



CERTIFICATE OF LIABILITY INSURANCE

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

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

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

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

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

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

Re: FY21 contract.

Re: FIZI 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

Am Risk Services Central, Inc.

Holder Identifier :

Certificate No : 570102118478





ADDITIONAL REMARKS SCHEDULE

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

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Workers' Compensation Underwriting Co.

Hartford Casualty Insurance Company:
Illinois
Pennsylvania
Texas

Hartford Insurance Company of Midwest:
Georgia

Hartford Underwriters Insurance Company:
Missouri
New Jersey
North Carolina

Property & Casualty Insurance Company of Hartford:
Alabama
Colorado
Minnesota
New York

Sentinel Insurance Company:
California
Iowa
Maryland

Trumbull Insurance Company:
Indiana
Nebraska

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