



"We're working to keep New Hampshire working"

GEORGE N. COPADIS, COMMISSIONER RICHARD J. LAVERS, DEPUTY COMMISSIONER

May 17, 2019

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

## **REQUESTED ACTION**

To authorize New Hampshire Employment Security (NHES) to enter into an agreement with Integrated Office Solutions, Concord, NH in the amount not to exceed \$39,000 for full service maintenance coverage of thirty-seven (37) multi-functional devices (printer/copier/fax/scanner) from July 1, 2019 or the date of Governor and Council approval, whichever is later, through June 30, 2022. 100% Federal funds.

Federal funding is anticipated to be available in State FY2020 forward upon the continued appropriation of funds in the future operating budgets, with the authority to adjust encumbrances in each of the State fiscal years through the Budget Office if needed and justified:

		<u>ST A</u>	TE FISCAL YEA	<u>R</u>
02-27-27-270010-8040	DEPT OF EMPLOYMENT SECURITY	<u>2020</u>	<u>2021</u>	<u>2022</u>
10-02700-80400000-024-500225	Contract Repairs, Equipment	\$13,000.00	\$13,000.00	\$13,000.00

## **EXPLANATION**

NHES is requesting approval of the attached agreement for full service maintenance coverage of thirty-seven (37) multifunctional devices. The contract total of \$39,000 is for a three-year period (\$13,000 per year) beginning July 1, 2019 or upon Governor and Council approval, whichever is later, through June 30, 2022.

A competitive bid process was undertaken for full service maintenance of thirty-seven (37) multi-functional devices at NHES's offices statewide. A "Request For Bid" (RFB) was simultaneously posted to two (2) state websites. Three (3) vendors submitted bids for full service maintenance on the thirty-seven (37) multi-functional devices. A review of the submitted bids resulted in the selection of the lowest responding bidder for the selected products. An RFB list with bid responses is attached.

spectfully submitted

George N. Copadi Commissioner

Attachments GNC/jdr

NHES is a proud member of America's Workforce Network and NH Works. NHES is an Equal Opportunity Employer and complies with the Americans with Disabilities Act. Auxiliary aids and services are available upon request of individuals with disabilities

	NEW HAMPSHIRE DEP	ARTMENI	OF EMPLOYMENT SEC	CURITY	
	Request	or Bid (RF	B) NHES 2019-03B		
	Full Service Maintenance Agree	ment for t	hirty-seven (37) Multi-Fu	unction	al Devices
	Bid Oper	ning 04/16	/2019 @ 8:00 am		
			37 Kyocera MFDs (10	 6PPM-4	2PPM)
RANK	VENDOR NAME		rterly Base Charge 00 Clicks (combined)	P	er Click Rate
1	Integrated Office Solutions	\$	2,500.00	\$	0.00625
2.	Electronic Risks Consultants	\$	5,600.00	\$	0.01400
3	Dynamic Advantage	\$	9,280.00	\$	0.02320
	3 Bids Submitted				
	NHES simultaneously posted the R	FB to two	(2) state websites.	•	~~

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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

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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	
NH Employment Security		45 South Fruit Street, Concord,	NH 03301
1.3 Contractor Name		1.4 Contractor Address	
Integrated Office Solutions		126 Hall Street, Suite J, Conco	ord, NH 03301
1.5 Contractor Phone Number	1.6 Account Number	1.7 Completion Date	1.8 Price Limitation
(603) 224-3635	10-027-8040-024-500225	June 30, 2022	\$39,000.00
1.9 Contracting Officer for State	e Agency	1.10 State Agency Telephone N	umber
George N. Copadis		(603) 228-4000	
1.11 Contractor Signature		1.12 Name and Title of Contrac	ctor Signatory
Joe To	mound	Joe Tomaino, President	
proven to be the person whose na indicated in block 1.12. 1.13.1 Signature of Notary Publ [Seal]	ic or Justice of the Peace	ly appeared the person (sentried in knowledged that s/he exclosed thi COMMISSION EXPIRES MARCH 18, 2020	n block 1.12, or satisfactorily s document in the capacity
1.13.2 Name and Title of Notar	y or justice of the Peace	A M COMPANY	
1.14 State Agency Signature MMM 1.16 Approval by the N.H. Dep	My Date: Y/29/1.9 artment of Administration, Divisio	1.15 Name and Title of State A George N. Copadis, Commissi on of Personnel (if applicable)	
By:		Director, On:	
1.17 Approval by the Attorney	General (Form, Substance and Exe	ecution) (if applicable)	
By		On: 5/17/2019	
1.18 Approval by the Governor	and Executive Council (if application	able)	
By:		On:	
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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

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Contractor Initials \_\_\_\_\_\_ Date \_\_\_\_\_\_\_

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

#### **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:

survive the termination of this Agreement.

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 \_\_\_\_\_\_ Date <u>4-26-19</u>

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.

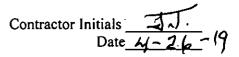
21. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

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.

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## **EXHIBIT A**



## 1 SCOPE OF SERVICES

## 1.1 OVERVIEW

Services will be provided as described in the Contractor's Bid Proposal submitted in response to RFP.# NHES 2019-03B for full service maintenance of thirty-seven (37) multi-functional devices (MFD) and as further described in this Agreement. The Contractor's Bid Proposal is hereby incorporated by reference into this Agreement.

This section identifies specific services, products, materials, labor, tools, equipment and/or transportation necessary to provide all phases of full service maintenance of the following thirty-seven (37) MFDs at various NH Employment Security (NHES) locations listed below. MFDs may be move to different NHES locations within state during this contract, but will always remain in New Hampshire.

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Location	Model	Serial #
Berlin	Kyocera Mita 2560	QAS0908888
Berlin	Kyocera Mita 420i F/P	QWG0806854
Claremont	Kyocera Mita 2560	QAS0908887
Claremont	Kyocera Mita 420i F/P	QWG0806881
Colebrook	Kyocera Mita 1650 F/P	AGK3111342
Concord	Kyocera Mita 1650 F/P	AGK3111340
Concord	Kyocera Mita 420i F/P	QWG0X08412
Concord	Kyocera Mita 420i F/P	QWG0X08405
Concord	Kyocera Mita 2050	AGJ3117310
Concord	Kyocera Mita 2050 F/P	AGH3081152
Concord	Kyocera Mita 1650 F/P	AGK3081297
Concord	Kyocera Mita 2050'	AGJ3130009
Concord	Kyocera Mita 1650 F/P	AGK3077410
Concord	Kyocera Mita 2560/P	QAS0908889
Concord	Kyocera Mita 2560/F	QAS0908897
Concord	Kyocera Mita 420i F/P	QWG0806818
Concord	Kyocera Mita 420i F/P	QWG0X08283
Concord	Kyocera Mita 420i F/P	QWG0X08443
Concord	Kyocera Mita 420i F/P	QWG0X08451
Concord	Kyocera Mita 3510i	LH36302121
Concord	Kyocera Mita 3510i	LH36302122
Conway	Kyocera Mita 420i F/P	QWG0Y09128
Conway	Kyocera Mita 2560	QAS0908885
Keene	Kyocera Mita 2560/P	QAS0708323
Laconia	Kyocera Mita 2560/P	QA\$0908896
Laconia	Kyocera Mita 420i F/P	QWG0806865
Littleton	Kyocera Mita 2560/P	QA\$0908892
Manchester	Kyocera Mita 2560	QAS0608113

RFP NHES 2019-03B Full Service Maintenance for 37 MFDs Integrated Office Solutions

**Contractor Initials** Date

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Location	Model	Serial #
Manchester	Kyocera Mita 3010i	LNT4X01042
Nashua	Kyocera Mita 2560	QA\$0608112
Nashua	Kyocera Mita 420i F/P	QWG0806863
Portsmouth	Kyocera Mita 2560	QAS0908875
Portsmouth	Kyocera Mita 420i F/P	QWG0806851
Salem	Kyocera Mita 420i F/P	QWG0806846
Salem	Kyocera Mita 2560	QAS0908886
Somersworth	Kyocera Mita 2560/P	QAS0908884
Somersworth	Kyocera Mita 420i F/P	QWG0806813

## **1.2 MINIMUM FUNCTIONAL REQUIREMENTS OF THE SERVICE**

Services to be provided by Contractor under this full service maintenance agreement shall include: 8:00 A.M to 4:00 P.M five (5) days a week Monday-Friday onsite service when requested by the agency. There is to be no limit on the number of service calls placed by Employment Security

Contractor must provide certified, trained Kyocera Mita technicians to provide service.

Technicians are required to contact service location within one hour, to provide an estimated time of arrival. Such time should not be greater than 4 hours.

All maintenance, supplies, toner, parts and labor are to be included in the quarterly base charge and overages of the full service maintenance agreement (excluding staples)

Contractor must have web site or e-mail system for ordering toner\* and placing service calls \*All supplies must be genuine Kyocera supplies and FOB Destination.

Contractor must have web site or e-mail system for meter read reporting for the submission of quarterly meter reads. Meter reads will be submitted at the last week of the month on the months of September, December, March, and June. No other time frame will be accepted.

Contractor **may not** be allowed to charge for parts or labor that may need immediate replacement, due to lack of service from the previous vender

This is a full service maintenance agreement. The State of New Hampshire shall not pay or be responsible to pay for any mileage or travel time for any services requested or performed.

Contractor may be required to move equipment to different locations within the state of New Hampshire. Such moves will be billable by Contractor at the prevailing rates.

The Contractor agrees to provide NHES the services indicated above at prices quoted in the RFB and incorporated in Exhibit B of this Agreement. Services will be provided in a professional manner, in accordance with the specifications listed above.

Should NHES replace or retire listed equipment, the Contractor will be notified in writing. Full service maintenance for replaced or retired equipment will be cease within fourteen (14) working

Contractor Initials

days of written notification to the Contractor. After such time, NHES will not be responsible for any full service maintenance charges for replaced or retired equipment.

## **1.3 SAFETY**

Safety and protection of NH Employment Security personnel and property is of utmost concern. All work will be conducted to interfere as little as possible with NH Employment Security business. Contractor will, at its expense wherever necessary or required, furnish safety devices and take necessary precautions to protect life and property.

Work performed will be compliant with existing State and Federal safety regulations and standards including, but not limited to, OSHA and U.S. Department of Labor regulations, to ensure safety of the Contractor's workers, NH Employment Security staff and the general public.

Contractor Initials Date 4

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## EXHIBIT B

## 2 PRICE TERMS

## 2.1 PRICING IN ACCORDANCE WITH BID PROPOSAL

The Contractor agrees to provide NHES with services as indicated in **Exhibit A** of this Agreement at prices quoted in the Bid Proposal and as shown below. The Contract is for a term beginning upon execution or July 1, 2019, whichever is later, and continuing through June 30, 2022. Any request for service through the end of that term is covered in accordance with the terms set forth herein.

Description	Quarterly Click Count	Per Click Cost	Quarterly Cost	Annual Click Count	Annual Cost
37 Kyocera MFDs (16PPM-42	PPM)				
Maintenance Base Charge	400,000	\$0.00625	\$2,500.00	1,600,000	\$10,000.00
Overage Allowance	120,000	\$0.00625	\$750.00	480,000	\$3,000.00
			Annual Con	tract Total	\$13,000.00
		Contro	ct Total Not	lo Exceed	\$39,000.00

Contractor shall invoice quarterly for the 400,000 base clicks and overages. No minimum amount of clicks may be charged to individual machines. Overages rate can be no greater than base rate.

## 2.2 INVOICES

Contractor will invoice NH Employment Security on a monthly basis. Invoice must include a brief description of work done and location of work. NHES will make payment through normal state payment process that is up to 30 days following receipt of approved invoice.

Invoices will be sent to:

NH Department of Employment Security ATTN: Fiscal Management Section 45 South Fruit Street Concord, NH 03301

Contractor Initials Date

## EXHIBIT C

#### 3 ADDITIONAL PROVISIONS

#### 3.1 TERMS & EXTENSION

The agreement will begin July 1, 2019 or upon approval by the Governor and Council, whichever is later, and conclude three years from that date unless terminated sooner as provided for in applicable contract documents.

## 3.2 CONTRACT DOCUMENTS

Standard terms and conditions are set forth in the Standard State Contract form, P-37. In the case of any conflict in terms between Exhibit C and the P-37, the provisions of the P-37 form will control.

## **3.3 TERMINATION FOR CONVENIENCE**

If Contractor fails to perform services as required, this agreement may be terminated as provided in the P-37 contract form. Either party may terminate this agreement for convenience at any time prior to effective date of termination by giving thirty (30) days advance written notice of intent to terminate to the other party.

## 3.4 CONFIDENTIALITY, CRIMINAL RECORD & NH CERTIFICATE OF GOOD STANDING

Contractor and each of its employees working on NHES property will be required to sign and submit a **STATEMENT OF CONFIDENTIALITY OF RECORDS FORM** (DES 1726) and a **CRIMINAL RECORD AUTHORIZATION FORM** (Form No. DES 2135) prior to the start of any work under this Agreement. There is a fee for each background check required, which must be paid by the Contractor.

#### **3.5 DAMAGE**

Contractor agrees that any damage to building(s), materials, equipment or other property during performance of its services will be repaired at its expense. Contractor agrees to return all buildings, materials, equipment or property affected by the Contractor's work to their original condition or better. Contractor agrees to obtain approval of NH Employment Security representative assigned to project for any sub-contractor performing such repair work.

#### 3.6 DEBARMENT AND SUSPENSION

Contractor certifies that the primary participant, and its principals, to the best of its knowledge and belief, are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by any Federal department or State agency. Contractor will inform NH Employment Security of any changes in the status regarding this statement.

# 3.7 RIGHTS TO INVENTIONS MADE UNDER A CONTRACT OR AGREEMENT (IF APPLICABLE)

Contractor agrees to comply with the requirements of 37 CFR Part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements," and any implementing regulations issued by the awarding agency.

## 3.8 CLEAN AIR ACT AND FEDERAL WATER POLLUTION CONTROL ACT (IF APPLICABLE)

For contracts in excess of \$150,000, the Contractor agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401–7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251–1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).

## 3.9 BYRD ANTI-LOBBYING AMENDMENT (IF APPLICABLE)

For contracts in excess of \$100,000, the Contractor certifies it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352. Contractor must also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award/contract.

## 3.10 DAVIS-BACON ACT (IF APPLICABLE)

Davis-Bacon Act and Related Acts, apply to contractors and subcontractors performing on federally funded/assisted contracts in excess of \$2,000 for construction, alteration, or repair (including painting and decorating) of public buildings or public works. Under these Acts, contractors and subcontractors must pay laborers and mechanics prevailing wages and fringe benefits for corresponding work on similar projects in the area as determined by the Department of Labor. When there is no Davis-Bacon assignation, applicable Wage Determination is realized by using the lowest skilled craft above laborer, excluding power equipment rate.

## 3.11 CONTRACT WORK HOURS AND SAETY STANDARDS ACT (IF APPLICABLE)

For contracts in excess of \$100,000 that involve the employment of mechanics or laborers, the Contractor agrees to comply with 40 U.S.C. 3702 and 3704, as supplemented by Department of Labor regulations (29 CFR Part 5). Under 40 U.S.C. 3702 of the Act, the Contractor is required to compute the wages of every mechanic and laborer on the basis of a standard work week of 40 hours. Work in excess of the standard work week is permissible provided that the worker is compensated at a rate of not less than one and a half times the basic rate of pay for all hours worked in excess of 40 hours in the work week. The requirements of 40 U.S.C. 3704 are applicable to construction work and provide that no laborer or mechanic must be required to work in surroundings or under working conditions which are unsanitary, hazardous or dangerous.

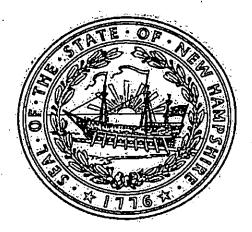
Contractor Initials

# 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 INTEGRATED OFFICE SOLUTIONS, INC. is a New Hampshire Profit Corporation registered to transact business in New Hampshire on February 11, 1997. 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: 266187 Certificate Number: 0004384632



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 20th day of January A.D. 2019.

William M. Gardner Secretary of State

Integrated Office Solutions, Inc. Special Meeting of the Board of Directors

A Special Meeting of the Board of Directors was held on April 26, 2019:

**VOTED:** Joseph Tomaino, President of Integrated Office Solutions, is hereby authorized to execute, submit, deliver and amend, on behalf of Integrated Office Solutions any and all documents or contracts or addendums in connection with the Full Service Maintenance Agreement with New Hampshire Employment Security.

Further

**Voted:** The Intended Effective Dates of this authorization is April 26, 2019 through June 30, 2023.

No further action is taken by the Board of Directors.

Joseph Tomaino, Director

Lee Tomaino, Director

The foregoing Special Meeting of the Board of Directors has been received and filed with the corporate records of INTEGRATED OFFICE SOLUTIONS, INC.

Goldman, Secretary Stephen R.



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/11/2019

| PHODUCER         CONTACT         Smity Contours Berkes         FAX         PAX         P   | PHODUGER       CONTACT Senty Custome Service       IFAX. Noi: 800-514-719         Crie Lupid       ImAGE: Senty Custome Service       IFAX. Noi: 800-514-719         Crie Lupid       ImAGE: Senty Custome Service       ImAGE: Senty Custome Service         Insurrent, ALC, Stat. 800-513-547       ImAGE: Senty Custome Service       ImAGE: Senty Senty Custome Service         Insurrent, ALC, Stat. 800-513-547       ImSURER 1: Senty Senty Custome Service       ImSURER 1: Senty Senty Custome Service         Insurrent, ALC, Stat. 800-513-547       ImSURER 1: Senty Senty Custome Service       ImSURER 1: Senty Senty Custome Service         COVERAGES       CERTIFICATE NUMBER: 1007017       REVISION NUMBER: Custome Service       ImSURER 1: Senty Senty Custome Service         THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES CUSTOR NUMBER: CONDITION OF SANY CONTRACT ON OTHEREN IS SUBJECT TO ALL EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. UNTRA SHOWN MAY HAVE BEEN REDUCED BY PAD CLAIMS.         EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. UNTRA SHOWN MAY HAVE BEEN REDUCED BY PAD CLAIMS.       Immode Service Se  | CONTACT         Benty Customer Berkes         [FAX           INCRES         FRO: B0-473-5878         [FAX         [FAX           INSURER F.DI: 500-473-5878         [FAX         [FAX         [FAX           INSURER A: Benty Insurance a Mutual Company         24988         [AX         [AX           INSURER A: Benty Insurance a Mutual Company         24988         [INSURER C:  | NODUCER         Control         Control         Control         FAX   | PRODUCER         CONTACT         Banty Costome Banks         FAX         RAX  | PROUVEER         Construers         Prove   | PRODUCER         CONTACT         Benty Customer Berke         FAX           Creating of the Lipped   | IM<br>en<br>st   | PRESENTATIVE OF PRODUCES, AN<br>PORTANT: If the certificate holder<br>dorsed, if SUBROGATION IS WAIVEI<br>stement on this certificate does not co | D, sut | oject t  | to the term                                   | ns and<br>tificate      | conditions of<br>holder in lieu              | the policy, c<br>of such endo          | ertain policies may require an<br>reement(s).  | endors     | ement        |         |        |  |  |  |
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INSURER B : Senty Select Insurance Company         21190           Insurer B :         INSURER B : Senty Select Insurance Company         21190           COVERAGES         CERTIFICATE NUMBER: 1007017         REVISION NUMBER:         Insurer B : In</td> <td>INSURERS         INSURERS         INSURERS         INSURERS         INSURERS         INSURERS         INSURERS         Insuresce a Munel Company         24988           INSURERD         INSURERS         INSURERS         Benty Insurance a Munel Company         21180           Insurers         I</td> <td>INSURER()         AFFORMOR OVERAGE         NAU           INSURER()         AFFORMOR OVERAGE         ALAGI Company         23180           INSURER()         INSURER()         AT180         AT180         AT180           INSURER()         INSURER()         INSURER()         AT180         AT180           INSURER()         INSURER()</td> <td>INSURERD         INSURERD         INSURERD           INSURED         INSURERD affords too<br/>tragetad Offee Sendore ino<br/>tragetad Offee Sendoffee Sendore ino<br/>tragetad Offee Sendore ino<br/>trageta</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>EMAIL</td> <td></td> <td></td> <td></td> <td></td> <td></td>   | INSURER(6) AFFORDING COVERAGE           INSURER A : Servy Traces & Mulai Company           Insurer A : Servy Tr  | INSURER(S) AFFORDING COVERAGE         NAME           INSURER A : Benty Below Insurance & Mutual Company         24964           INSURER B : Senty Select Insurance Company         21180           INSURER D :         INSURER C           INSURER E :         INSURER F :           INSURER T :         INSURER C           INSURER T :         INSURER F :           CERTIFICATE NUMBER: 1007017         REVISION NUMBER           POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED ABOVE FOR THE POLICY PER<br>OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN HEDUCED BY PAID CLAIMS.           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  | INDICATED. NOTWITHSTANDING ANT RECOURSEMENT THE INSURANCE AFFORCED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE THE<br>CERTIFICATE MAY BE ISSUED OR MAY PERTAIN THE INSURANCE AFFORCED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE THE<br>EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICY BY<br>TYPE OF INSURANCE ADDI SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICY BY<br>TYPE OF INSURANCE ADDI SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICY BY<br>TYPE OF INSURANCE SOURCES LIMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICY BY<br>CLAIMS-MADE X OCCUR BUBILITY ADDITION OF OPEN ADDITION OF OPEN ADDITION OF OPEN ADDITIONS OF SUCH POLICY SUGAR DISCRETE SECONTROL S 2.000.000<br>DED VI, ADGREGATE LIMIT APPLIES PER:<br>A DOLCY   | INDICATED. NOTWITHSTANDING ANY REPUBLICANT, THE INSURANCE APPORTED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE T<br>CERTIFICATE MAY BE ISSUED OR MAY PETTAINE THE INSURANCE APPORTED REPUCE DBY FAILED CLAMS.<br>EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REPUCED BY FAILED CLAMS.<br>TYPE DF INSURANCE ADDI. SUBPL POLICY NUMBER POLICY NUMBER POLICY EFF POLICY EPF POLICY EPF ADDI. CLAMS.<br>INST. TYPE DF INSURANCE ADDI. SUBPL POLICY NUMBER POLICY NUMBER POLICY SEP POLICY EPF POL  | TL  
  | IS IS TO CERTIFY THAT THE POLICIES O  | F INS  | URANC    | CE LISTED I                                   | BELOW                   | HAVE BEEN IS                                 | SUED TO THE                            | INSURED NAMED ABOVE FOR TH   |            | Y PEF        |         |        |  |  |  |
| INST     TYPE OF INSURANCE     ADD.     SUPPORT     MMMOD/FICO     MMMOD/FICO     MMMOD/FICO       X     BUSINESSOWNERS LABLITY     INST     WD     GLAIMS-MADE     X     DOCUR     EACH OCCURENCE     \$ 2,000,000       A  
   | INSR     TYPE OF INSURANCE     ADDI     SUBR     POLICY NUMBER     MMADD/FYTO     MMADD/FYTO     LIMITS       X     BUSINESSOWNERS LIABILITY     INSR     W/D     POLICY NUMBER     MMADD/FYTO     MMADD/FYTO     MMADD/FYTO     EACH OCCURRENCE     \$ 3       A   
  | ADDL         SUBR         POLICY NUMBER         MM/DD/TYYN         MM/DD/TYYN         LIM 15           ITY         INSR         WYD         EACH OCCURRENCE         \$ 2,000,000           ICOCUR         4488056001         03/20/2019         03/20/2020         EACH OCCURRENCE         \$ 2,000,000           IES PER:         4488056001         03/20/2019         03/20/2020         PERSONAL & ADV NURY         \$ 2,000,000           IES PER:         4488056004         03/20/2019         03/20/2020         PERSONAL & ADV NURY         \$ 2,000,000           IED LED         4488056004         03/20/2019         03/20/2020         PERSONAL & ADV NURY         \$ 2,000,000           IEDULED         5         5         5,000,000         \$ 5         \$ 5,000,000           IEDULED         4488056004         03/20/2019         03/20/2020         BODILY NURY (Per person)         \$ 5           IEDULED         5         5         5         5         5           OS ONLY         4488056002         03/20/2019         03/20/2020         BODILY NURY (Per person)         \$ 5           CCUR         4488056002         03/20/2019         03/20/2020         EACH OCCURRENCE         \$ 1,000,000           IAIMS-MADE         4488056002         03/20/20   | NSR         TYPE OF INSURANCE         ADD.        
SUBR         POLICY NUMBER         MM/DD/PT/M         MM/DD/PT/M         LIM 15           X         BUBNESSOWNERS LIABILITY         NSR         W/D         A         EACH OCCURRENCE         \$ 2.000.000           CLAINS-MADE         X         OCCUR         4488005001         03/20/2019         03/20/2020         EACH OCCURRENCE         \$ 2.000.000           GEN*L AGGREGATE LIMIT APPLIES PER:         4488005001         03/20/2019         03/20/2020         PERSONAL & ADV NURY         \$ 2.000.000           GEN*L AGGREGATE LIMIT APPLIES PER:         4488005001         03/20/2019         03/20/2020         PERSONAL & ADV NURY         \$ 2.000.000           A   | INSR     TYPE OF INBURANCE     ADDL     SUBR     POLICY NUMBER     MM/DD/MTM     MM/DD/MTM     LIMITS       X     BUBNESSOWNERS LABILITY     INSR     WYD     POLICY NUMBER     MM/DD/MTM     PARCETO     \$ 2,000,000       A  
   | INST     TYPE OF INSURANCE     AUDI BURN     BURN     POLICY NUMBER     MMDDD/TOO     AMNDD/TOO     EACH OCCURENCE     \$ 2,000,00       X     BURNESSOWNERS LABILITY   | INST     TYPE OF INSURANCE     NDDL     SUBR<br>NDD     NDDL     SUBR<br>NDD     NDDL     SUBR<br>NDD     NDDL     SUBR<br>NDD     NDDL     SUBR<br>NDD     Subr<br>NDD <t< td=""><td>I IN</td><td>DICATED, NOTWITHSTANDING ANY REQU</td><td></td><td></td><td></td><td></td><td>RDED BY THE</td><td>POLICIES DES</td><td>CRIBED HEREIN IS SUBJECT TO<br/>AIMS.</td><td>ALL TH</td><td>IE TEP</td></t<>   
  | I IN   | DICATED, NOTWITHSTANDING ANY REQU   |        |          |   |                         | RDED BY THE                                  | POLICIES DES                           | CRIBED HEREIN IS SUBJECT TO<br>AIMS.   | ALL TH     | IE TEP       |         |        |  |  |  |
| LIII         X         BUSINESSOWNERS LIABILITY         EACH OCCURRENCE         \$ 2,000,000           A   
   | LIH       X       BUBINESSOWNERS LIABILITY       EACH OCCURRENCE       \$ 3         A       CLAIMS-MADE       X       OCCUR       \$ 5         A       CLAIMS-MADE       ABS056001       03/20/2019       03/20/2020       PERSONAL & ADV NUNRY       \$ 5         A       COMPTOP AGG       BODILY       CLAIMS-MADE       \$ 6       \$ 6         AUTOMOBILE LIABILITY       AUTOS ONLY       X       SCHEDULED       \$ 6       \$ 6         A       AUTOS ONLY       X       SCHEDULED       \$ 488066004       03/20/2019       03/20/2020       BODILY NURY (Per person)       \$ 5         A       X       UMBRELLA LIAB       X       OCCUR       \$ 6       \$ 7       \$ 7         A       X       UMBRELLA LIAB       CLAIMS-MADE       \$ 488066002 <td>ITY         EACH OCCURRENCE         \$ 2,000,000           OCOUR         4488056001         03/20/2019         03/20/2020         EACH OCCURRENCE         \$ 300,000           JES PER:        </td> <td>LIR         X         BUBINESSOWNERS LABILITY         Image: Claims-made         X         OCCUR         S&lt;</td> <td>LIB       X       BUBNESSOWNERS LIABILITY       A         A      </td> <td>LIII       X       BUBRNESSOWNERB LIABILITY       EACH OCCURRENCE       \$ 2,000,000         A      </td> <td>LILI         X         BUSINESSOWNERS LABILITY         EACH OCCURRENCE         \$ 2,00,00           A        </td> <td></td> <td></td> <td>ADDL</td> <td></td> <td>POLICY NU</td> <td></td> <td>POLICY EFF</td> <td>POLICY EXP<br/>MM/0D/1111</td> <td>LIMITS</td> <td></td> <td></td>  
  | ITY         EACH OCCURRENCE         \$ 2,000,000           OCOUR         4488056001         03/20/2019         03/20/2020         EACH OCCURRENCE         \$ 300,000           JES PER:   | LIR         X         BUBINESSOWNERS LABILITY         Image: Claims-made         X         OCCUR         S        
S         S<   | LIB       X       BUBNESSOWNERS LIABILITY       A         A   
   | LIII       X       BUBRNESSOWNERB LIABILITY       EACH OCCURRENCE       \$ 2,000,000         A  | LILI         X         BUSINESSOWNERS LABILITY         EACH OCCURRENCE         \$ 2,00,00           A   
  |  |   | ADDL   |          | POLICY NU                                     |                         | POLICY EFF                                   | POLICY EXP<br>MM/0D/1111               | LIMITS   |            |              |         |        |  |  |  |
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  | DOCCUR         4488056001         03/20/2019         03/20/2020         PREMESS Gal accurrence)         \$ 300,000           LIES PER:         1.000         03/20/2019         03/20/2020         PRENESS Gal accurrence)         \$ 10,000           LOC         PRENESS Gal accurrence)         \$ 2,000,000         9000000         9000000         \$ 2,000,000           LIES PER:         1.000         03/20/2019         03/20/2020         PRODUCTS - COMP/OP AGG         \$ 6,000,000           LIED ULED         4488056004         03/20/2019         03/20/2020         BODILY NJURY (Per person)         \$           IEDULED         4488056002         03/20/2019         03/20/2020         BODILY NJURY (Per person)         \$           CCUR         4488056002         03/20/2019         03/20/2020         EACH OCCURRENCE         \$ 1,000,000           NS         FEACH OCCURRENCE         \$ 1,000,000         \$         \$           VS         03/20/2019         03/20/2020         EACH OCCURRENCE         \$ 1,000,000           VS         FEACH OCCURRENCE         \$ 1,000,000         \$         \$ 1,000,000           VS         FEACH OCCURRENCE         \$ 1,000,000         \$         \$ 1,000,000           VS         FEACH OCCURRENCE         \$ 1,000,000         \$ 01   | A  
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   | ┝┕┰  |   |        |          |   |                         |  |  | EACH OCOURRENCE  | \$ 2,00    | 0.000        |         |        |  |  |  |
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  | 4488056001         03/20/2019         03/20/2020         MED EXP (Any one person)         \$ 10,000           JES PER:  | A         MED EXP (Any one perion)         \$
10,000           GEN'L AGGREGATE LIMIT APPUES PER:         4488056001         03/20/2019         03/20/2020         PERSONAL & ADV NURY         \$ 2,000,000           GEN'L AGGREGATE LIMIT APPUES PER:         POLICY         PRO-<br>JECT         LOC         PRO-<br>THER:         S 6,000,000           A         AUTOMOBILE LIABILITY         JECT         LOC         S         S 6,000,000           AUTOMOBILE LIABILITY         ANY AUTOS         SCHEDULED         AUTOS ONLY         X SCHEDULED         S 10,000,000           AUTOS ONLY         X AUTOS ONLY   | A  
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   |  |   |        |          |   |                         | DAMAGE TO RENTED<br>PREMISES (Ea occurrence) | \$ 300.                                | ,000   |            |              |         |        |  |  |  |
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  | LES PER:         GENERAL AGGREGATE         \$ 6,000,000           LOC         GENERAL AGGREGATE         \$ 6,000,000           PRODUCTS - COMP/OP AGG         \$ 0,000,000           REDULED         4488066004         03/20/2019         03/20/2020           OS CNLY         4488066002         03/20/2019         03/20/2020         BODILY NJURY (Per person)         \$           CCUR         4488066002         03/20/2019         03/20/2020         BODILY NJURY (Per secident)         \$           CCUR         4488066002         03/20/2019         03/20/2020         EACH OCCURRENCE         \$ 1,000,000           LAIMS-MADE         4488066002         03/20/2019         03/20/2020         EACH OCCURRENCE         \$ 1,000,000           NS         FCH IDLY         1         1         \$ 1,000,000         \$           NS         COUR         4488066002         03/20/2019         03/20/2020         EACH OCCURRENCE         \$ 1,000,000           NS         COURTS - COMP/OP AGG         \$ 1,000,000         \$         \$ 1,000,000         \$           NS         COURTS - COMP/OP AGG         \$ 1,000,000         \$         \$ 1,000,000         \$           NS         COURTS - COMP/OP AGG         \$ 1,000,000         \$         \$ 1,000,000   | A  
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   |  |   |        | 1        | 1   |                         | •  |  | MED EXP (Any one person)   | \$ 10,0    | 00           |         |        |  |  |  |
| GEN'L AGGREGATE LIMIT APPLIES PER:       GENERAL AGGREGATE       \$ 6,000,000         X       POLICY       PROT       LOC       S         OTHER:       ANY AUTO       SCHEDULED       S       S         ANY AUTO       SCHEDULED       ANY AUTO       SCHEDULED       S         ANY AUTO       SCHEDULED       ANTOS ONLY       X       SCHEDULED         ANTOS ONLY       X       ANTOS ONLY       X       ANTOS ONLY         A       MON-OWNED       ANTOS ONLY       X       SCHEDULED         A       MON-OWNED       ANTOS ONLY       X       ANTOS ONLY         A       MON-OWNED       ANTOS ONLY       X       ANTOS ONLY         A       MON-OWNED       AUTOS ONLY       X       AUTOS ONLY         A       MON-OWNED       AUTOS ONLY       X       AUTOS ONLY         A       AUTOS ONLY       X       AUTOS ONLY       X         A       WORRERA COMPRESSIDE       4488006002       03/20/2019       03/20/2020         BODILY NULRY (Per person)       S       S       S         A       VIMBRELLA LIAB       X       OCCUR       S         A       ELCESS LIAB       CLAIMS-MADE       4488006002 <t< td=""><td>GEN'L AGGREGATE LIMIT APPLIES PER:     X     POLICY     JECT     LOC       X     POLICY     JECT     LOC     S       OTHER:     AUTOMOBILE LIABILITY     SCHEDULED     S       AUTOS ONLY     X     SCHEDULED     AUTOS ONLY     SCHEDULED       A     X     UMBRELLA LIAB     X     OCCUR       A     X     EXCESS LIAB     CLAIMS-MADE     03/20/2019     03/20/2020       BEACH OCCURRENCE     S       DED     RETENTION \$     4488006002     03/20/2019     03/20/2020       MORKERS COMPENSATION     S     CLAIMS-MADE     VIN</td><td>JES PER:         OCILIAR ACCIDENT         PRODUCTS - COMP/OP AGG         \$ 8,000,000           LOC         \$         PRODUCTS - COMP/OP AGG         \$ 8,000,000         \$           IEDUILED         4488006004         03/20/2019         03/20/2020         BODILY NURY (Per person)         \$           BODILY NURY (Per person)         \$         BODILY NURY (Per person)         \$           CCUR         4488006002         03/20/2019         03/20/2020         EACH OCCURRENCE         \$ 1,000,000           LAIMS-MADE         4488006002         03/20/2019         03/20/2020         EACH OCCURRENCE         \$ 1,000,000           NS         PROPERTY DAMAGE         \$ 1,000,000         \$         \$ 1,000,000         \$ 1,000,000           NS         PROPERTY DAMAGE         \$ 1,000,000         \$ 1,000,000         \$ 1,000,000         \$ 1,000,000</td><td>GEN'L AGGREGATE LIMIT APPLIES PER:       I coc         X       POLICY       JECT       LOC         OTHER:       ANY AUTO       S         ANY AUTOS ONLY       X AUTOS ONLY       X AUTOS ONLY         A MARDS ONLY       X AUTOS ONLY       X AUTOS ONLY         AUTOS ONLY       X AUTOS ONLY         X HRED       AUTOS ONLY         X HRED       AUTOS ONLY         X HRED       CLAIMS-MADE         DED       RETENTION S         WORKERS COMPENSATION       AND EMPLOYERS' LIABILITY         AND EMPLOYERS' COMPENSATION       N/A         AND EMPLOYERS' LIABILITY       N/A         4488056003       03/20/2019         03/20/2019       03/20/2020         BODILY NURY (Per person)       S         AUTOS ONLY       X AUTOS ONLY         AUTOS ONLY       X AUTOS ONLY         AUTOS ONLY       X 4488056002         03/20/2019       03/20/2020         EACH OCCURRENCE       \$ 1,000,000         PRODUCTS - COMP/OP AGG       \$ 1,000,000         PRODUCTS - COMP/OP AGG       \$ 1,000,000         AVY PROPRIETOR/PARTION       \$ 4488056003       03/20/2019       03/20/2020         BODILY NNHI       N/A       44880560</td><td>GEN'L AGGREGATE LIMIT APPLIES PER:       Image: Constraint of the second o</td><td>GEN'L AGGREGATE LIMIT APPLIES PER:     GENERAL AGGREGATE     \$ 8,000,000       X     POLLCY     PROT     LOC     S       OTHER:     ANY AUTO     SCHEDULED     S     S       ANY AUTO     SCHEDULED     ANY AUTO     SCHEDULED     S       ANY AUTO     SCHEDULED     ANTOS ONLY     X     SCHEDULED       ANTOS ONLY     X     SCHEDULED     ANTOS ONLY     X       A     MON-OWNED     ANTOS ONLY     X     SCHEDULED       A     MON-OWNED     ANON-OWNED     S     S       A     MORONY     X     ANON-OWNED     S     S       A     MORONY     X     ANON-OWNED     S     S       A     VIMBRELLA LIAB     X     OCCUR     S     S       A     CLAIMS-MADE     44880066002     03/20/2019     03/20/2020     AGGREGATE     \$ 1,000,000       B</td><td>GBN'L AGGREGATE LIMIT APPLIES PER:       GBNERAL AGGREGATE LIMIT APPLIES PER:         X       POLLOY       JECT       LOC         OTHER:       AUTOMOBILE LIABILITY       S         ANY AUTO       SCHEDULED       4498006004       03/20/2019       03/20/2019         A       AUTOS ONLY       X       SCHEDULED       AUTOS ONLY       X         A TATOS ONLY       X       ANTOS ONLY       X       AUTONGO ONLY       S         A       MANDE ONLY       X       AUTOS ONLY       X       AUTOS ONLY       X         A TOS ONLY       X       AUTOS ONLY       X       AUTOS ONLY       X       AUTOS ONLY         A       AUTOS ONLY       X       AUTOS ONLY       X       AUTOS ONLY       S         A TOS ONLY       X       AUTOS ONLY       X       AUTOS ONLY       S       S         AUTOS ONLY       X       AUTOS ONLY       X       AUTOS ONLY       S       S         AUTOS ONLY       X       AUTOS ONLY       X       AUTOS ONLY       S       S         AUTOS ONLY       X       AUTOS ONLY       X       AUTOS ONLY       S       S         AUTOS ONLY       X       AUTOS ONLY       X       OCUMENTS</td><td>۵  </td><td>  </td><td></td><td></td><td>44880560</td><td>01</td><td>03/20/2019</td><td>03/20/2020</td><td>PERSONAL &amp; ADV INJURY</td><td>\$ 2,00</td><td>0,000</td></t<>  | GEN'L AGGREGATE LIMIT APPLIES PER:     X     POLICY     JECT     LOC       X     POLICY     JECT     LOC     S       OTHER:     AUTOMOBILE LIABILITY     SCHEDULED     S       AUTOS ONLY     X     SCHEDULED     AUTOS ONLY     SCHEDULED       A     X     UMBRELLA LIAB     X     OCCUR       A     X     EXCESS LIAB     CLAIMS-MADE     03/20/2019     03/20/2020       BEACH OCCURRENCE     S       DED     RETENTION \$     4488006002     03/20/2019     03/20/2020       MORKERS COMPENSATION     S     CLAIMS-MADE     VIN   | JES PER:         OCILIAR ACCIDENT         PRODUCTS - COMP/OP AGG         \$ 8,000,000           LOC         \$         PRODUCTS - COMP/OP AGG         \$ 8,000,000         \$           IEDUILED         4488006004         03/20/2019         03/20/2020         BODILY NURY (Per person)         \$           BODILY NURY (Per person)         \$         BODILY NURY (Per person)         \$           CCUR         4488006002         03/20/2019         03/20/2020         EACH OCCURRENCE         \$ 1,000,000           LAIMS-MADE         4488006002         03/20/2019         03/20/2020         EACH OCCURRENCE         \$ 1,000,000           NS         PROPERTY DAMAGE         \$ 1,000,000         \$         \$ 1,000,000         \$ 1,000,000           NS         PROPERTY DAMAGE         \$ 1,000,000         \$ 1,000,000         \$ 1,000,000         \$ 1,000,000   | GEN'L AGGREGATE LIMIT APPLIES PER:       I coc         X       POLICY       JECT       LOC         OTHER:       ANY AUTO       S         ANY AUTOS ONLY       X AUTOS ONLY       X AUTOS ONLY         A MARDS ONLY       X AUTOS ONLY       X AUTOS ONLY         AUTOS ONLY       X AUTOS ONLY         X HRED       AUTOS ONLY         X HRED       AUTOS ONLY         X HRED       CLAIMS-MADE         DED       RETENTION S         WORKERS COMPENSATION       AND EMPLOYERS' LIABILITY         AND EMPLOYERS' COMPENSATION       N/A         AND EMPLOYERS' LIABILITY       N/A         4488056003       03/20/2019         03/20/2019       03/20/2020         BODILY NURY (Per person)       S         AUTOS ONLY       X AUTOS ONLY         AUTOS ONLY       X AUTOS ONLY         AUTOS ONLY       X 4488056002         03/20/2019       03/20/2020         EACH OCCURRENCE       \$ 1,000,000         PRODUCTS - COMP/OP AGG       \$ 1,000,000         PRODUCTS - COMP/OP AGG       \$ 1,000,000         AVY PROPRIETOR/PARTION       \$ 4488056003       03/20/2019       03/20/2020         BODILY NNHI       N/A       44880560  | GEN'L AGGREGATE LIMIT APPLIES PER:       Image: Constraint of the second o  | GEN'L AGGREGATE LIMIT APPLIES PER:     GENERAL AGGREGATE     \$ 8,000,000       X     POLLCY     PROT     LOC     S       OTHER:     ANY AUTO     SCHEDULED     S     S       ANY AUTO     SCHEDULED     ANY AUTO     SCHEDULED     S       ANY AUTO     SCHEDULED     ANTOS ONLY     X     SCHEDULED       ANTOS ONLY     X     SCHEDULED     ANTOS ONLY     X       A     MON-OWNED     ANTOS ONLY     X     SCHEDULED       A     MON-OWNED     ANON-OWNED     S     S       A     MORONY     X     ANON-OWNED     S     S       A     MORONY     X     ANON-OWNED     S     S       A     VIMBRELLA LIAB     X     OCCUR     S     S       A     CLAIMS-MADE     44880066002     03/20/2019     03/20/2020     AGGREGATE     \$ 1,000,000       B  | GBN'L AGGREGATE LIMIT APPLIES PER:       GBNERAL AGGREGATE LIMIT APPLIES PER:         X       POLLOY       JECT       LOC         OTHER:       AUTOMOBILE LIABILITY       S         ANY AUTO       SCHEDULED       4498006004       03/20/2019       03/20/2019         A       AUTOS ONLY       X       SCHEDULED       AUTOS ONLY       X         A TATOS ONLY       X       ANTOS ONLY       X       AUTONGO ONLY       S         A       MANDE ONLY       X       AUTOS ONLY       X       AUTOS ONLY       X         A TOS ONLY       X       AUTOS ONLY       X       AUTOS ONLY       X       AUTOS ONLY         A       AUTOS ONLY       X       AUTOS ONLY       X       AUTOS ONLY       S         A TOS ONLY       X       AUTOS ONLY       X       AUTOS ONLY       S       S         AUTOS ONLY       X       AUTOS ONLY       X       AUTOS ONLY       S       S         AUTOS ONLY       X       AUTOS ONLY       X       AUTOS ONLY       S       S         AUTOS ONLY       X       AUTOS ONLY       X       AUTOS ONLY       S       S         AUTOS ONLY       X       AUTOS ONLY       X       OCUMENTS  | ۵  |   |        |          | 44880560                                      | 01                      | 03/20/2019                                   | 03/20/2020                             | PERSONAL & ADV INJURY  | \$ 2,00    | 0,000        |         |        |  |  |  |
| X       POLICY       PRODUCTS - COMP/OP AGG       \$ 0,00,000         OTHER:       AUTOMOBILE LIABILITY       SCHEDULED       S         A       AUTOS ONLY       X       SCHEDULED       SCHEDULED         ANY AUTOS       CWNED       SCHEDULED       SCHEDULED       SCHEDULED         X       MATOS ONLY       X       SCHEDULED       SCHEDULED         X       MATOS ONLY       X       AUTOS ONLY       X         X       MARED       AUTOS ONLY       X       AUTOS ONLY         X       MARED       CLAIMS-MADE       44880066002       03/20/2019       03/20/2020         B       CLAIMS-MADE       44880066002       03/20/2019       03/20/2020       AOGREGATE       \$ 1,000,000         B       COMENTION S       CLAIMS-MADE       44880066002       03/20/2019       03/20/2020       AOGREGATE       \$ 1,000,000         B       ORKERS COMPENSATION       S       STATUTE       QIN+       STATUTE       QIN+         B       OFFICER/MERGER DONCENSTON       N / A       44880058003       03/20/2019       03/20/2020       EL.EACH ACCIDENT       \$ 600,000         EL       DED       RETENTION S SHOW       N / A       44880058003       03/20/2019 <td< td=""><td>X       POLICY       JECT       LOC       PRODUCTS - COMP/OP AGG       S         OTHER:       AUTOMOBILE LIABILITY       S       S       S       S         ANY AUTO       ANY AUTO       BODILY NJURY (Per person)       S       S         A       AUTOS ONLY       X       AUTOS       SCHEDULED       AUTOS       SOLICY       S         X       HIRED       NON-OWNED       AUTOS ONLY       X       AUTOS ONLY       X       AUTOS ONLY       S         X       HIRED       NON-OWNED       AUTOS ONLY       X       AUTOS ONLY       S       S         A       X       UMBRELLA LIAB       X       OCCUR       S       S       S         A       X       UMBRELLA LIAB       X       OCCUR       S       S         A       X       EXCESS LIAB       CLAIMS-MADE       4488066002       03/20/2019       03/20/2020       EACH OCCURRENCE       S         A       X       EXCESS LIAB       CLAIMS-MADE       4488066002       03/20/2019       03/20/2020       AGGREGATE       S         DED       RETENTION \$       S       S       S       S       S       AGGREGATE       S         MORKERS COMPENSATI</td><td>LOC         PRODUCTS - COMP/OP AGG         \$ 8,000,000           IEDULED         \$         \$         \$           VOWNED         03/20/2019         03/20/2020         BODILY NURY (Per person)         \$           BODILY NURY (Per person)         \$         \$         \$         \$           CCUR         4488066002         03/20/2019         03/20/2020         EACH OCCURRENCE         \$ 1,000,000           LAIMS-MADE         4488066002         03/20/2019         03/20/2020         EACH OCCURRENCE         \$ 1,000,000           VS         *         *         *         *         \$ 1,000,000         \$           VOS         *         *         *         *         *         *         *           CCUR         *         <td< td=""><td>X       POLICY       PRO-<br/>JEGT       LOC       S         OTHER:       A       AUTOMOBILE LIABILITY       S         ANY AUTOS       ONLY       X       SCHEDULED         ANY AUTOS       SCHEDULED       AUTOS ONLY       X         AUTOS ONLY       X       SCHEDULED       AUTOS ONLY         X       HIRED       AUTOS ONLY       X         AUTOS ONLY       X       AUTOS ONLY         X       MONOWNED       AUTOS ONLY         X       MUTOS ONLY       X         AUTOS ONLY       X       OCCUR         A       OCCUR       AUTOS ONLY         X       MUTOS ONLY       X         A       OCCUR       S         A       OCCUR       AUTOS ONLY         X       MURBRELLA LIAB       X         OCCUR       AUTOS ONLY       X         A       X       EXCESS LIAB       CLAIMS-MADE         B       DED       RETENTION \$         WORKERS COMPENSATION       AND EMPLOYERS' LIABILITY         VY PROPRIETOR/PARTINER/EXECUTIVE       N / A         ANY PROPRIETOR/PARTINER/EXECUTIVE       N / A         ANY PROPRIETOR/PARTINER/EXECUTIVE       N / A</td><td>X       POLICY       PROJECT       LOC       S         OTHER:       AUTOMOBILE LIABILITY       SCHEDULED       S       S         AUTOMOBILE LIABILITY       ANY AUTOS       SCHEDULED       Autros ONLY       X SCHEDULED         AUTOS ONLY       X AUTOS ONLY       X AUTOS ONLY       X AUTOS ONLY       X AUTOS ONLY         X       MANDAUTOS ONLY       X AUTOS ONLY       X AUTOS ONLY       X AUTOS ONLY         X       MATCS ONLY       X AUTOS ONLY       X AUTOS ONLY       X AUTOS ONLY         X       UMBRELLA LIAB       X OCCUR       4488066002       03/20/2019       03/20/2020         A       X EXCESS LIAB       CLAIMS-MADE       4488066002       03/20/2019       03/20/2020       EACH OCCURRENCE       \$ 1,000,000         A       X EXCESS LIAB       CLAIMS-MADE       4488066002       03/20/2019       03/20/2020       EACH OCCURRENCE       \$ 1,000,000         B       OFFICER/MEMBER EXCLUDED?       Y /N       AVAN PROPRIETOR/PARTINER/REFICE/EXECUTIVE       \$ 1,000,000         B       OFFICER/MEMBER EXCLUDED?       N /A       4488066003       03/20/2019       03/20/2020       X STATUTE       EL EACH ACCIDENT         B       OFFICER/MEMBER EXCLUDED?       N /A       4488066003       03/20/2019</td></td<><td>X       POLICY       PRODUCTS - COMP/OP AGG       \$ 0,00,000         OTHER:       AUTOMOBILE LIABILITY       SCHEDULED       \$ 1,000,000         A       AUTOS ONLY       X       SCHEDULED       AUTOS ONLY       X         A       MUTOS ONLY       X       SCHEDULED       AUTOS ONLY       X       SCHEDULED         X       MARED       AUTOS ONLY       X       AUTOS ONLY       X       SCHEDULED         X       MARED       AUTOS ONLY       X       AUTOS ONLY       X       SCHEDULED         X       MARED       AUTOS ONLY       X       AUTOS ONLY       X       SCHEDULED         X       MARED       CLAIMS-MADE       44880066002       03/20/2019       03/20/2020       BODILY NJJRY (Par accident)       S         X       UMBRELLA LIAB       X       OCCUR       A4880066002       03/20/2019       03/20/2020       AOGREGATE       \$ 1,000,000         A       X       EXCESS LIAB       CLAIMS-MADE       44880066002       03/20/2019       03/20/2020       AOGREGATE       \$ 1,000,000         B       ORMERS COMPENSATION       AND EMPLOYERS' LIABULY       N / A       44880056003       03/20/2019       03/20/2020       EACH ACCIDENT       \$ 600,000</td><td>X       POLICY       PRODUCTS - COMP/OP AGG       \$ 0,00,00         OTHER:       AUTOMOBILE LIABILITY       \$       \$         ANY AUTO       SCHEDULED       \$       \$         ANY AUTO       SCHEDULED       \$       \$         A       XUTOS ONLY       X       SCHEDULED       \$         AUTOS ONLY       X       SCHEDULED       \$       \$         X HRED       AUTOS ONLY       X       SCHEDULED       \$         X HRED       OULY MURY (Person)       \$       \$         X HRED       CLAIMS-MADE       \$       \$       \$         DED       RETENTION S       \$       \$       \$         B       CHORNERS COMPCHARTINENCECCUTIVE       \$       \$       \$         MORKERS COMPCHARTINENCECUTIVE       N / A       \$       \$       \$         B       OFFICER/MEMBER EXCLUDED?       \$       \$       \$       \$         MORKERS COMPCHARTION S       \$       \$       \$       \$       \$         B       OFFICER/MEMBER EXCLUDED?       \$       \$       \$       \$       \$       \$         B       OFFICER/MEMBER EXCLUDED?       \$       \$       \$       \$       \$</td><td><u> </u></td><td colspan="2" rowspan="3"></td><td></td><td></td><td></td><td>GENERAL AGGREGATE</td><td>\$ 6,00</td><td>000,000</td></td></td<>  
   | X       POLICY       JECT       LOC       PRODUCTS - COMP/OP AGG       S         OTHER:       AUTOMOBILE LIABILITY       S       S       S       S         ANY AUTO       ANY AUTO       BODILY NJURY (Per person)       S       S         A       AUTOS ONLY       X       AUTOS       SCHEDULED       AUTOS       SOLICY       S         X       HIRED       NON-OWNED       AUTOS ONLY       X       AUTOS ONLY       X       AUTOS ONLY       S         X       HIRED       NON-OWNED       AUTOS ONLY       X       AUTOS ONLY       S       S         A       X       UMBRELLA LIAB       X       OCCUR       S       S       S         A       X       UMBRELLA LIAB       X       OCCUR       S       S         A       X       EXCESS LIAB       CLAIMS-MADE       4488066002       03/20/2019       03/20/2020       EACH OCCURRENCE       S         A       X       EXCESS LIAB       CLAIMS-MADE       4488066002       03/20/2019       03/20/2020       AGGREGATE       S         DED       RETENTION \$       S       S       S       S       S       AGGREGATE       S         MORKERS COMPENSATI   
  | LOC         PRODUCTS - COMP/OP AGG         \$ 8,000,000           IEDULED         \$         \$         \$           VOWNED         03/20/2019         03/20/2020         BODILY NURY (Per person)         \$           BODILY NURY (Per person)         \$         \$         \$         \$           CCUR         4488066002         03/20/2019         03/20/2020         EACH OCCURRENCE         \$ 1,000,000           LAIMS-MADE         4488066002         03/20/2019         03/20/2020         EACH OCCURRENCE         \$ 1,000,000           VS         *         *         *         *         \$ 1,000,000         \$           VOS         *         *         *         *         *         *         *           CCUR         * <td< td=""><td>X       POLICY       PRO-<br/>JEGT       LOC       S         OTHER:       A       AUTOMOBILE LIABILITY       S         ANY AUTOS       ONLY       X       SCHEDULED         ANY AUTOS       SCHEDULED       AUTOS ONLY       X         AUTOS ONLY       X       SCHEDULED       AUTOS ONLY         X       HIRED       AUTOS ONLY       X         AUTOS ONLY       X       AUTOS ONLY         X       MONOWNED       AUTOS ONLY         X       MUTOS ONLY       X         AUTOS ONLY       X       OCCUR         A       OCCUR       AUTOS ONLY         X       MUTOS ONLY       X         A       OCCUR       S         A       OCCUR       AUTOS ONLY         X       MURBRELLA LIAB       X         OCCUR       AUTOS ONLY       X         A       X       EXCESS LIAB       CLAIMS-MADE         B       DED       RETENTION \$         WORKERS COMPENSATION       AND EMPLOYERS' LIABILITY         VY PROPRIETOR/PARTINER/EXECUTIVE       N / A         ANY PROPRIETOR/PARTINER/EXECUTIVE       N / A         ANY PROPRIETOR/PARTINER/EXECUTIVE       N / A</td><td>X       POLICY       PROJECT       LOC       S         OTHER:       AUTOMOBILE LIABILITY       SCHEDULED       S       S         AUTOMOBILE LIABILITY       ANY AUTOS       SCHEDULED       Autros ONLY       X SCHEDULED         AUTOS ONLY       X AUTOS ONLY       X AUTOS ONLY       X AUTOS ONLY       X AUTOS ONLY         X       MANDAUTOS ONLY       X AUTOS ONLY       X AUTOS ONLY       X AUTOS ONLY         X       MATCS ONLY       X AUTOS ONLY       X AUTOS ONLY       X AUTOS ONLY         X       UMBRELLA LIAB       X OCCUR       4488066002       03/20/2019       03/20/2020         A       X EXCESS LIAB       CLAIMS-MADE       4488066002       03/20/2019       03/20/2020       EACH OCCURRENCE       \$ 1,000,000         A       X EXCESS LIAB       CLAIMS-MADE       4488066002       03/20/2019       03/20/2020       EACH OCCURRENCE       \$ 1,000,000         B       OFFICER/MEMBER EXCLUDED?       Y /N       AVAN PROPRIETOR/PARTINER/REFICE/EXECUTIVE       \$ 1,000,000         B       OFFICER/MEMBER EXCLUDED?       N /A       4488066003       03/20/2019       03/20/2020       X STATUTE       EL EACH ACCIDENT         B       OFFICER/MEMBER EXCLUDED?       N /A       4488066003       03/20/2019</td></td<> <td>X       POLICY       PRODUCTS - COMP/OP AGG       \$ 0,00,000         OTHER:       AUTOMOBILE LIABILITY       SCHEDULED       \$ 1,000,000         A       AUTOS ONLY       X       SCHEDULED       AUTOS ONLY       X         A       MUTOS ONLY       X       SCHEDULED       AUTOS ONLY       X       SCHEDULED         X       MARED       AUTOS ONLY       X       AUTOS ONLY       X       SCHEDULED         X       MARED       AUTOS ONLY       X       AUTOS ONLY       X       SCHEDULED         X       MARED       AUTOS ONLY       X       AUTOS ONLY       X       SCHEDULED         X       MARED       CLAIMS-MADE       44880066002       03/20/2019       03/20/2020       BODILY NJJRY (Par accident)       S         X       UMBRELLA LIAB       X       OCCUR       A4880066002       03/20/2019       03/20/2020       AOGREGATE       \$ 1,000,000         A       X       EXCESS LIAB       CLAIMS-MADE       44880066002       03/20/2019       03/20/2020       AOGREGATE       \$ 1,000,000         B       ORMERS COMPENSATION       AND EMPLOYERS' LIABULY       N / A       44880056003       03/20/2019       03/20/2020       EACH ACCIDENT       \$ 600,000</td> <td>X       POLICY       PRODUCTS - COMP/OP AGG       \$ 0,00,00         OTHER:       AUTOMOBILE LIABILITY       \$       \$         ANY AUTO       SCHEDULED       \$       \$         ANY AUTO       SCHEDULED       \$       \$         A       XUTOS ONLY       X       SCHEDULED       \$         AUTOS ONLY       X       SCHEDULED       \$       \$         X HRED       AUTOS ONLY       X       SCHEDULED       \$         X HRED       OULY MURY (Person)       \$       \$         X HRED       CLAIMS-MADE       \$       \$       \$         DED       RETENTION S       \$       \$       \$         B       CHORNERS COMPCHARTINENCECCUTIVE       \$       \$       \$         MORKERS COMPCHARTINENCECUTIVE       N / A       \$       \$       \$         B       OFFICER/MEMBER EXCLUDED?       \$       \$       \$       \$         MORKERS COMPCHARTION S       \$       \$       \$       \$       \$         B       OFFICER/MEMBER EXCLUDED?       \$       \$       \$       \$       \$       \$         B       OFFICER/MEMBER EXCLUDED?       \$       \$       \$       \$       \$</td> <td><u> </u></td> <td colspan="2" rowspan="3"></td> <td></td> <td></td> <td></td> <td>GENERAL AGGREGATE</td> <td>\$ 6,00</td> <td>000,000</td>  | X       POLICY       PRO-<br>JEGT       LOC       S
        OTHER:       A       AUTOMOBILE LIABILITY       S         ANY AUTOS       ONLY       X       SCHEDULED         ANY AUTOS       SCHEDULED       AUTOS ONLY       X         AUTOS ONLY       X       SCHEDULED       AUTOS ONLY         X       HIRED       AUTOS ONLY       X         AUTOS ONLY       X       AUTOS ONLY         X       MONOWNED       AUTOS ONLY         X       MUTOS ONLY       X         AUTOS ONLY       X       OCCUR         A       OCCUR       AUTOS ONLY         X       MUTOS ONLY       X         A       OCCUR       S         A       OCCUR       AUTOS ONLY         X       MURBRELLA LIAB       X         OCCUR       AUTOS ONLY       X         A       X       EXCESS LIAB       CLAIMS-MADE         B       DED       RETENTION \$         WORKERS COMPENSATION       AND EMPLOYERS' LIABILITY         VY PROPRIETOR/PARTINER/EXECUTIVE       N / A         ANY PROPRIETOR/PARTINER/EXECUTIVE       N / A         ANY PROPRIETOR/PARTINER/EXECUTIVE       N / A   | X       POLICY       PROJECT       LOC       S         OTHER:       AUTOMOBILE LIABILITY       SCHEDULED       S       S         AUTOMOBILE LIABILITY       ANY AUTOS       SCHEDULED       Autros ONLY       X SCHEDULED         AUTOS ONLY       X AUTOS ONLY       X AUTOS ONLY       X AUTOS ONLY       X AUTOS ONLY         X       MANDAUTOS ONLY       X AUTOS ONLY       X AUTOS ONLY       X AUTOS ONLY         X       MATCS ONLY       X AUTOS ONLY       X AUTOS ONLY       X AUTOS ONLY         X       UMBRELLA LIAB       X OCCUR       4488066002       03/20/2019       03/20/2020         A       X EXCESS LIAB       CLAIMS-MADE       4488066002       03/20/2019       03/20/2020       EACH OCCURRENCE       \$ 1,000,000         A       X EXCESS LIAB       CLAIMS-MADE       4488066002       03/20/2019       03/20/2020       EACH OCCURRENCE       \$ 1,000,000         B       OFFICER/MEMBER EXCLUDED?       Y /N       AVAN PROPRIETOR/PARTINER/REFICE/EXECUTIVE       \$ 1,000,000         B       OFFICER/MEMBER EXCLUDED?       N /A       4488066003       03/20/2019       03/20/2020       X STATUTE       EL EACH ACCIDENT         B       OFFICER/MEMBER EXCLUDED?       N /A       4488066003       03/20/2019   
  | X       POLICY       PRODUCTS - COMP/OP AGG       \$ 0,00,000         OTHER:       AUTOMOBILE LIABILITY       SCHEDULED       \$ 1,000,000         A       AUTOS ONLY       X       SCHEDULED       AUTOS ONLY       X         A       MUTOS ONLY       X       SCHEDULED       AUTOS ONLY       X       SCHEDULED         X       MARED       AUTOS ONLY       X       AUTOS ONLY       X       SCHEDULED         X       MARED       AUTOS ONLY       X       AUTOS ONLY       X       SCHEDULED         X       MARED       AUTOS ONLY       X       AUTOS ONLY       X       SCHEDULED         X       MARED       CLAIMS-MADE       44880066002       03/20/2019       03/20/2020       BODILY NJJRY (Par accident)       S         X       UMBRELLA LIAB       X       OCCUR       A4880066002       03/20/2019       03/20/2020       AOGREGATE       \$ 1,000,000         A       X       EXCESS LIAB       CLAIMS-MADE       44880066002       03/20/2019       03/20/2020       AOGREGATE       \$ 1,000,000         B       ORMERS COMPENSATION       AND EMPLOYERS' LIABULY       N / A       44880056003       03/20/2019       03/20/2020       EACH ACCIDENT       \$ 600,000  | X       POLICY       PRODUCTS - COMP/OP AGG       \$ 0,00,00         OTHER:       AUTOMOBILE LIABILITY       \$       \$         ANY AUTO       SCHEDULED       \$       \$         ANY AUTO       SCHEDULED       \$       \$         A       XUTOS ONLY       X       SCHEDULED       \$         AUTOS ONLY       X       SCHEDULED       \$       \$         X HRED       AUTOS ONLY       X       SCHEDULED       \$         X HRED       OULY MURY (Person)       \$       \$         X HRED       CLAIMS-MADE       \$       \$       \$         DED       RETENTION S       \$       \$       \$         B       CHORNERS COMPCHARTINENCECCUTIVE       \$       \$       \$         MORKERS COMPCHARTINENCECUTIVE       N / A       \$       \$       \$         B       OFFICER/MEMBER EXCLUDED?       \$       \$       \$       \$         MORKERS COMPCHARTION S       \$       \$       \$       \$       \$         B       OFFICER/MEMBER EXCLUDED?       \$       \$       \$       \$       \$       \$         B       OFFICER/MEMBER EXCLUDED?       \$       \$       \$       \$       \$  
   | <u> </u>   |   |        |          |   |                         | GENERAL AGGREGATE                            | \$ 6,00                                | 000,000  |            |              |         |        |  |  |  | | | | | | | |
| OTHER:     OTHER:     S       AUTOMOBILE LIABILITY     ANY AUTO       A     AUTOS ONLY       X     MATOS ONLY       X     MATOS ONLY       X     MATOS ONLY       X     MATOS ONLY       X     COMBRED       DED     RETENTION \$       AND PROPRISED COMPENSATION       AND PROPRISED COMPENSATION       AND PROPRISED COMPENSATION       AND PROPRISED COMPENSATION       B       OFFICER/MEBER EXCLUDED?       (Mendatory in NI)       If yee, describe under       DESCRIPTION OF OPERATIONS below   | A     AUTOMOBILE LIABILITY     AUTOMOBILE LIABILITY     S       ANY AUTO     OWNED     ANY AUTO     BODILY NJURY (Per person)     S       A     AUTOB ONLY     X     AUTOS ONLY     X     AUTOS ONLY     X       A     AUTOS ONLY     X     AUTOS ONLY     X     AUTOS ONLY     S       A     AUTOS ONLY     X     AUTOS ONLY     X     AUTOS ONLY     S       A     AUTOS ONLY     X     AUTOS ONLY     X     AUTOS ONLY     S       A     X     HIRED     AUTOS ONLY     X     AUTOS ONLY     S       A     X     UMBRELLA LIAB     X     OCCUR     S       A     X     EXCESS LIAB     CLAIMS-MADE     4488056002     03/20/2019     03/20/2020     EACH OCCURRENCE     S       A     X     EXCESS LIAB     CLAIMS-MADE     4488056002     03/20/2019     03/20/2020     AGGREGATE     S       DED     RETENTION \$     S     AUTOS     AUTOS     Y     Y     N       MORKERS COMPENSATION     S     Y     Y     Y     Y     Y     Y     Y  | IEDULED         S           VOS         4498006004         03/20/2019         03/20/2020         BODILY NURY (Per person)         S           BODILY NURY (Per person)         S         BODILY NURY (Per person)         S           VOWNED<br>OS ONLY         4488006004         03/20/2019         03/20/2020         BODILY NURY (Per person)         S           CCUR         4488006002         03/20/2019         03/20/2020         EACH OCCURRENCE         \$ 1,000,000           LAIMS-MADE         4488006002         03/20/2019         03/20/2020         EACH OCCURRENCE         \$ 1,000,000           NS         V         Y         N         PER         \$ 1,000,000           VS         V         V         PER         \$ 1,000,000           NS         V         V         PER         \$ 1,000,000           V         V         V         PER         \$ 1,000,000           NS         V         V         PER         \$ 1,000,000  | A DOTHER:<br>AUTOMOBILE LIABILITY<br>ANY AUTO<br>OWNED<br>ANY AUTO<br>OWNED<br>ALTOS ONLY<br>X AUTOS  | Image: Contract in the contract of the contract   | OTHER:     S       OTHER:     AUTOMOBILE LIABILITY       A     AUTOMOBILE LIABILITY       A     GOMENED SNGLE LIMIT       SCHEDULED       A     GOMENED SNGLE LIMIT       A     SCHEDULED       A     MATOS ONLY       X     MATOS ONLY       X     MATOS ONLY       X     MATOS ONLY       X     COMBRED       DED     RETENTION S       ANY PROPRIETOR/PARTNER/EXECUTIVE       ANY PROPRIETOR/PARTNER/EXECUTIVE       MANY PROPRIETOR/PARTNER/EXECUTIVE       MANY PROPRIETOR/PARTNER/EXECUTIVE       MANY PROPRIETOR/PARTNER/EXECUTIVE       MORKERS COMPERNATION S       ANY PROPRIETOR/PARTNER/EXECUTIVE       MANY PROPRIETOR/P   | OTHER:       OTHER:       S         AUTOMOBILE LIABILITY       ANY AUTO       SCHEDULED         A       AUTOS ONLY       X SCHEDULED         A       AUTOS ONLY       X AUTOS         A       MATOS ONLY       X AUTOS ONLY         A       X UMBRELLA LIAB       X OCCUR         A       X EXCESS LIAB       CLAIMS-MADE         DED       RETENTION \$       4488006002         DED       RETENTION \$       4488006002         MORKERS COMPENSATION       AND EMPLOYERS' LIABILITY         AND PROPRIETOR/PARTINER/EXECUTIVE Y /N       N /A         B       AND PROPRIETOR/PARTINER/EXECUTIVE Y /N         B       AND PROPRIETOR/PARTINER/EXECUTIVE Y /N         MATOS OUTOR       FOREATIONS below         DESCRIPTION OF OPERATIONS below       03/20/2019         DESCRIPTION OF OPERATIONS below       03/20/2019         DESCRIPTION OF OPERATIONS below </td <td></td> <td>1</td> <td></td> <td></td> <td>PRODUCTS - COMP/OP AGG</td> <td>\$ 8,00</td> <td>0,000</td>   |  |   |        | 1        |   |                         | PRODUCTS - COMP/OP AGG                       | \$ 8,00                                | 0,000  |            |              |         |        |  |  |  |
| ALTOMOBILE LIABILITY     ALTOMOBILE LIABILITY     \$ 1,000,000       A     ALTOB ONLY     SCHEDULED       A     AUTOS ONLY     X AUTOS       A     AUTOS ONLY     X AUTOS ONLY       X     MARED       ALTOS ONLY     X AUTOS ONLY       AUTOS ONDA  | AUTOMOBILE LIABILITY     AUTOMOBILE LIABILITY     SCHEDULED       ANYAUTO     ANYAUTO     SCHEDULED       AUTOS ONLY     X     SCHEDULED       AUTOS ONLY     X     SCHEDULED       AUTOS ONLY     X     AUTOS ONLY       X     HRED     AUTOS ONLY       AUTOS ONLY     X     AUTOS ONLY       X     UMBRELLA LIAB     X       OCCUR     4488006002     03/20/2019       03/20/2019     03/20/2020     EACH OCCURRENCE       S     CLAIMS-MADE     4488006002       DED     RETENTION \$       WORKERS COMPERSATION     X (M)       AUTOS     X (M)   | HEDULED<br>OS<br>+OWNED<br>OS ONLY         4488066004         03/20/2018         03/20/2020         Image: Constraint of the second of  | AUTOMOBILE LIABILITY       AUTOS MOLE LIABILITY       \$1,000,000         A       AVTOS ONLY       X       SCHEDULED         A       AUTOS ONLY       X       SCHEDULED         AUTOS ONLY       X       AUTOS ONLY       X         B       CLAIMS-MADE       4488066002       03/20/2019       03/20/2020         B       RETENTION \$       CLAIMS-MADE       4488066002       03/20/2019       03/20/2020         B       RETENTION \$       S       S       \$1,000,000         B       OFFICER/MEMBER EXCLUDED?       N / A       4488066003       03/20/2019       03/20/2020         EL       EACH ACCIDENT </td <td>AUTOMOBILE LIABILITY       AUTOSOBILE LIABILITY       \$ 1,000,000         A       ANY AUTO       ANY AUTOSONLY       X AUTOSONLY       X AUTOSONLY         X       AUTOS ONLY       X AUTOSONLY       X AUTOSONLY       X AUTOSONLY         X       HRED       AUTOSONLY       X AUTOSONLY       X AUTOSONLY         X       HRED       AUTOSONLY       X AUTOSONLY       X AUTOSONLY         X       HRED       AUTOSONLY       X AUTOSONLY       X AUTOSONLY         X       UMBRELLA LIAB       X OCCUR       AUTOSONLY       S         A       X EXCESS LIAB       CLAIMS-MADE       03/20/2019       03/20/2020       EACH OCCURRENCE       \$ 1,000,000         A       X EXCESS LIAB       CLAIMS-MADE       4488006002       03/20/2019       03/20/2020       AGGREGATE       \$ 1,000,000         B       DED       RETENTION \$       4488006003       03/20/2019       03/20/2020       AGGREGATE       \$ 1,000,000         B       OFFICER/MEMBER EXCLUDED?       N / A       4488006003       03/20/2019       03/20/2020       X PER       Y PROPRIETOR/PARTNER/EXECUTIVE       \$ 600,000         B       OFFICER/MEMBER EXCLUDED?       N / A       4488006003       03/20/2019       03/20/2020       X DEACH ACCIDENT&lt;</td> <td>AUTOMOBILE LIABILITY     AVY AUTO     S1,000,000       A     AUTOS ONLY     X SCHEDULED       AUTOS ONLY     X AUTOS ONLY     X AUTOS ONLY       AUTOS     CLAIMS-MADE       AUTOS     CLAIMS-MADE       AUTOS     CLAIMS-MADE       AUTOS     COMPONDER       AUTOS     CLAIMS-MADE       AU</td> <td>AUTOMOBILE LIABILITY       AVY AUTO       \$1,00,00         A       AUTOS ONLY       X       SCHEDULED         AUTOS ONLY       X       MON-OWNED       AUTOS ONLY         X       MANOWNED       AUTOS ONLY       X         AUTOS ONLY       X       MON-OWNED       AUTOS ONLY         X       UMBRELLA LIAB       X       OCCUR         A       X       EXCESS LIAB       CLAIMS-MADE         VORKERS COMPENSATION \$       4488006002       03/20/2019       03/20/2020         AND PROPERTY DAMAGE       \$1,000,00       S         MORKERS COMPENSATION \$       4488006002       03/20/2019       03/20/2020         AND PROPRIETOR/PARTINER/EXECUTIVE       Y/N       ANY PROPRIETOR/PARTINER/EXECUTIVE       \$1,000,00         B       OFFICE/RIMEMBER EXCLUDED?       N / A       4488056003       03/20/2019       03/20/2020       EL EACH ACCIDENT       \$ 5600,000         EL DISEASE - EA EMPLOYEE       \$ 500,000       EL DISEASE - EA EMPLOYEE       \$ 500,000       EL DISEASE - POLICY LIMIT       \$ 500,000</td> <td>ł</td> <td></td> <td></td> <td></td> <td></td> <td>5</td> <td></td>  | AUTOMOBILE LIABILITY       AUTOSOBILE LIABILITY       \$ 1,000,000         A       ANY AUTO       ANY AUTOSONLY       X AUTOSONLY       X AUTOSONLY         X       AUTOS ONLY       X AUTOSONLY       X AUTOSONLY       X AUTOSONLY         X       HRED       AUTOSONLY       X AUTOSONLY       X AUTOSONLY         X       HRED       AUTOSONLY       X AUTOSONLY       X AUTOSONLY         X       HRED       AUTOSONLY       X AUTOSONLY       X AUTOSONLY         X       UMBRELLA LIAB       X OCCUR       AUTOSONLY       S         A       X EXCESS LIAB       CLAIMS-MADE       03/20/2019       03/20/2020       EACH OCCURRENCE       \$ 1,000,000         A       X EXCESS LIAB       CLAIMS-MADE       4488006002       03/20/2019       03/20/2020       AGGREGATE       \$ 1,000,000         B       DED       RETENTION \$       4488006003       03/20/2019       03/20/2020       AGGREGATE       \$ 1,000,000         B       OFFICER/MEMBER EXCLUDED?       N / A       4488006003       03/20/2019       03/20/2020       X PER       Y PROPRIETOR/PARTNER/EXECUTIVE       \$ 600,000         B       OFFICER/MEMBER EXCLUDED?       N / A       4488006003       03/20/2019       03/20/2020       X DEACH ACCIDENT<   | AUTOMOBILE LIABILITY     AVY AUTO     S1,000,000       A     AUTOS ONLY     X SCHEDULED       AUTOS ONLY     X AUTOS ONLY     X AUTOS ONLY       AUTOS     CLAIMS-MADE       AUTOS     CLAIMS-MADE       AUTOS     CLAIMS-MADE       AUTOS     COMPONDER       AUTOS     CLAIMS-MADE       AU   | AUTOMOBILE LIABILITY       AVY AUTO       \$1,00,00         A       AUTOS ONLY       X       SCHEDULED         AUTOS ONLY       X       MON-OWNED       AUTOS ONLY         X       MANOWNED       AUTOS ONLY       X         AUTOS ONLY       X       MON-OWNED       AUTOS ONLY         X       UMBRELLA LIAB       X       OCCUR         A       X       EXCESS LIAB       CLAIMS-MADE         VORKERS COMPENSATION \$       4488006002       03/20/2019       03/20/2020         AND PROPERTY DAMAGE       \$1,000,00       S         MORKERS COMPENSATION \$       4488006002       03/20/2019       03/20/2020         AND PROPRIETOR/PARTINER/EXECUTIVE       Y/N       ANY PROPRIETOR/PARTINER/EXECUTIVE       \$1,000,00         B       OFFICE/RIMEMBER EXCLUDED?       N / A       4488056003       03/20/2019       03/20/2020       EL EACH ACCIDENT       \$ 5600,000         EL DISEASE - EA EMPLOYEE       \$ 500,000       EL DISEASE - EA EMPLOYEE       \$ 500,000       EL DISEASE - POLICY LIMIT       \$ 500,000   | ł  |   |        |          |   |                         |  | 5                                      |  |            |              |         |        |  |  |  |
| A TOWNED CALLS LAUCT AUTO<br>ANY AUTO<br>OWNED<br>AUTOS ONLY<br>X HIED<br>AUTOS ONLY<br>X UMBRELLA LIAB<br>X UMBRELLA LIAB<br>X UMBRELLA LIAB<br>X OCCUR<br>CLAIMS-MADE<br>DED<br>RETENTION S<br>AUTOS ONLY<br>X AUTOS ONLY<br>X UMBRELLA LIAB<br>X OCCUR<br>AUTOS ONLY<br>X DOCUR<br>AUTOS ONLY<br>X DOCUR<br>X DOCUR<br>AUTOS ONLY<br>X DOCUR<br>X DOCUR<br>AUTOS ONLY<br>X DOCUR<br>AUTOS ONLY<br>X DOCUR<br>AUTOS ONLY<br>X DOCUR<br>X DOCUR<br>AUTOS ONLY<br>X DOCUR<br>AUTOS ONLY<br>X DOCUR<br>X DOCUR<br>AUTOS ONLY<br>X DOCUR<br>X DOCUR<br>X DOCUR<br>AUTOS ONLY<br>X DOCUR<br>AUTOS ONLY<br>X DOCUR<br>AUTOS ONLY<br>X DOCUR<br>AUTOS ONLY<br>X DOCUR<br>AUTOS ONLY<br>X DOCUR<br>X DOCUR<br>AUTOS ONLY<br>X DOCUR<br>AUTOS ONLY<br>AUTOS ONLY<br>AU   | A TOROGE CLARENT ANY AUTOS ONLY AUTOS ONLY X   | HEDULED<br>OS<br>NOWNED<br>OS ONLY         4488066004         03/20/2019         03/20/2020         BODILY NJURY (Per person)         \$           HEDULED<br>OS ONLY         4488066004         03/20/2019         03/20/2020         BODILY NJURY (Per person)         \$           HEDULED<br>OS ONLY         4488066002         03/20/2019         03/20/2020         BODILY NJURY (Per person)         \$           CCUR<br>LAIMS-MADE         4488066002         03/20/2019         03/20/2020         EACH OCCURRENCE         \$ 1,000,000           NS         PRODUCTS - COMP/OP AGG         \$ 1,000,000         \$ 1,000,000         \$           VS         PER<br>Y / N         PER<br>STATUTE         \$ 1,000,000         \$   | A ANY AUTO<br>ANY AUTO<br>OWNED<br>AUTOS ONLY<br>X AUTOS ONLY<br>X A  | ANTONOME CLARENTITY         ANY AUTO         ANY AUTO         OWNED         ANY AUTOS         OWNED         AUTOS         AUTOS ONLY         X         MAUTOS ONLY         X         MAREELA LIAB         X       OCCUR         A       X         EXCESS LIAB       CLAIMS-MADE         DED       RETENTION \$         WORKERS COMPENSATION       4488006002         03/20/2019       03/20/2020         BODILY NURPY (Per person)       \$         MOD EMPLOYERS' LIABILITY       Y /N         AND EMPLOPRETOR/PARTNER/EXECUTIVE       N  | AUTOROBALE LAUTO<br>ANY AUTO<br>OWNED<br>AUTOS ONLY<br>X HRED<br>AUTOS ONLY<br>X UMBRELLA LIAB<br>X OCCUR<br>CLAIMS-MADE<br>DED<br>RETENTION S<br>AUTOS ONLY<br>X AUTOS ONLY<br>X DOCUR<br>AUTOS ONLY<br>AUTOS ONLY<br>AUTOS ONLY<br>AUTOS ONLY<br>AUTOS ONLY<br>X DOCUR<br>AUTOS ONLY<br>AUTOS  | AUTOROBUSE LADIENT<br>ANY AUTO<br>OWNED<br>AUTOS ONLY<br>X HRED<br>AUTOS ONLY<br>X HRED<br>AUTOS ONLY<br>X HRED<br>AUTOS ONLY<br>X HRED<br>AUTOS ONLY<br>X HRED<br>AUTOS ONLY<br>X HRED<br>AUTOS ONLY<br>X UMBRELLA LIAB<br>X UMBRELLA LIAB<br>X CAIMS-MADE<br>DED<br>RETENTION S<br>AUTOS ONLY<br>X HRED<br>AUTOS ONLY<br>X HRED<br>AUTOS ONLY<br>X HRED<br>AUTOS ONLY<br>X HRED<br>AUTOS ONLY<br>X UMBRELLA LIAB<br>X CAIMS-MADE<br>DED<br>RETENTION S<br>AUTOS ONLY<br>X HRED<br>AUTOS ONLY   | ┝  |   |        |          | <u> </u>                                      | COMBINED SINGLE LIMIT S |  |  |  |            |              |         |        |  |  |  |
| A     OWNED<br>AUTOS ONLY     X     SCHEDULED<br>AUTOS ONLY     Autos     SCHEDULED<br>AUTOS ONLY     SCHEDULED<br>AUTOS ONLY     S       X     HRED<br>AUTOS ONLY     X     MONOWNED<br>AUTOS ONLY     X     OCCUR     S       A     X     UMBRELLA LIAB     X     OCCUR     S       A     X     EXCESS LIAB     CLAIMS-MADE     4488006002     03/20/2019     03/20/2019     O3/20/2020     AGREDATE     \$ 1,000,000       A     X     EXCESS LIAB     CLAIMS-MADE     4488006002     03/20/2019     03/20/2019     O3/20/2020     AGREDATE     \$ 1,000,000       B     OFREAS COMPENSATION<br>AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE     N / A     4488006003     03/20/2019     03/20/2019     03/20/2020     X     X     PEA<br>AGGREDATE     \$ 500,000       B     OFREAS COMPENSATION<br>AND EMPLOYERS' LIABILITY<br>PROPRIETOR/PARTNER/EXECUTIVE     N / A     4488006003     03/20/2019     03/20/2020     X     PEA<br>PEA<br>EL DISEASE - EA EMPLOYEE     \$ 600,000       B     OFFREAS COMPERATION S below     N / A     4488006003     03/20/2019     03/20/2019     03/20/2020     X     PEA<br>EL DISEASE - POLICY LIMIT     \$ 600,000       EL     DESCRIPTION OF OPERATIONS below     N / A     4488006003     03/20/2019     03/20/2019     03/20/2019     X <td< td=""><td>A     OWNED<br/>AUTOS ONLY     X     SCHEDULED<br/>AUTOS     4488056004     03/20/2019     03/20/2020     BODILY NURY (Par accident)     S       Y     HIRED<br/>AUTOS ONLY     X     NON-OWNED<br/>AUTOS ONLY     X     NON-OWNED<br/>AUTOS ONLY     S     EACH OCCURRENCE     S       A     X     UMBRELLA LIAB     X     OCCUR     4488056002     03/20/2019     03/20/2020     EACH OCCURRENCE     S       A     X     EXCESS LIAB     CLAIMS-MADE     4488056002     03/20/2019     03/20/2020     EACH OCCURRENCE     S       DED     RETENTION \$     X     PER<br/>UPERS'LIABILITY     X (N)     Y     Y     Y     Y</td><td>HELOLED         4488056004         03/20/2019         03/20/2020         Dobining         Image: Contract of the contract</td><td>A       A       AUTOS ONLY       X       SCHEDULED       AUTOS ONLY       X       SCHEDULED       AUTOS ONLY       AUTOS ONLY       X       X       AUTOS ONLY       X       X       AUTOS ONLY       X       AUTOS ONLY       X       X       AUTOS ONLY       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X</td><td>A       OWNED<br/>AUTOS ONLY       X       SCHEDULED<br/>AUTOS ONLY       X       SCHEDULED<br/>AUTOS ONLY       Autos       SCHEDULED<br/>AUTOS ONLY       SCHEDULED<br/>X       Autos       SCHEDULED<br/>AUTOS ONLY       SCHEDULED<br/>X       SCHEDULED<br/>AUTOS ONLY       SCHEDULED<br/>X       SCHEDULED</td><td>A     OWNED<br/>AUTOS ONLY     X     SCHEDULED<br/>AUTOS ONLY     AUTOS<br/>AUTOS ONLY     SCHEDULED<br/>AUTOS ONLY     AUTOS<br/>AUTOS ONLY     S       X     HRED<br/>AUTOS ONLY     X     MON-OWNED<br/>AUTOS ONLY     AUTOS ONLY     S       A     X     UMBRELLA LIAB     X     OCCUR     S       A     X     EXCESS LIAB     CLAIMS-MADE     4488006002     03/20/2019     03/20/2019     03/20/2020       DED     RETENTION S     CLAIMS-MADE     4488006002     03/20/2019     03/20/2019     03/20/2020       B     OFFICER/S COMPENSATION<br/>AND EMPLOYERS' LIABILITY<br/>ANY PROPRIETOR/PARTNER/EXECUTIVE     N / A     4488006003     03/20/2019     03/20/2020       B     OFFICER/MEMBER EXCLUDED?     N / A     4488006003     03/20/2019     03/20/2019     03/20/2020       EL     EL EACH ACCIDENT     \$ 600,000       EL     DESCRIPTION OF OPERATIONS below     N / A</td><td>A     OWNED<br/>AUTOS ONLY     X     SCHEDULED<br/>AUTOS ONLY     X     AUTOS<br/>AUTOS ONLY     X     AUTOS<br/>AUTOS ONLY     X     AUTOS ONLY     AUTOS ONLY     AUTOS ONLY     AUTOS ONLY     AUTOS OUTOS OUTOS OUTOS OUTOS OUTOS OUTOS OUTOS OUTOS OUT</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>\$</td><td></td></td<>   | A     OWNED<br>AUTOS ONLY     X     SCHEDULED<br>AUTOS     4488056004     03/20/2019     03/20/2020     BODILY NURY (Par accident)     S       Y     HIRED<br>AUTOS ONLY     X     NON-OWNED<br>AUTOS ONLY     X     NON-OWNED<br>AUTOS ONLY     S     EACH OCCURRENCE     S       A     X     UMBRELLA LIAB     X     OCCUR     4488056002     03/20/2019     03/20/2020     EACH OCCURRENCE     S       A     X     EXCESS LIAB     CLAIMS-MADE     4488056002     03/20/2019     03/20/2020     EACH OCCURRENCE     S       DED     RETENTION \$     X     PER<br>UPERS'LIABILITY     X (N)     Y     Y     Y     Y   | HELOLED         4488056004         03/20/2019         03/20/2020         Dobining         Image: Contract of the contract   | A       A       AUTOS ONLY       X       SCHEDULED       AUTOS ONLY       X       SCHEDULED       AUTOS ONLY       AUTOS ONLY       X       X       AUTOS ONLY       X       X       AUTOS ONLY       X       AUTOS ONLY       X       X       AUTOS ONLY       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X   | A       OWNED<br>AUTOS ONLY       X       SCHEDULED<br>AUTOS ONLY       X       SCHEDULED<br>AUTOS ONLY       Autos       SCHEDULED<br>AUTOS ONLY       SCHEDULED<br>X       Autos       SCHEDULED<br>AUTOS ONLY       SCHEDULED<br>X       SCHEDULED<br>AUTOS ONLY       SCHEDULED<br>X       SCHEDULED  | A     OWNED<br>AUTOS ONLY     X     SCHEDULED<br>AUTOS ONLY     AUTOS<br>AUTOS ONLY     SCHEDULED<br>AUTOS ONLY     AUTOS<br>AUTOS ONLY     S       X     HRED<br>AUTOS ONLY     X     MON-OWNED<br>AUTOS ONLY     AUTOS ONLY     S       A     X     UMBRELLA LIAB     X     OCCUR     S       A     X     EXCESS LIAB     CLAIMS-MADE     4488006002     03/20/2019     03/20/2019     03/20/2020       DED     RETENTION S     CLAIMS-MADE     4488006002     03/20/2019     03/20/2019     03/20/2020       B     OFFICER/S COMPENSATION<br>AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE     N / A     4488006003     03/20/2019     03/20/2020       B     OFFICER/MEMBER EXCLUDED?     N / A     4488006003     03/20/2019     03/20/2019     03/20/2020       EL     EL EACH ACCIDENT     \$ 600,000       EL     DESCRIPTION OF OPERATIONS below     N / A  | A     OWNED<br>AUTOS ONLY     X     SCHEDULED<br>AUTOS ONLY     X     AUTOS<br>AUTOS ONLY     X     AUTOS<br>AUTOS ONLY     X     AUTOS ONLY     AUTOS ONLY     AUTOS ONLY     AUTOS ONLY     AUTOS OUTOS OUTOS OUTOS OUTOS OUTOS OUTOS OUTOS OUTOS OUT   |  |   |        |          |   |                         |  |  |  | \$         |              |         |        |  |  |  |
| X     HRED<br>AUTOS ONLY     X     NON-OWNED<br>AUTOS ONLY     X     NON-OWNED<br>AUTOS ONLY     X     NON-OWNED<br>AUTOS ONLY     X     S       A     X     UMBRELLA LIAB     X     OCCUR<br>CLAIMS-MADE     4488006002     03/20/2019     03/20/2020     EACH OCCURRENCE     \$ 1,000,000       DED     RETENTION \$     CLAIMS-MADE     4488006002     03/20/2019     03/20/2020     AGGREGATE     \$ 1,000,000       WORKERS COMPENSATION<br>B     RETENTION \$     4488006003     03/20/2019     03/20/2020     X     PRODUCTS - COMP/OP AGG     \$ 1,000,000       B     WORKERS COMPENSATION<br>OFFICER/MEMBER EXCLUDED?     N / A     44880066003     03/20/2019     03/20/2020     X     STATUTE     EACH ACCIDENT     \$ 600,000       B     OFFICER/MEMBER EXCLUDED?     N / A     4488056003     03/20/2019     03/20/2020     EL. EACH ACCIDENT     \$ 600,000       EL. DISEASE - EA EMPLOYEE     \$ 500,000     EL. DISEASE - EA EMPLOYEE     \$ 500,000       EL. DISEASE - POLICY LIMIT     \$ 500,000     EL. DISEASE - POLICY LIMIT     \$ 500,000  
   | X     HRED<br>AUTOS ONLY     X     NON-OWNED<br>AUTOS ONLY     X     NON-OWNED<br>AUTOS ONLY     X       X     UMBRELLA LIAB     X     OCCUR       A     X     EXCESS LIAB     CLAIMS-MADE       DED     RETENTION \$       WORKERS COMPENSATION<br>ADDIE EMPLOYERS' LIABILITY     X (N)  
  | H-OWNED<br>DOS ONLY         Per socialini, metod         *           CCUR         4488056002         03/20/2019         03/20/2020         EACH OCCURRENCE         \$ 1,000,000           AIMS-MADE         4488056002         03/20/2019         03/20/2020         EACH OCCURRENCE         \$ 1,000,000           N S         PRODUCTS - COMP/OP AGG         \$ 1,000,000         \$ 1,000,000           V S         V         PER<br>STATUTE         OTH-           FOOLUTIS - COMP/OP AGG         \$ 500,000         \$ 500,000   | X     HIRED<br>AUTOS ONLY     X    
NON-OWNED<br>AUTOS ONLY     X     NON-OWNED<br>AUTOS ONLY     X       A     X     UMBRELLA LIAB     X     OCCUR     \$       A     X     EXCESS LIAB     CLAIMS-MADE     4488066002     03/20/2019     03/20/2020     AGGREGATE     \$ 1,000,000       DED     RETENTION \$     CLAIMS-MADE     4488066002     03/20/2019     03/20/2020     AGGREGATE     \$ 1,000,000       WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY<br>AND FMORPLOYERS' LIABILITY<br>AND FMORPLOYERS' LIABILITY<br>OFFICER/MEMBER EXCLUDED?     N / A     4488056003     03/20/2019     03/20/2020     X     Y     Y     S 600,000       B     OFFICER/MEMBER EXCLUDED?     N / A     4488056003     03/20/2019     03/20/2020     X     Y     S 600,000       EL     DISEASE - EA EMPLOYEE     \$ 600,000     EL     DISEASE - FOLICY LIMIT     \$ 500,000  | X     HIRED<br>AUTOS ONLY     X     NON-OWNED<br>AUTOS ONLY     X     NON-OWNED<br>AUTOS ONLY     S       A     X     UMBRELLA LIAB     X     OCCUR     4488006002     03/20/2019     03/20/2020     EACH OCCURRENCE     \$ 1,000,000       A     X     EXCESS LIAB     CLAIMS-MADE     4488006002     03/20/2019     03/20/2020     AGGREGATE     \$ 1,000,000       DED     RETENTION \$     PRODUCTS - COMP/OP AGG     \$ 1,000,000       WORKERS COMPENSATION<br>AND EMPLOYERS' LIABULTY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE     N / A     4488066003     03/20/2019     03/20/2020     X     PER<br>STATUTE     OTH-<br>EL. EACH ACCIDENT     \$ 600,000       B     OFFICER/MEMBER EXCLUDED?<br>(Mendetory in NH)<br>If yea, describe under     N / A     4488066003     03/20/2019     03/20/2020     EL. DISEASE - EA EMPLOYEE     \$ 500,000  
  | X     HRED<br>AUTOS ONLY     X     NON-OWNED<br>AUTOS ONLY     X     NON-OWNED<br>AUTOS ONLY     X     NON-OWNED<br>AUTOS ONLY     X     S       A     X     UMBRELLA LIAB     X     OCCUR<br>CLAIMS-MADE     4488056002     03/20/2019     03/20/2020     EACH OCCURRENCE     \$ 1,000,000       DED     RETENTION \$     CLAIMS-MADE     4488056002     03/20/2019     03/20/2020     AGGREGATE     \$ 1,000,000       WORKERS COMPENSATION<br>B     WORKERS COMPENSATION<br>OFFICER/MEMBER EXCLUDED?     N / A     4488056003     03/20/2019     03/20/2020     X     STATUTE     ETH       B     OFFICER/MEMBER EXCLUDED?     N / A     4488056003     03/20/2019     03/20/2020     E.L. EACH ACCIDENT     \$ 600,000       EL. DISEASE - EA EMPLOYEE     \$ 500,000     E.L. DISEASE - EA EMPLOYEE     \$ 500,000       B     GREGATION OF OPERATIONS below     N / A     4488056003     03/20/2019     03/20/2020     E.L. DISEASE - POLICY LIMIT     \$ 500,000   | X     HIRED<br>AUTOS ONLY     X     NON-OWNED<br>AUTOS ONLY     X     NON-OWNED<br>AUTOS ONLY     S       A     X     UMBRELLA LIAB     X     OCCUR     5       A     X     EXCEBS LIAB     CLAIMS-MADE     03/20/2019     03/20/20200     AggREGATE     \$ 1,000,00       DED     RETENTION \$     CLAIMS-MADE     4488006002     03/20/2019     03/20/20200     AggREGATE     \$ 1,000,00       WORKERS COMPENSATION<br>ANY PROPRIETOR/PARTINER/EXECUTIVE     N / A     4488006003     03/20/2019     03/20/20200     X     PEA<br>STATUTE     QTH-<br>EL       B     WORKERS COMPENSATION<br>ANY PROPRIETOR/PARTINER/EXECUTIVE     N / A     44880066003     03/20/2019     03/20/2020     X     PEA<br>STATUTE     QTH-<br>EL       B     OFFICER/MEMBER EXCLUDED?     N / A     44880066003     03/20/2019     03/20/2020     EL. EACH ACCIDENT     \$ 600,000       ELL DISEASE - EA EMPLOYEE     \$ 500,000     ELL DISEASE - POLICY LIMIT     \$ 500,000       B     GESCRIPTION OF OPERATIONS below     Image: Classing and the state of the s  
  |  |   |        |          | 44980540                                      | 04                      | 03/20/2018                                   | 03/20/2020                             | BODILY NJURY (Per accident)  | \$         |              |         |        |  |  |  |
| AUTOS ONLY       AUTOS ONLY       AUTOS UNLY       AUTOS UNLY       S         X       UMBRELLA LIAB       X       OCCUR       Adsector       S         A       X       EXCESS LIAB       CLAIMS-MADE       03/20/2019       03/20/2020       AGGREGATE       \$ 1,000,000         DED       RETENTION \$       AND EMPLOYERS COMPENSATION       AND EMPLOYERS 'LIABULTY       Y N       A488056003       03/20/2019       03/20/2020       AGGREGATE       \$ 1,000,000         B       ANY PROPRIETOR/PARTINER/EXECUTIVE       N / A       4488056003       03/20/2019       03/20/2020       X       PEA       EL EACH ACCIDENT       \$ 600,000         B       ANY PROPRIETOR/PARTINER/EXECUTIVE       N / A       4488056003       03/20/2019       03/20/2020       X       STATUTE       EL       EL       EL       EL       EL       AGGREGAT       \$ 500,000         B       ANY PROPRIETOR/PARTINER/EXECUTIVE       N / A       4488056003       03/20/2019       03/20/2020       EL       EL       EL       EL       EL       AGGREGAT       \$ 500,000         B       OFFICER/MEMBER EXCLUDED?       N / A       4488056003       03/20/2019       03/20/2020       EL       EL       EL       DESCRIPTION OF OPERATIONS below       S 500  
   | X     UMBRELLA LIAB     X     OCCUR     4488056002     03/20/2019     03/20/2020     EACH OCCURRENCE     S       A     X     EXCESS LIAB     CLAIMS-MADE     4488056002     03/20/2019     03/20/2020     AGGREGATE     S       DED     RETENTION \$     X     V     X     V     V     N       MORKERS COMPENSATION     X     V     V     V     V     V   
  | CCUR         4488066002         03/20/2019         03/20/2020         EACH OCCURRENCE         \$ 1,000,000           LAIMS-MADE         4488066002         03/20/2019         03/20/2020         AGGREDATE         \$ 1,000,000           NS         PRODUCTB - COMP/OP AGG         \$ 1,000,000         Y         PER<br>STATUTE         OTH-           FCI TIDLE Y / N         COMP/OP AGG         \$ 1,000,000         Y         PER<br>STATUTE         OTH-   | AUTOS ONLY       S         A       X       EXCESS
LIAB       CLAIMS-MADE       4488056002       03/20/2019       03/20/2020       AGGREGATE       \$ 1,000,000         DED       RETENTION \$       4488056003       03/20/2019       03/20/2020       PRODUCT8 - COMP/OP AGG       \$ 1,000,000         MORKERS COMPENSATION       AND EMPLOYERS'LIABILITY       Y /N       AND EMPLOYERS'LIABILITY       OTH       EN         B       OFFICER/MEMBER EXCLUDED?       N / A       4488056003       03/20/2019       03/20/2020       EL EACH ACCIDENT       \$ 600,000         EL. DISEASE - EA EMPLOYEE       \$ 500,000       EL. DISEASE - EA EMPLOYEE       \$ 500,000   | AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       S         X       AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       S         X       UMBRELLA LIAB       X       OCCUR       Added to the second of the  
  | AUTOS ONLY       AUTOS UNLY       AUTOS UNLY       AUTOS UNLY       S         X       UMBRELLA LIAB       X       OCCUR       AGREGATE       \$ 1,000,000         A       X       EXCEBS LIAB       CLAIMS-MADE       03/20/2019       03/20/2020       AGGREGATE       \$ 1,000,000         DED       RETENTION \$       AND EMPLOYERS COMPENSATION       AND EMPLOYERS 'LIABULTY       Y /N       A488056003       03/20/2019       03/20/2020       EACH OCCURRENCE       \$ 1,000,000         B       ANY PROPRIETOR/PARTINER/EXECUTIVE       N / A       4488056003       03/20/2019       03/20/2020       X       PEA       EL EACH ACCIDENT       \$ 600,000         B       ANY PROPRIETOR/PARTINER/EXECUTIVE       N / A       4488056003       03/20/2019       03/20/2020       X       STATUTE       EL       EL       EL       EL       AGGREGATE       \$ 500,000         B       ANY PROPRIETOR/PARTINER/EXECUTIVE       N / A       4488056003       03/20/2019       03/20/2020       EL       EL       EL       EL       DESCRIPTION OF OPERATIONS below       N / A         B       GREGATE       UMBRELLA LIAB       N / A       A488056003       03/20/2019       03/20/2020       EL       EL       EL       DESCRIPTION OF OPERATIONS below   | AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       S         AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       S         AUTOS ONLY       AUTOS ONLY       CLAIMS-MADE       03/20/2019       03/20/2020       EACH OCCURRENCE       \$ 1,000,00         A       X       EXCESS LIAB       CLAIMS-MADE       4488066002       03/20/2019       03/20/2020       AGGREBATE       \$ 1,000,00         DED       RETENTION \$       AND EMPLOYERS' LIABILITY       Y/N       ANY PROPRIETOR/PARTINER/EXECUTIVE       \$ 1,000,00         ANY PROPRIETOR/PARTINER/EXECUTIVE       N / A       4488066003       03/20/2019       03/20/2020       X       Y       Y         B       OFFICER/MEMBER EXCLUDED?       N / A       4488066003       03/20/2019       03/20/2020       X       Y   | ^   
  |   |        |          |   |                         | 00.2012010                                   |  | PROPERTY DAMAGE  | \$         |              |         |        |  |  |  |
| X       UMBRELLA LIAB       X       OCCOR       A4880056002       03/20/2019       03/20/2020       AGGREBATE       \$ 1,000,000         A       X       EXCESS LIAB       CLAIMS-MADE       44880056002       03/20/2019       03/20/2020       AGGREBATE       \$ 1,000,000         DED       RETENTION \$       AND EMPLOYERS' LIABILITY<br>AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTINER/EXECUTIVE       Y / N<br>AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTINER/EXECUTIVE       N / A       4488056003       03/20/2019       03/20/2020       X       STATUTE       DH+         B       OFFICER/MEMBER EXCLUDED?<br>(Mendetory in NH)<br>If yes, describe under<br>DESCRIPTION OF OPERATIONS below       N / A       4488056003       03/20/2019       03/20/2020       X       STATUTE       S 500,000         E.L. DISEASE - EA EMPLOYEE       \$ 500,000       E.L. DISEASE - EA EMPLOYEE       \$ 500,000       E.L. DISEASE - POLICY LIMIT       \$ 500,000  
   | X     UMBRELLA LIAB     X     OCCOR       A     X     EXCESS LIAB     CLAIMS-MADE       DED     RETENTION \$       WORKERS COMPENSATION       AND EMPLOYERS' LIABILITY  
  | CCCH         4488066002         03/20/2019         03/20/2020         AggREgate         \$ 1,000,000           LAIMS-MADE         4488066002         03/20/2019         03/20/2020         AggREgate         \$ 1,000,000           NS         PRODUCTB - COMP/OP Agg         \$ 1,000,000         \$ 1,000,000         \$ 1,000,000           VS         V         PER         OTH         \$ 500,000           V         PER         OTH         \$ 500,000   | X       UMBRELLA LIAB       X       OCCOR      
4488056002       03/20/2019       03/20/2020       Aggregate       \$ 1,000,000         DED       RETENTION \$       4488056002       03/20/2019       03/20/2020       Aggregate       \$ 1,000,000         WORKERS COMPENSATION<br>AND PROPRIETOR/PARTINER/EXECUTIVE       N / A       4488056003       03/20/2019       03/20/2020       X       PER<br>PRODUCTS - COMP/OP AGG       \$ 1,000,000         B       OFFICER/MEMBER EXCLUDED?       N / A       4488056003       03/20/2019       03/20/2020       E.L. DISEASE - EA EMPLOYEE       \$ 600,000         B       OFFICER/MEMBER EXCLUDED?       N / A       4488056003       03/20/2019       03/20/2020       E.L. DISEASE - EA EMPLOYEE       \$ 500,000  | X       UMBRELLA LIAB       X       OCCOH       44880056002       03/20/2019       03/20/2020       AGGREGATE       \$ 1,000,000         A       X       EXCESS LIAB       CLAIMS-MADE       44880056002       03/20/2019       03/20/2020       AGGREGATE       \$ 1,000,000         B       DED       RETENTION \$       AND EMPLOYERS' LIABUITY       Y /N       N / A       44880056003       03/20/2019       03/20/2020       X       PER       OTH-ER         B       ANY PROPRIETOR/PARTINER/EXECUTIVE       Y /N       N / A       44880056003       03/20/2019       03/20/2020       E.L. EACH ACCIDENT       \$ 500,000         B       OFFICER/MEMBER EXCLUDED?       N / A       44880056003       03/20/2019       03/20/2020       E.L. DISEASE - EA EMPLOYEE       \$ 500,000         B       OFFICER/MEMBER EXCLUDED?       N / A       44880056003       03/20/2019       03/20/2020       E.L. DISEASE - EA EMPLOYEE       \$ 500,000         B       UMBRELIA LIABUITY       N / A       44880056003       03/20/2019       03/20/2020       E.L. DISEASE - EA EMPLOYEE       \$ 500,000  
  | X       UMBRELLA LIAB       X       UCCOR       A       X       EXCESS LIAB       CLAIMS-MADE       A488056002       03/20/2019       03/20/2020       AGGREBATE       \$ 1,000,000         DED       RETENTION \$       AND EMPLOYERS' LIABILITY       AND EMPLOYERS' LIABILITY       Y/N       AAB8056003       03/20/2019       03/20/2020       X       B       DFD       RETENTION \$       \$ 1,000,000         B       OFFICER/MEMBER EXCLUDED?       M / A       4488056003       03/20/2019       03/20/2020       X       B       DFH         B       OFFICER/MEMBER EXCLUDED?       N / A       4488056003       03/20/2019       03/20/2020       X       B       E.L. EACH ACCIDENT       \$ 500,000         B       OFFICER/MEMBER EXCLUDED?       N / A       4488056003       03/20/2019       03/20/2020       E.L. EACH ACCIDENT       \$ 500,000         E.L. DISEASE - EA EMPLOYEE       \$ 500,000       E.L. DISEASE - POLICY LIMIT       \$ 500,000       E.L. DISEASE - POLICY LIMIT       \$ 500,000   | X       UMBRELLA LIAB       X       00000H         A       X       EXCESS LIAB       CLAIMS-MADE         DED       RETENTION \$       AGGREGATE       \$ 1,000,00         MORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTINER/EXECUTIVE // N<br>ANY PROPRIETOR/PARTINER/EXECUTIVE // N<br>ANY PROPRIETOR/PARTINER/EXECUTIVE // N       N / A       4488056003       03/20/2019       03/20/2020       X       PEATURE       \$ 1,000,00         B       OFFICER/MEMBER EXCLUDED?<br>(Mendetory in NH)<br>If yee, describe under<br>DESCRIPTION OF OPERATIONS below       N / A       4488056003       03/20/2019       03/20/2020       E.L. DISEASE - EA EMPLOYEE       \$ 500,000         If yee, describe under       DESCRIPTION OF OPERATIONS below       If yee, describe under       \$ 500,000       Image: State - EA EMPLOYEE       \$ 500,000   
   |  |   |        | 1        |   |                         |  |  | Per scooling   | \$         |              |         |        |  |  |  |
| X       UMBRELLA LIAB       X       COORT       44880066002       03/20/2019       03/20/2020       AggREBATE       \$ 1,000,000         A       X       EXCESS LIAB       CLAIMS-MADE       44880066002       03/20/2019       03/20/2020       AggREBATE       \$ 1,000,000         DED       RETENTION \$        44880066002       03/20/2019       03/20/2020       X       PRODUCT3 - COMP/OP AGG       \$ 1,000,000         AND EMPLOYERS' LIABULTY       Y / N       Y  
   | X     UMBRELLA LIAB     X     OCONT     4488058002     03/20/2019     03/20/2020     AGGREGATE     \$ 3       A     X     EXCESS LIAB     CLAIMS-MADE     4488058002     03/20/2019     03/20/2020     AGGREGATE     \$ 3       DED     RETENTION \$     VORKERS COMPENSATION     X     PER     OTH-       AND EMPLOYERS' LIABILITY     X / N     EMPLOYERS' LIABILITY     X / N  
  | LAIMS-MADE         4488058002         03/20/2019         03/20/2020         AGGREGATE         \$ 1,000,000           N S         PRODUCTS - COMP/OP AGG         \$ 1,000,000         X         PER         VI           VS         VI         PER         VI         VI         VI         VI         VI           VS         VI         PER         VI         VI         VI         VI         VI           VI         VI         VI         VI         VI         VI         VI         VI         VI         VI           VI         VI         VI         VI         VI         VI         VI         VI         VI         VI         VI         VI         VI         VI         VI         VI         VI         VII         VI   | X         UMBRELLA LIAB         X         CLAIMS-MADE         4488066002         03/20/2019         03/20/2020         AGGREGATE         \$ 1,000,000           DED         RETENTION \$             PRODUCT8 - COMP/OP AGG         \$ 1,000,000           MORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY                       \$ 1,000,000         \$ 1,000,000         \$ 1,000,000         \$ 1,000,000         \$
1,000,000         \$ 1,000,000  | X       UMBRELLA LIAB       X       CLAIMS-MADE         A       X       EXCESS LIAB       CLAIMS-MADE         DED       RETENTION \$       AGGREGATE       \$ 1,000,000         WORKERS COMPENSATION<br>AND EMPLOYERS' LIABULTY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE       Y / N<br>N / A       4488056003       03/20/2019       03/20/2020       AGGREGATE       \$ 1,000,000         B       OFFICER/MEMBER EXCLUDED?<br>(Mendetory in NH)<br>If yea, describe under       N / A       4488056003       03/20/2019       03/20/2020       E.L. DISEASE - EA EMPLOYEE       \$ 500,000   
   | X       UMBRELLA LIAB       X       COUNT       4488006002       03/20/2019       03/20/2020       AggREGATE       \$ 1,000,000         A       X       EXCESS LIAB       CLAIMS-MADE       4488006002       03/20/2019       03/20/2020       AggREGATE       \$ 1,000,000         DED       RETENTION \$        4488006002       03/20/2019       03/20/2020       X       PRODUCTS - COMP/OP AGG       \$ 1,000,000         AND EMPLOYERS' LIABULTY       Y / N       Y </td <td>X       UMBRELLA LIAB       X       OCCUTI       CLAIMS-MADE       4488066002       03/20/2019       03/20/2020       AGGREGATE       \$ 1,000,00         A       X       EXCESS LIAB       CLAIMS-MADE       4488066002       03/20/2019       03/20/2020       AGGREGATE       \$ 1,000,00         DED       RETENTION \$      </td> <td></td> <td></td> <td></td> <td></td> <td><u>                                      </u></td> <td><u> </u></td> <td></td> <td></td> <td>FACH OCCURRENCE</td> <td>\$ 1,00</td> <td>000,000</td>  | X       UMBRELLA LIAB       X       OCCUTI       CLAIMS-MADE       4488066002       03/20/2019       03/20/2020       AGGREGATE       \$ 1,000,00         A       X       EXCESS LIAB       CLAIMS-MADE       4488066002       03/20/2019       03/20/2020       AGGREGATE       \$ 1,000,00         DED       RETENTION \$   
  |  |   |        |          | <u>                                      </u> | <u> </u>                |  |  | FACH OCCURRENCE  | \$ 1,00    | 000,000      |         |        |  |  |  |
| A       X       EXCESS LIAB       CLAIMS-MADE         DED       RETENTION \$       PRODUCT3 - COMP/OP AGG       \$ 1,000,000         AND EMPLOYERS' LIABULTY       Y / N       AND EMPLOYERS' LIABULTY       Y / N         B       OFFICER/MEMBER EXCLUDED?       N / A       4498056003       03/20/2019       03/20/2020       E.L. EACH AGCIDENT       \$ 600,000         E       DED       N / A       4498056003       03/20/2019       03/20/2020       E.L. DISEASE - EA EMPLOYEE       \$ 500,000         E       L. DISEASE - POLICY LIMIT       \$ 500,000       E.L. DISEASE - POLICY LIMIT       \$ 500,000  
   | A     X     EXCESS LIAB     CLAIMS-MADE       DED     RETENTION \$     PRODUCTS - COMP/OP AGG     \$       WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY     X / N     Y   
  | CAINS-MADE         PRODUCTS - COMP/OP AGG         \$ 1,000,000           V S         X         PEA<br>STATUTE         OTH-<br>EA           FC TTHE Y / N         03/20/2020         EL EACH ACCIDENT         \$ 600,000   | A       X       EXCESS LIAB       CLAIMS-MADE      
  DED       RETENTION \$       PRODUCTS - COMP/OP AGG       \$ 1,000,000         WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY<br>AND FMPLOYERS' LIABILITY<br>AND FORPRIETOR/PARTINER/EXECUTIVE       Y/N<br>N / A       4488056003       03/20/2019       03/20/2020       EL. EACH ACCIDENT       \$ 600,000         B       OFFICER/MEMBER EXCLUDED?<br>(Mendetory in NH)<br>If yea, describe under       N / A       4488056003       03/20/2019       03/20/2020       EL. DISEASE - EA EMPLOYEE       \$ 600,000   | A       X       EXCESS LIAB       CLAIMS-MADE         DED       RETENTION \$       PRODUCTS - COMP/OP AGG       \$ 1,000,000         WORKERS COMPENSATION<br>AND EMPLOYERS' LIABULTY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE       Y / N<br>N / A       4488056003       03/20/2019       03/20/2020       EL. EACH ACCIDENT       \$ 600,000         B       OFFICER/MEMBER EXCLUDED?<br>(Mendetory in NH)<br>If yea, describe under       N / A       4488056003       03/20/2019       03/20/2020       EL. DISEASE - EA EMPLOYEE       \$ 500,000  
  | A       X       EXCESS LIAB       CLAIMS-MADE         DED       RETENTION \$       PRODUCTS - COMP/OP AGG       \$ 1,000,000         AND EMPLOYERS' LIABULTY       Y / N       AND EMPLOYERS' LIABULTY       Y / N         B       OFFICER/MEMBER EXCLUDED?       N / A       4498056003       03/20/2019       03/20/2020       E.L. EACH ADCIDENT       \$ 600,000         E       DED       N / A       4498056003       03/20/2019       03/20/2020       E.L. DISEASE - EA EMPLOYEE       \$ 500,000         E       L. DISEASE - POLICY LIMIT       \$ 500,000       E.L. DISEASE - POLICY LIMIT       \$ 500,000   | A       X       EXCESS LIAB       CLAIMS-MADE         DED       RETENTION \$       PRODUCTB - COMP/OP AGG       \$ 1,000,00         AND EMPLOYERS' LIABILITY       Y/N       Y/N       X       STATUTE       DT         B       OFFICERV/MEMBER EXCLUDED?       N / A       4488056003       03/20/2019       03/20/2020       E.L. DISEASE - EA EMPLOYEE       \$ 500,000         If yes, describe under       DESCRIPTION OF OPERATIONS below       N / A       4488056003       03/20/2019       03/20/2020       E.L. DISEASE - EA EMPLOYEE       \$ 500,000   
   | Ι.   |   |        |          |   |                         | 44880560                                     | 02                                     | 03/20/2019   | 03/20/2020 |              | \$ 1,00 | 00,000 |  |  |  |
| DED       HETENTION S         WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY<br>Y PROPRIETOR/PARTIMER/EXECUTIVE       Y / N<br>OFFICER/MEMBER EXCLUDED?<br>(Mandatory in NH)<br>If yes, describe under<br>DESCRIPTION OF OPERATIONS below       N / A       4488056003       03/20/2019       03/20/2020       X       PER<br>STATUTE       QTH-<br>ER         B       OFFICER/MEMBER EXCLUDED?<br>(Mandatory in NH)<br>If yes, describe under<br>DESCRIPTION OF OPERATIONS below       N / A       4488056003       03/20/2019       03/20/2020       E.L. DISEASE - EA EMPLOYEE       \$ 500,000   
   | DED         HETENTION *           WORKERS COMPENSATION         X           DED         FILENTION *  
  | X         PER<br>STATUTE         OTH-<br>EA           FC TTHE         Y / N         EL EACH ACCIDENT         \$ 600,000   | DED     RETENTION S       WORKERS
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ACORD		AGENCY CUSTOMER ID: XXXXXX485 LOC #:	Page 2_ of 2
AGENCY		NAMED INSURED Integrated Office Solutions Inc	
Chris Lupol POLICY NUMBER 4488056001			
CARRIER	NAIC CODE	7	
Sentry Insurance & Mutual Company	24968	EFFECTIVE DATE: 03/20/2018	
ADDITIONAL REMARKS			
THIS ADDITIONAL REMARKS FORM IS A BCHEDULE TO ACC	RD FORM		
FORM NUMBER: ACORD 25 FORM TITLE: Certificate	of Liability Insura	nce	