots that do not exceed these minimums in all conditions shall not be acceptable. Bidders must promptly supply a Technical Services Report from a recognized independent testing laboratory upon request showing the boots bid exceed this requirement.

Test Method:	VUSA TT S&C 1-18 Ed.1 Rev. 0 Slip Resistance of Footwear and Floorings Load = 500 N
Dry Clay Quarry Tile:	Forepart > 1.00 Heel > 1.00
Wet Clay Quarry Tile:	Forepart > 0.60 Heel > 0.60
Frosted Ice -7°C Run 1:	Forepart = 0.28 Heel = 0.28
Frosted Ice -7°C Run 4:	Forepart > 0.12 Heel > 0.12

For maximum slip resistance each outsole shall have Siping lines. Siping lines cut into flat areas open up when flexed to provide additional traction on water and ice. The boot shall also include self-cleaning lugs and an omni-direction tread pattern designed for superior performance in all terrains and when working on ladders.

_____Comply _____Exception

Flexibility

Boots must reach the Maximum Flex Angle of 48 degrees without exceeding the critical bending moment with a resulting stiffness index less than 10.0 as detailed below to provide maximum flexibility. Boots that do not meet this requirement shall not be acceptable. Bidders must promptly supply a

Technical Services Report from a recognized independent testing laboratory upon request showing the boots bid meet this requirement.

Test Method: SATRA TM194:2004
Longitudinal stiffness of footwear

☐ Comply ☐ Exception

FireStorm Leather

Boots shall be made from heavy-duty, flame-resistant and water-resistant full-grain cattle hide leather measuring 2.0 – 2.2 mm of thickness for durable tear and puncture resistance. Tumbled full-grain cattle hide leather shall be utilized in collar and flex areas for mobility. The leather shall be chrome tanned to withstand high temperature with minimal shrinkage, re-tanned to impart water resistance and low water absorption, and finished to retain maximum breathability. Leather shall meet or exceed the following physical tests:

Water Penetration	ASTM D2099	15,000 flex minimum
Dynamic Water Absorption	ASTM D2099	15% maximum
Static Water Absorption	ASTM D6015	30% maximum
Slit Tearing Strength	ASTM D2212	30 pound minimum
Moisture Vapor Transmission	ASTM D5052	350 g/meter ² /24 hours minimum
Flame Resistance	NFPA 1971	afterflame no more than 2.0 sec, not melt or drip, no burn through

☐ Comply ☐ Exception

CROSSTECH® Footwear Fabric

A full-height, full sock, bootie liner made from a package of Omaha lining fabric, 300g felt insulation, and CROSSTECH® moisture barrier shall be provided for a liquid resistant and breathable moisture barrier as well as thermal protection as defined by the specified NFPA standards.

☐ Comply ☐ Exception

Athletic Footwear (Cement) Construction Outsole

For optimum flexibility, comfort, and weight reduction, the boot shall include a VIBRAM® Synthetic Rubber Sculpted, Contoured Cup Outsole cemented to the bottom and sides of the upper using a 2-part cross-linking adhesive that forms a bond stronger than the materials it attaches. The outsole must be made from a flame, abrasion, oil, acid, and slip resistant compound engineered for high-traction, cold-weather resistance, and durability. Goodyear welt or direct attach construction methods shall not be acceptable.

☐ Comply ☐ Exception

Bootie-Shield Liner

A protective bootie-shield of KEVLAR® fiber blend stitchbonded non-woven batting weighing 4.0 oz/yd² shall be positioned between the leather shell and the CROSSTECH® moisture barrier bootie to provide abrasion and cut resistance and additional thermal protection. Boots that do not have an additional Flame Resistant (FR) protective bootie-shield between the leather shell and the CROSSTECH® moisture barrier bootie shall not be acceptable.

☐ Comply ☐ Exception

Composite Safety Toe Cap

The safety toe shall consist of a composite material that is lighter than steel, does not transmit heat or cold, and will spring back to shape after impact. Must exceed NFPA standards for safety. Metal toe caps shall not be acceptable.

_____Comply _____Exception

Padded Leather Collar

The padded collar shall have a rolled top edge formed by folding over the leather to help the boots slide against the pants liner and reduce the potential for the pants liner to hang up on the top of the boots as well as to reduce abrasion against the wearer's calf.

_____Comply _____Exception

Composite Penetration Resistant Insole Barrier

Penetration resistance shall be provided by a composite insole to maximize flexibility and insulate from heat or cold transmission. Must exceed NFPA standards for safety. Metal plates shall not be acceptable.

_____Comply _____Exception

3D Composite Lasting Board

Boot uppers shall be lasted to a molded and contoured dual-density lasting board with a built-in flex zone in the forefoot and a torsionally stable heel. Flat fiber board lasting boards shall not be acceptable.

_____Comply _____Exception

Composite Shank

The shank shall consist of a composite material that is lighter than steel, does not transmit heat or cold, and springs back to shape better. Metal shank shall not be acceptable.

_____Comply _____Exception

Molded Heel Counter

Boots shall have a molded heel counter of water-resistant composite material individually molded to fit each size perfectly. Leather or fiber board heel counters shall not be acceptable.

_____Comply _____Exception

Padded Shin Guard

Boots shall include a padded composite shin guard to provide extra protection when working on a ladder. Moisture absorbing natural fiber padding shall not be acceptable.

_____Comply _____Exception

Synthetic Rubber Toe Bumper

Boots shall have a molded Flame Resistant (FR) synthetic rubber toe bumper to provide abrasion resistance when crawling. The toe bumper shall be cemented and 2-needle stitched to the vamp.

_____Comply _____Exception

3M SCOTCHLITE™ Reflective Material

Boots shall have flame-resistant fluorescent yellow and silver 3M SCOTCHLITE™ reflective material sewn to both sides of the shaft for added visibility.

_____Comply _____Exception

Webbing Pull-Straps

Boots shall have NOMEX® webbing pull-straps with leather trim securely attached to the leather uppers by inserting into to collar seam to minimize stitching through the leather.

_____Comply _____Exception

Internal Fit System

Boots shall have an anatomical foam insert that wraps around the top and sides of the heel with an opening to fit and hold the back of the heel securely while cushioning the ankle.

_____Comply _____Exception

3D Molded Footbeds System

Boots shall have a removable urethane foam footbed. The footbeds are contoured to cradle and cushion the bottom of the foot and to provide arch support. The footbeds shall have a moisture-wicking and anti-microbial fabric top layer. A second pair of 3D molded footbeds that are thicker in the forefoot is provided with every pair for a custom fit. This thicker footbed provides a snugger fit.

_____Comply _____Exception

Sizes

Boots must be available in Men's full sizes 5 – 18 and half sizes 5½ – 15½ in Narrow, Medium, Wide, and X-Wide widths. Boots must also be available in a Wide Calf model in the same size range that will provide an additional 3 inches in circumference at the calf to fit those with larger calves. Boots must be available in Women's full sizes 5 – 12 and half sizes 5½ – 11½ in Narrow, Medium, Wide, and X-Wide widths.

_____Comply _____Exception

Resoling Service

The winning vendor shall have resoling services available at their factory as needed.

_____Comply _____Exception

Country of Origin

Boots shall be manufactured in the United States.

_____Comply _____Exception

Third Party Testing and Listing Program

The footwear shall be tested for compliance to NFPA Standard 1971 and 1992 by a recognized independent testing lab which shall certify and list compliance to that standard. Such certification shall be denoted by the independent testing labs mark on the certification label affixed to the boots.

_____Comply _____Exception

Labels

Appropriate warning label(s) shall be permanently affixed to each boot. Additionally, the label(s) shall include the following information.

Compliance to applicable NFPA Standard(s), current edition(s).
Independent Testing Lab mark

Manufacturer's name
Manufacturer's address
Manufacturer's boot identification number
Date of manufacture
Size

_____Comply _____Exception

ISO Certification/Registration

The manufacturer shall be certified and registered to ISO Standard 9001 to assure a satisfactory level of quality.

_____Comply _____Exception

Warranty

The manufacturer shall warrant these boots to be free from defects in materials and workmanship for one year when properly used and cared for.

_____Comply _____Exception

Sizing by Vendor

The vendor shall be available to perform all sizing requirements.

_____Comply _____Exception

***Vendor to provide one (1) set of boots to MFRD for the duration of the contract. Set shall include medium width whole sizes for Men's sizes 8-13 and Women's sizes 6-10. ***

_____Comply _____Exception

PPE Record Keeping

The manufacturer shall make available at no-charge, a password protected data based backed website that allows all brands of PPE assets are being recorded. The website shall have the functionality to allow the manufacturer to import all of the pertinent data into the department's account so that the initial data entry by fire department personnel is eliminated.

The website shall allow for the department to use a barcode scanner, if desired, to scan the Interleaved 2 of 5 barcode found in the gear by going to the Search the Serial Number page in PPE record keeping program, and scanning the asset's barcoded serial number.

_____Comply _____Exception

Exceptions to Specifications

Any and all exceptions to the above specifications must be clearly stated for each heading. Use additional pages for exceptions, if necessary.



PROCUREMENT DEPARTMENT

Potential bidders are responsible to check this site for any **ADDENDUMS** that are issued. It is the responsibility of the **BIDDER** to check for, download, and include with their **BID RESPONSE** any and all **ADDENDUMS** that are issued for a specific **BID** published by the City of Mobile. Failure to download and include **ADDENDUMS** in your **BID RESPONSE** may cause your bid to be rejected.

This is a sealed bid. Any responses faxed or e-mailed will be rejected.

This is a sealed bid. Any response must be submitted in a sealed envelope with the bid number and bid opening date on the outside of the envelope.

Any response that arrives improperly marked or with no bid number and opening date on the outside of the delivery or express package and opened in error will be rejected and not considered.

It is the responsibility of the bidder to insure that their bid response is delivered to and received in the Purchasing Department before the date and time of the bid opening.

Be sure to read the Terms and Conditions. All bids are F.O.B. Destination unless otherwise stated.

Be sure to sign your bid!

Package/Bid Delivery Address:
Purchasing Department
205 Government St. Room S408
Mobile, AL 36644

(Request First Delivery)



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Submitted by:

Kimberly Harden, Director of Architectural Engineering Department

Sponsored by:

Councilmember Manzie and Mayor Stimpson

Purpose and Scope of Project:

For painting and plaster repairs

Amount of Contract:

\$55,555.00

Funding Source

Project # Mobile Civic Center-Theater Plaster
Repairs

Discretionary Funds

Project String 20002000-48010

Contract Number:2808

Budget Amendment **REDUCE** **INCREASE**

Grant Funds

Matching Funds

ATTACHMENTS:

Description	Type	Upload Date
-------------	------	-------------

REVIEWERS:

Department	Reviewer	Action	Date
Architectural Engineering	Klotz, Cindy	Approved	6/23/2020 - 3:58 PM
Capital	Hollins, Tiffany	Approved	6/23/2020 - 4:51 PM
Legal	Kern, Chris	Approved	6/24/2020 - 2:52 PM
Mayors Office	Wesch, Paul	Approved	6/25/2020 - 8:54 AM



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Submitted by:

Kimberly Harden, Director of Architectural Engineering Department

Sponsored by:

Councilmember Small and Mayor Stimpson

Purpose and Scope of Project:

For Professional Services - To design a new Administration and Classroom building at Fire Training Center

Amount of Contract:

\$54,000.00 (\$27,000.00(10041522-49130) and \$27,000.00 (10041510-49130))

Funding Source

Project # Fire Training Center -

Administration/Classroom Building Design, FD-068- **Discretionary Funds**
20

Project String 20002000-42200

Contract Number:

Budget Amendment **REDUCE** **INCREASE**

Grant Funds

Matching Funds

ATTACHMENTS:

Description	Type	Upload Date
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REVIEWERS:

Department	Reviewer	Action	Date
Architectural Engineering	Harden, Kim	Approved	6/24/2020 - 8:46 AM
Budget	Sapp, Celia	Approved	6/24/2020 - 7:54 AM
Legal	Kern, Chris	Approved	6/24/2020 - 5:07 PM
Legal	Kern, Chris	Approved	6/24/2020 - 5:08 PM
Mayors			6/25/2020 - 8:54

Office

Wesch, Paul

Approved

AM



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Funding Source

Project #

Discretionary Funds

Project String

Contract Number:

Budget Amendment REDUCE INCREASE

Grant Funds

Matching Funds

ATTACHMENTS:

Description

Type

Upload Date

REVIEWERS:

Department Reviewer

Action

Date

City Clerk Merchant, Mary Ann

Approved

6/24/2020 -
10:20 AM



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Submitted by:

Carleen Stout-Clark, Real Estate Officer
Michelle Melton, Deputy Director, REAM

Sponsored by:

Mayor William S. Stimpson
Councilmember Fredrick D. Richardson, Jr.

Purpose and Scope of Project:

This request is on behalf of Real Estate to recommend offering vacant property on East I-65 Service Rd. N. for sale. In the event the City receives an offer of purchase under favorable terms and conditions, the purchase and sale agreement will be presented to the Council for consideration of an ordinance declaring the property no longer needed for municipal purposes.

Amount of Contract:

N/A

Funding Source

Project #

Discretionary Funds

Project String

Contract Number:

Budget Amendment REDUCE INCREASE

Grant Funds

Matching Funds

ATTACHMENTS:

Description	Type	Upload Date
Resolution	Resolution Letter	6/23/2020
Routing Form	Exhibit	6/23/2020
Recommendation to Sell	Exhibit	6/23/2020
Exhibit A Legal and Sketch	Exhibit	6/23/2020

REVIEWERS:

Department Reviewer	Action	Date
---------------------	--------	------

Real Estate Melton, Michelle

Approved

6/24/2020 -
10:43 AM

Legal Kern, Chris

Approved

6/24/2020 - 2:16
PM

Mayors
Office Wesch, Paul

Approved

6/25/2020 -
12:41 PM

2020

RESOLUTION

Sponsored by William S. Stimpson, Mayor and Fredrick D. Richardson, Jr., Councilmember

WHEREAS, the City of Mobile owns property along East I-65 Service Rd. N. (the subject property), vacant land: Key number 710216, totaling 28 ± acres; and

WHEREAS, the City is not utilizing the property, with the current zoning being light industry (I-1); and

WHEREAS, the City would benefit from a sale of the property under favorable terms and conditions;

NOW, THEREFORE, the City Council of the City of Mobile hereby RESOLVES:

That it does not object to offering the subject property for sale. In the event that the City receives an offer to purchase under favorable terms and conditions, the purchase agreement will be presented to the Council for consideration, and the Council may, if it deems appropriate, adopt an ordinance declaring the property not needed for public purpose and authorizing the execution of the purchase agreement.

Adopted:

City Clerk

ROUTING FORM: RESOLUTION AUTHORIZING THE SALE OF REAL PROPERTY

I. Property Address: East I-65 Service Rd. N. Parcel, Mobile, AL 36618, vacant land along East side of I-65: Key # 710216 – total of 28 ± acres (please see Exhibit A Legal and Sketch).

City Council District and Zoning: **District 1**, Fredrick D. Richardson, Jr. / **Zoning**: light industry (I-1)

Sale or Lease: Vacant land sale

II. Acquisitions by City:

- How For now defunct Donald-Congress Expressway
- When 1972
- Special Circumstances (if applicable): N/A

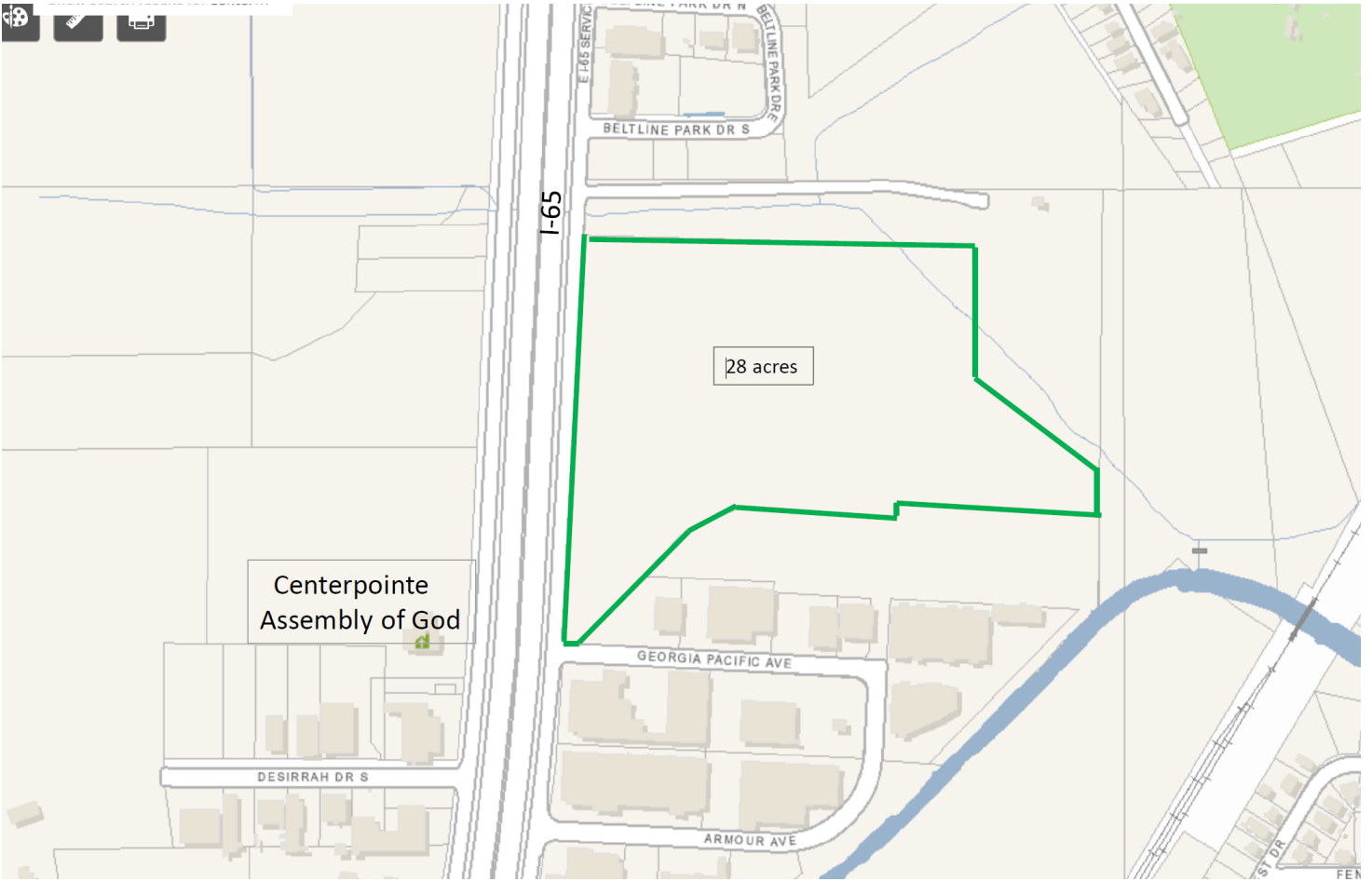
III. Why **Sale**/Lease recommended: No longer needed for Public or Municipal Purposes

“EXHIBIT A”

LEGAL DESCRIPTIONS:

COMMENCING AT THE NORTHWEST CORNER OF SECTION 7, T4S, R1W, RUN THENCE EASTWARDLY ALONG THE NORTH LINE OF SAID SECTION 7 A DISTANCE OF 1,059.93 FEET TO THE EAST RIGHT OF WAY LINE OF INTERSTATE HIGHWAY 65; THENCE S 2 DEGREES 32' W., ALONG SAID EAST RIGHT OF WAY LINE OF INTERSTATE HIGHWAY 65, A DISTANCE OF 150.47 FEET TO THE POINT OF BEGINNING; THENCE CONTINUE S 2 DEGREES 32' W ALONG SAID EAST RIGHT OF WAY LINE OF INTERSTATE HIGHWAY 65, A DISTANCE OF 1,012 FEET TO A CONCRETE MONUMENT MARKING THE P.T. OF A CURVE; THENCE CONTINUING ALONG THE EAST RIGHT OF WAY LINE OF SAID INTERSTATE HIGHWAY 65, ALONG THE ARC OF A CURVE TO THE RIGHT, HAVING A RADIUS OF 11.609.16, (THE CHORD OF WHICH BEARS S 3 DEGREES 09' W) A DISTANCE OF 250.04 FEET TO THE NORTH RIGHT OF WAY LINE OF GEORGIA PACIFIC AVENUE; THENCE S 87 DEGREES 28' E ALONG SAID NORTH RIGHT OF WAY LINE OF GEORGIA PACIFIC AVENUE A DISTANCE OF 41.16 FEET; THENCE N 43 DEGREES 10' 30" E A DISTANCE OF 489.92 FEET; THENCE N 68 DEGREES 58' 34" E A DISTANCE OF 183.98 FEET; THENCE S 86 DEGREES 58' E A DISTANCE OF 480 FEET; THENCE N 3 DEGREES 02' E A DISTANCE OF 40 FEET; THENCE S 86 DEGREES 58' E A DISTANCE OF 624.28 FEET, MORE OR LEASS TO THE EAST LINE OF THE GRANTOR'S PROPERTY; THENCE N 0 DEGREES 28' W ALONG SAID EAST PROPERTY LINE A DISTANCE OF 195 FEET TO A POINT AND CORNER ON THE GRANTOR'S PROPERTY LINE; THENCE N 53 DEGREES 20' W ALONG THE SOUTH LINE OF THE ALABAMA POWER COMPANY PROPERTY A DISTANCE OF 262.47 FEET; THENCE N 86 DEGREES 58' W A DISTANCE OF 878.84 FEET; THENCE N 58 DEGREES 24' 40" W A DISTANCE OF 167.36 FEET; THENCE N 28 DEGREES 51' 26" W A DISTANCE OF 430.62 FEET TO A POINT ON THE MOST NORTHERLY PROPERTY LINE OF THE GRANTOR'S PROPERTY; THENCE S 88 DEGREES 01' W, ALONG SAID NORTH PROPERTY LINE, A DISTANCE OF 154.42 FEET TO THE POINT OF BEGINNING AND CONTAINING 18.741 ACRES.

COMMENCING AT THE NORTHWEST CORNER OF SECTION 7, T4S, R1W, MOBILE COUNTY, ALABAMA, RUN THENCE EASTWARDLY ALONG THE NORTH LINE OF SAID SECTION 7 A DISTANCE OF 1059.93 FEET TO THE EAST RIGHT OF WAY LINE OF INTERSTATE HIGHWAY 65; THENCE S 02 DEGREES 32' W ALONG SAID EAST RIGHT OF WAY LINE OF INTERSTATE HIGHWAY 65, A DISTANCE OF 150.47 FEET TO THE SOUTH-WEST CORNER OF PROPERTY OF ALABAMA POWER COMPANY, THENCE RUN N 88 DEGREES 02' E ALONG THE SOUTH BOUNDARY OF SAID ALABAMA POWER COMPANY PROPERTY 154.42 FEET TO THE POINT OF BEGINNING OF THE PROPERTY HEREIN DESCRIBED; THENCE CONTINUING N 88 DEGREES 02' E ALONG SAID SOUTH BOUNDARY OF ALABAMA POWER COMPANY PROPERTY 1033.53 FEET; THENCE CONTINUING ALONG SAID SOUTH BOUNDARY OF ALABAMA POWER COMPANY PROPERTY RUN S 53 DEGREES 20' E 239.09 FEET TO A POINT ON THE NORTH RIGHT OF WAY LINE OF THE PROPOSED DONALD STREET EXTENSION; THENCE ALONG SAID NORTH RIGHT OF WAY LINE OF THE PROPOSED DONALD STREET EXTENSION AS FOLLOWS; N 86 DEGREES 58' W 878.84 FEET, N 58 DEGREES 24' 40" W 167.36 FEET, N 28 DEGREES 51' 26" W 430.62 FEET TO THE POINT OF BEGINNING, CONTAINING 10.59 ACRES.





AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Funding Source

Project #

Discretionary Funds

Project String

Contract Number:

Budget Amendment REDUCE INCREASE

Grant Funds

Matching Funds

ATTACHMENTS:

Description

Type

Upload Date

REVIEWERS:

Department Reviewer

Action

Date

City Clerk Merchant, Mary Ann

Approved

6/25/2020 -
11:35 AM



AGENDA ITEM SUMMARY SHEET

Agenda of:6/30/2020

Funding Source

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Discretionary Funds

Project String

Contract Number:

Budget Amendment REDUCE INCREASE

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Department Reviewer

Action

Date

City Clerk Merchant, Mary Ann

Approved

6/25/2020 - 1:42
PM