

ROBERT L. QUINN COMMISSIONER OF SAFETY State of New Hampshire

DEPARTMENT OF SAFETY OFFICE OF THE COMMISSIONER 33 HAZEN DR. CONCORD, N.H. 03305 603-271-2791

October 4, 2019

His Excellency, Governor Christopher T. Sununu and the Honorable Council State House Concord, NH 03301

Requested Action

Pursuant to RSA 21-I:7-c, the Department of Safety, Division of State Police requests authorization to enter into a contract with USI Insurance Services, LLC, (VC #286651-B001) to provide aircraft liability and inland marine insurance coverage for State Police aircraft in an amount not to exceed \$13,491.00. Effective upon Governor and Council approval for the period of November 1, 2019 to November 1, 2020. Funding Source: 48.64% General, 28.31% Turnpike and 23.05% Highway.

Funding is available in the SFY2020 operating budget as follows:

02-23-23-234015-40060000 Dept. of Safety – Division of State Police – Aircraft Traffic Surveillan 020-500250 Current Expenses – Insurance and Bond Premiums	ce	<u>SFY2020</u> \$13,309.00
02-23-23-234015-4003000 Dept. of Safety – Division of State Police – Traffic Bureau 020-500250 Current Expenses – Insurance and Bond Premiums	OTAL	<u>\$ 182.00</u> \$13,491.00

Explanation

This request is necessary in order to have continued aircraft liability and scheduled equipment insurance coverage on State Police aircraft. USI Insurance Services (USI) arranged for this purchase in accordance with its contract with the State for *Producer Services*, approved by the Governor and Executive Council on May 16, 2018 as Department of Administrative Services Item #73. The Risk Management Unit (RMU) instructed USI to market the insurance coverage with the same terms and conditions as the current insurance policy.

USI made inquiries to seven insurance markets seeking quotes for aircraft liability and inland marine coverage. Starr Aviation is the incumbent for liability coverage and quoted a renewal premium of \$10,122.00 for the same terms as expiring. Liberty Mutual is the incumbent for inland marine coverage and quoted a renewal premium of \$3,369.00 for the same terms as expiring. The additional carriers that were approached declined to quote indicating they could not compete in price.

The premium is void of agency fee or commission. USI recommends that liability coverage be secured through Starr Aviation and inland marine coverage be secured through Liberty Mutual. RMU concurs with that recommendation.

Respectfully submitted,

Róbert L. Quinn Commissioner of Safety

Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

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AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.		·						
1.1 State Agency Name		1.2 State Agency Address						
Department of Safety, Division of	of State Police	33 Hazen Drive, Concord, NH 03305						
	·	1.4 Contractor A	ddress	· · · · · · · · · · · · · · · · · · ·				
1.3 Contractor Name USI Insurance Services LLC		1.4 Contractor Address 3 Executive Park Drive, Suite 300						
VC 286651		Bedford, NH 031	•					
VC 280051				•				
1.5 Contractor Phone	1.6 Account Number	1.7 Completion Date 1.8 Price Limitation						
Number		· -						
603-665-6119	AU 4003, 4006	November 1, 202	0	\$13,491.00				
		· · · · · · · · · · · · · · · · · · ·						
1.9 Contracting Officer for Stat	e Agency	1.10 State Agenc	y Telephone N	umber				
Kevin Connor		603-223-4300						
		1.12 Name and		ctor Signatory				
1.11 Contractor Signature		Brenda Buck, Ac						
BrendaBuck				ew England Region				
Bundasun				2				
1.13 Acknowledgement: State	of 1/1 , County of 1-	hilsburuge	<u>. </u>	· · ·				
		•						
On Och 7, 2019, before	e the undersigned officer, personal	ly appeared the per-	ion identified in	n block 1.12, or satisfactorily				
	ame is signed in block 1.11, and ac	cknowledged that s/	he executed thi	is document in the capacity				
indicated in block 1.12.								
1.13.1 Signature of Notary Pub								
	hereif Wins	(m)						
[Seal]-	sherry white							
1.13.2 Name and Title of Notar	v or Justice of the Peace		Sh	erri J. Winslow				
		Notary Public, State of New Hampshin						
Jern J	T. Winslow -N	Siary	My Commissi	on Expires March 21, 2023				
1.14 State Agency Signature		1.15 Name and Title of State Agency Signatory						
		Steven R. Lavoie, Dir. of Administration						
Stort ann	Date: 10/8/19							
1.16 Approval by the N.H. Dep	partment of Administration, Division	on of Personnel (if a	ipplicable)					
		Director On:						
By:		Director, On:		x				
117 Approval by the Attorney	General (Form, Substance and Ex	ecution) (if applica	hle)					
1.17 Approval by the Attorney		country (g apprica						
	•							
By: AllinB.	•	On: 10/9/	19					
·	yreerson	On: 10/9/	19					
·	Yveerstri r and Executive Council <i>(if applic</i>	0n: 10/9/ able)	19					
1.18 Approval by the Governo	Yveerstri r and Executive Council <i>(if applic</i>	On: 10/9/	19					

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2. EMPLOYMENT OF CONTRACTOR/SERVICES TO

BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT A which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.18, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.14 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Contractor notice of such termination. The State shall not be required to transfer funds from any other account to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference. 5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price. 5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law. 5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. This may include the requirement to utilize auxiliary aids and services to ensure that persons with communication disabilities, including vision, hearing and speech, can communicate with, receive information from, and convey information to the Contractor. In addition, the Contractor shall comply with all applicable copyright laws. 6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination. 6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this

Page 2 of 4

Contractor Initials ______ Date___10 7/19 Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or 8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions: 8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two

(2) days after giving the Contractor notice of termination; 8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA/ACCESS/CONFIDENTIALITY/ PRESERVATION.

9.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

9.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

9.3 Confidentiality of data shall be governed by N.H..RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State. 10. TERMINATION. In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT A.

11. CONTRACTOR'S RELATION TO THE STATE. In

the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice and consent of the State. None of the Services shall be subcontracted by the Contractor without the prior written notice and consent of the State.

13. INDEMNIFICATION. The Contractor shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based or resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Contractor. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

~14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$1,000,000per occurrence and \$2,000,000 aggregate ; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property. 14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance; and issued by insurers licensed in the State of New Hampshire.

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Contractor Initials bb Date 10/7/19 14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than thirty (30) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each certificate(s) of insurance shall contain a clause requiring the insurer to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than thirty (30) days prior written notice of cancellation or modification of the policy.

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("Workers' Compensation").

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. WAIVER OF BREACH. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.

17. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

18. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no such approval is required under the circumstances pursuant to State law, rule or policy.

19. CONSTRUCTION OF AGREEMENT AND TERMS.

This Agreement shall be construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party.

20. THIRD PARTIES. The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

21. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

22. SPECIAL PROVISIONS. Additional provisions set forth in the attached EXHIBIT C are incorporated herein by reference.

23. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire Agreement and understanding between the parties, and supersedes all prior Agreements and understandings relating hereto.

Contractor Initials

Date

Page 4 of 4

Insurance Coverage for Aircraft Liability and Inland Marine State of New Hampshire, Department of Safety and USI Insurance Services LLC

Exhibit A - Scope of Services

ARTICLE 1. SCOPE OF SERVICES

This EXHIBIT A, Scope of Services, is made a part of the P-37 Agreement (the "Agreement") and is made according to the terms of paragraph 2 of the Form P-37. This EXHIBIT A to the Agreement is between the State of New Hampshire ("State") and USI Insurance Services LLC ("USI"). USI, hereinafter called the Contractor, agrees to provide aircraft liability and inland marine coverage for Safety's aircraft fleet.

ARTICLE 2. EFFECTIVE DATE

Effective Date of Agreement: November 1, 2019 Expiration Date of Agreement: November 1, 2020

12:01AM Standard Time at the address of the State stated herein.

The State shall have the right to terminate the contract, if a contract is awarded; at any time by giving USI thirty (30) days advance written notice.

ARTICLE 3. INSURANCE COVERAGE DETAILS

Description of Insurance	Coverage Limit
One Helicopter - Bell 407:	
Aircraft Liability - Combined Single Limit of Bodily	x
Injury and Property Damage including Passenger	
Liability	\$4,000,000 per occurrence
	\$25,000 per seat
Medical Expense – Including Crew	\$175,000 per occurrence
One Aircraft – Cessna 182 Skylane:	
Aircraft Liability - Combined Single Limit of Bodily	
Injury and Property Damage including Passenger	· · · · · · · · · · · · · · · · · · ·
Liability	\$4,000,000 per occurrence
	\$25,000 per seat
Medical Expense - Including Crew	\$175,000 per occurrence
Inland Marine Equipment	
Scheduled equipment on aircraft	\$710,516 value
	with \$1,000 deductible

ARTICLE 4. ACCOUNT MANAGEMENT

USI shall manage this policy in accordance with the terms and conditions of the Producer Services and Safe Driving Program Administration, effective July 1, 2018.

Page 1 of 3

Contractor's Initials: bb Date: 10/110

Insurance Coverage for Aircraft Liability and Inland Marine State of New Hampshire, The Department of Safety and USI Insurance Services LLC

Exhibit B – Price and Method of Payment

This EXHIBIT B, Contract Price, Limitation on Price, Payment is made a part of the Agreement and is made according to the terms of paragraph 5 of the Form P-37.

ARTICLE 1. CONTRACT PRICE

USI Insurance Services LLC hereby agrees to provide the services in complete compliance with the terms and conditions specified in Exhibit A at the price below for the term of the contract ("contract price"). The total Contract Price for the term of the Agreement as shown in block 1.8 of the P-37 is \$13,491.00 which reflects the annual premium for the coverage period of November 1, 2019 to November 1, 2020. The liability premium for the helicopter and aircraft is \$10,122.00 and the inland marine premium for the scheduled equipment is \$3,369.00.

The appropriate account number for the P-37 form, section 1.6 is: 02-23-23-234015-40060000-020-500251 and 02-23-23-234015-40030000-020-500250.

The quoted premium is void of agency fee or commission.

ARTICLE 2. INVOICING

USI Insurance Services LLC shall submit an invoice to:

The State of New Hampshire Department of Administrative Services Risk Management Unit 25 Capitol Street, Rm 412 Concord, NH 03301 Or via email to the Risk Manager

The premium payment of \$13,491.00 is due within thirty days from the date of contract approval by Governor and Council. The State shall not make payments to USI Insurance Services LLC prior to the Agreement effective date of November 1, 2019.

ARTICLE 3. PAYMENT

The State shall make payment to USI Insurance Services LLC electronically via ACH or by check mailed to the address in Section 1.4 of the P-37. Payment terms are net thirty days subject to approval of the submitted invoice.

Page 2 of 3

Contractor's Initials: <u>bb</u> Date: <u>1017</u>19

Insurance Coverage for Aircraft Liability and Inland Marine State of New Hampshire, Department of Safety and USI Insurance Services LLC.

Exhibit C – Special Provisions

Form P-37, section 14 Insurance, is amended per the attached certificate of insurance from USI Insurance Services LLC to include the following coverage enhancements:

- 1. General Liability coverage with limits of \$1,000,000 per occurrence/\$2,000,000 in the aggregate
- 2. Automobile Insurance coverage with combined single limits of \$1,000,000 per accident

Page 3 of 3

Contractor's Initials: bo

Date: 10/1/14

- 3. Excess/umbrella insurance coverage with limits of \$25,000,000 per occurrence and in the aggregate
- 4. Workers compensation coverage with statutory limits and Employers' Liability with limits of \$1,000,000 per accident and \$1,000,000 policy limit
- 5. Errors and Omissions liability insurance coverage with limits of \$10,000,000 and in the aggregate

There are no other special provisions in this contract.

State of New Hampshire Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that USI INSURANCE SERVICES LLC is a Delaware Limited Liability Company registered to transact business in New Hampshire on September 24, 2007. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 584972 Certificate Number: 0004503927



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshirc, this 24th day of April A.D. 2019.

William M. Gardner Secretary of State

USI INSURANCE SERVICES LLC

(A Delaware Limited Liability Company)

Written Consent of the Manager Pursuant to the Delaware Limited Liability Company Act

The undersigned, as the sole Manager (the "Manager") of USI Insurance Services LLC, a Delaware Limited Liability Company (the "Company"), does hereby take the following actions and adopts the following resolutions by written consent pursuant to the Delaware Limited Liability Company Act, and hereby waives notice and the holding of a meeting and hereby agrees that such resolutions shall have the same force and effect as if unanimously adopted at a duly convened meeting:

RESOLVED, that it is advisable and in the best interests of the Company that the following individuals be appointed as an authorized signatory empowered and authorized to execute contracts related to the State of New Hampshire Producer Services Contract on behalf of the Company to serve in such capacity until he or she has been removed or their respective successor shall have been duly appointed:

Brenda Buck – USI Insurance Services – New England Region Phil Cote – USI Insurance Services – New England Region

RESOLVED, that all actions previously taken by any officer, employee or agent of the Company in connection with or related to the matters set forth in or reasonably contemplated or implied by the foregoing resolutions be, and each of them hereby is, adopted, ratified, confirmed and approved in all respects as the acts and deeds of the Company.

IN WITNESS WHEREOF, the undersigned Manager has executed this consent as of the 7th day of October 2019.

Ernest J. Newborn, II Manager

Client#:	463788
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DEANWORM

DATE (MM/DD/YYYY) -----

AC		FI	CA	TE OF LIAB	ILIT	Y INSU	JRANC)E		M/DD/YYYY) 2019		
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND 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												
	ESENTATIVE OR PRODUCER, AN											
If SUB	RTANT: If the certificate holder is ROGATION IS WAIVED, subject t ertificate does not confer any right	o the	: tern	ns and conditions of the	policy,	certain polic	ies may requ					
PRODUCE	R				CONTA NAME:							
USI Insurance Services LLC PHONE (AC, No, Ext): 914 459-6226 FAX (AC, No): 610 537-4537												
333 Westchester Ave, Suite 102 White Plains, NY, 10604												
014 450_6200												
	INSURER A ; Liberty insurance Corporation 72777											
	INSURED USI Insurance Services, LLC INSURER B : Employers Ins. Co. of Wausau 21458 USI Insurance Services, LLC INSURER C : Hartford Fire insurance Company 19682											
	100 Summit Lake Drive						usity Insurance Corr			29424		
	Suite 400 Valhalla, NY 10595				INSURE	RE:						
					INSURE	RF:						
COVER/	AGES CER TO CERTIFY THAT THE POLICIES			NUMBER:		LISSUED TO		REVISION NUMBER:		VERIOD		
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	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)		0,000		
		· ·						MED EXP (Any one person)	s10,0			
GEN	LAGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY GENERAL AGGREGATE		0,000		
	POLICY PRO- JECT X LOC							r		0,000		
	OTHER:	·							5	<i>la-</i>		
B AUT	OMOBILE LIABILITY	X	X	ASCZ11260203029		01/01/2019	01/01/2020	COMBINED SINGLE LIMIT (Ea accident)	ş1,00	0,000		
								BODILY INJURY (Per person) \$				
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- A	AUTOS ONLY X NON-OWNED AUTOS ONLY							(Per accident)	5 5			
A X	UMBRELLA LIAB X OCCUR	x	x	TH7Z11260203049		01/01/2019	01/01/2020	EACH OCCURRENCE		00,000		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		00,000		
	DED X RETENTION \$10000								5			
	KERS COMPENSATION		X	16WNS60600			01/01/2020					
D ANY		N/A	X	16WECPK5850		01/01/2019		E.L. EACH ACCIDENT		0,000		
If yes	datory in NH)						•	E.L. DISEASE - EA EMPLOYEE \$1,000,				
DES	CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMI	<u>r \$1,00</u>	0,000		
	ION OF OPERATIONS / LOCATIONS / VEHIC							ired)				
RE: US	I Insurance Services, LLC 3 I	Exec	utiv	e Park Drive, Suite 300), Bedf	ord, NH 03 [.]	110.					
	neral Liability, Commercial A ement that provides Addition			•								
	t that requires such status, a											
	of Subrogation is provided a		-									
			•	· · · · · · · · · · · · · · · · · · ·								
U LINITI				/								
•	State of New Hampshire Administrative Services 25 Capital Street	Dep	t. of		THE	EXPIRATION	OATE THE	ESCRIBED POLICIES BE REOF, NOTICE WILL LICY PROVISIONS.				
	Concord, NH 03301				AUTHO	RIZED REPRESE	NTATIVE					
	<u>_</u>				uu	e Scatt	2					
						© 1	988-2015 AC	CORD CORPORATION	. All righ	its reserved.		

Clie	nt#:	142	0259
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DEANWORM1 CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY
0/04/0040

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-	10	CRD		CERTI	FI	CA	TE OF LIAB	ILIT	'Y INSL	JRANC	E .	-6/21/	2019
	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS												
CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES													
B	ELO	W. THIS CERT	IFIC	ATE OF INSUR	ANC	E DO	ES NOT CONSTITUTE A	CONTR	RACT BETWE	EN THE ISS	UING INSURER(S), AU	THORIZ	ED
							ERTIFICATE HOLDER.		١				
11	PO	RTANT: If the o	certi	ficate holder is	an A	DDIT	IONAL INSURED, the po	licy(ies) must have a	ADDITIONAL	INSURED provisions	or be en	dorsed.
lf	SUE	BROGATION IS	WA	IVED, subject t	o the	e term	is and conditions of the	policy,	certain polic	ies may requ	iire an endorsement. A	A statem	ent on
th	is c	ertificate does	not	confer any righ	its to	the e	certificate holder in lieu o			it(s).		-	
PRO								CONTA NAME:	^{ст} Lynn Ov	ven			
US	Ins	surance Servi	ices	i LLC				PHONE (A/C, N	o, Ext):		FAX (A/C, No):	
530	Pre	eston Avenue	9					E-MAIL ADDRE		ven@USI.co	om		
Me	Meriden, CT 06450 // INSURER(S) AFFORDing COVERAGE NAIC #												
								INSURE	RA: XL Specialty	Insurance Company			37885
INSURED INSURE B :													
		USI Adva	ntag	ge Corp.				INSURE					
		100 Sumr	nit l	Lake Drive, Sı	ite 4	400		INSURE					
		Vaihalla,	NY	10595				INSURE					
								INSURE					
CO	/FP	AGES		CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:		<u> </u>
			THA				RANCE LISTED BELOW HA	VE BEE	NISSUED TO T			E POLIC	Y PERIOD
IN	DICA	ATED NOTWITH	ISTA	NDING ANY REG	DUIRE	EMEN	T. TERM OR CONDITION O	F ANY	CONTRACT OF	R OTHER DOO	CUMENT WITH RESPEC	г то wh	ICH THIS
C	RTI	FICATE MAY BE	E ISS	SUED OR MAY P	ERTA	IN, T	HE INSURANCE AFFORDE		HE POLICIES	DESCRIBED H	HEREIN IS SUBJECT TO	ALL TH	E TERMS,
								VE DEE	POLICY EFF				
INSR LTR		TYPE OF I			INSR	SUBR WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			
		COMMERCIAL GE	INCR.			2				-	EACH OCCURRENCE	S	
		CLAIMS-MAD	DE [OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
							·.				MED EXP (Any one person)	5	
						1					PERSONAL & ADV INJURY	<u> s </u>	·
	GEł			PPLIES PER:							GENERAL AGGREGATE		
			CT	LOC						ļ	PRODUCTS - COMP/OP AGO	-	
		OTHER:			<u> </u>				<u>-</u>			s	
	AU		, ۲۲								COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO									BODILY INJURY (Per person)	S	
	OWNED SCHEDULED AUTOS					ļ.	,				BODILY INJURY (Per acciden	1) S	
		HIRED AUTOS ONLY		NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
		1				!						5	
		UMBRELLA LIAB		OCCUR		1					EACH OCCURRENCE	s	
		EXCESS LIAB	F	CLAIMS-MADE							AGGREGATE	s	
	·	DED RET	ENTIC		ĺ							\$	
		RKERS COMPENS	ATIO	4	<u> </u>	1-					PER OT STATUTE ER	н.	
	ANE	D EMPLOYERS' LIA PROPRIETOR/PAR									E.L. EACH ACCIDENT	s	
		ICER/MEMBER EXI ndatory in NH)	CLUD	607	N/A						E.L. DISEASE - EA EMPLOY	EE S	
	If ve	is, describe under SCRIPTION OF OPE	RATI	ONS below							E.L. DISEASE - POLICY LIMI		
A		ofessional			†		ELU15933118		12/31/2018	12/31/2019	\$15,000,000 per cl		
1		ability / E&O									\$15,000,000 aggre		
	<u> </u>					1					,	J	
DES			DNS/	LOCATIONS / VEHI	LES	ACORI	1 D 101, Additional Remarks Sched	lule, mav	be attached if mo	rc space is recu	ired)		
							e is extended to all su						
							employees are covere						
1	•	ected by USI.								-			
		-	Ser	vices LLC. Be	edfo	rd. N	н						
RE: USI Insurance Services LLC, Bedford, NH													
													•
CE	RTIF	ICATE HOLDE	R						CELLATION				
								eur					
!		State of	f Ne	w Hampshire		,					ESCRIBED POLICIES BE		
		Dept of	Ad	ministrative S	ervi	ces					LICY PROVISIONS.		
		25 Capi	ital	Street				<u> </u>					
		Concor	d; N	NH 03301				AUTHO	RIZED REPRESE	INTATIVE			
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