



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
10/05/2023

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

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

<b>PRODUCER</b> Aon Risk Services Central, Inc. Omaha NE Office 17807 Burke Street Suite 401 Omaha NE 68118 USA	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): (402) 697-1400      FAX (A/C. No.): (402) 697-0017	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> Election Systems & Software, LLC 11208 John Galt Blvd Omaha NE 68137 USA	<b>INSURER A:</b> Twin City Fire Insurance Company      29459	
	<b>INSURER B:</b> Hartford Accident & Indemnity Company      22357	
	<b>INSURER C:</b> Trumbull Insurance Company      27120	
	<b>INSURER D:</b> Hartford Casualty Insurance Co      29424	
	<b>INSURER E:</b> Endurance American Specialty Ins Co.      41718	
	<b>INSURER F:</b>	

Holder Identifier :

**COVERAGES**      **CERTIFICATE NUMBER: 570102118478**      **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			41UUNAX0RMG	10/01/2023	10/01/2024	EACH OCCURRENCE	\$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
							MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
							PRODUCTS - COMP/OP AGG	\$2,000,000
A	<b>AUTOMOBILE LIABILITY</b>  <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> \$1,000 Coll. Ded.			41 UEN AA3388	10/01/2023	10/01/2024	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> \$1,000 Comp. Ded.						BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
D	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000			41XHUAY3V0J	10/01/2023	10/01/2024	EACH OCCURRENCE	\$10,000,000
							AGGREGATE	\$10,000,000
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			41WEAB9NF1	10/01/2023	10/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
	Y/N <input checked="" type="checkbox"/> N    N/A						E.L. EACH ACCIDENT	\$1,000,000
							E.L. DISEASE-EA EMPLOYEE	\$1,000,000
							E.L. DISEASE-POLICY LIMIT	\$1,000,000
E	<b>E&amp;O - Professional Liability</b> - Primary			PRO30011957902 E&O/Cyber Claims Made SIR applies per policy terms & conditions	10/01/2023	04/01/2025	Each Claim Limit	\$5,000,000
							SIR	\$5,000,000

Certificate No : 570102118478

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

Re: FY21 contract.  
A waiver of Subrogation is granted in favor of Durham County Board of Elections in accordance with the policy provisions of the General Liability, Automobile Liability and workers compensation policies.

**CERTIFICATE HOLDER****CANCELLATION**

Durham County Board of Elections 201 N. Roxboro Street Durham NC 27701 USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  <i>Aon Risk Services Central, Inc.</i>
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# ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED Election Systems & Software, LLC	
POLICY NUMBER See Certificate Number: 570102118478		EFFECTIVE DATE:	
CARRIER See Certificate Number: 570102118478	NAIC CODE		

**ADDITIONAL REMARKS**

<p><b>THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,</b>  <b>FORM NUMBER:</b> ACORD 25 <b>FORM TITLE:</b> Certificate of Liability Insurance</p> <p style="text-align: center;">workers' Compensation Underwriting Co.</p> <p>Hartford Casualty Insurance Company:                  Illinois                  Pennsylvania                  Texas</p> <p>Hartford Insurance Company of Midwest:                  Georgia</p> <p>Hartford Underwriters Insurance Company:                  Missouri                  New Jersey                  North Carolina</p> <p>Property &amp; Casualty Insurance Company of Hartford:                  Alabama                  Colorado                  Minnesota                  New York</p> <p>Sentinel Insurance Company:                  California                  Iowa                  Maryland</p> <p>Trumbull Insurance Company:                  Indiana                  Nebraska</p> <p>Twin City Fire Insurance Company:                  Arkansas                  Arizona                  Delaware                  Florida                  Idaho                  Kansas                  Kentucky                  Massachusetts                  Michigan                  Mississippi                  North Dakota                  Ohio                  Oklahoma                  Oregon                  Rhode Island                  South Carolina                  South Dakota                  Tennessee                  Utah                  Vermont                  Virginia                  Washington                  West Virginia                  Wisconsin</p>
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