

ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

12/05/2019

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

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

PRODUCER Marsh & McLennan Agency LLC 565 Fifth Ave 5th Floor, Suite #0500 New York, NY 10017	CONTACT NAME: PHONE (A/C, No, Ext): 201 845-6600 FAX (A/C, No): E-MAIL ADDRESS:														
INSURED OSG Holdings Inc. 100 Challenger Rd Ste 303 Ridgefield Park, NJ 07660	<table border="1"> <thead> <tr> <th data-bbox="816 426 1433 451">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1433 426 1572 451">NAIC #</th> </tr> </thead> <tbody> <tr> <td data-bbox="816 451 1433 478">INSURER A : Continental Insurance Company</td> <td data-bbox="1433 451 1572 478">35289</td> </tr> <tr> <td data-bbox="816 478 1433 506">INSURER B : ACE American Insurance Company</td> <td data-bbox="1433 478 1572 506">22667</td> </tr> <tr> <td data-bbox="816 506 1433 533">INSURER C : Continental Insurance Co of NJ</td> <td data-bbox="1433 506 1572 533">42625</td> </tr> <tr> <td data-bbox="816 533 1433 560">INSURER D : AXIS Insurance Company</td> <td data-bbox="1433 533 1572 560">37273</td> </tr> <tr> <td data-bbox="816 560 1433 588">INSURER E : National Fire Insurance Co of Hartford</td> <td data-bbox="1433 560 1572 588">20478</td> </tr> <tr> <td data-bbox="816 588 1433 615">INSURER F :</td> <td data-bbox="1433 588 1572 615"></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Continental Insurance Company	35289	INSURER B : ACE American Insurance Company	22667	INSURER C : Continental Insurance Co of NJ	42625	INSURER D : AXIS Insurance Company	37273	INSURER E : National Fire Insurance Co of Hartford	20478	INSURER F :	
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COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			6079432027	12/01/2019	12/01/2020	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
E	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			6079432030	12/01/2019	12/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10000			6079484094	12/01/2019	12/01/2020	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	6079484113	12/01/2019	12/01/2020	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
B	CL Cyber Lia			G29009454001	12/01/2019	12/01/2020	Limit \$10m, Ret. \$100K
C	CL Professio			596852198	12/01/2019	12/01/2020	Limit \$10m, Ret. \$100K
D	CL Crime			P00100021988	12/01/2019	12/01/2020	Limit \$10m, Ret. \$100K

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

**** Supplemental Name ****

3 Point Payment Processing
Applied Information Group Inc.
Applied Revenue Analytics LLC
Double Positive Marketing / Clickspark
(See Attached Descriptions)

CERTIFICATE HOLDER**CANCELLATION**

County of Durham
200 East Main Street, 4th Floor
Durham, NC 27701

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

AUTHORIZED REPRESENTATIVE

Wm. C. Lillie

DESCRIPTIONS (Continued from Page 1)

Diamond Marketing Solutions Group
Diamond Communication Solutions
Garfield Group
Globalex Corporation dba RevoPay
Formost MediaOne
Gustave Solutions
JJT Enterprises, Inc.
Mansel Group Inc DBA What Counts
Miria Systems Inc
National Business System
National Data Services
NCP Solutions LLC
WORDS, DATA AND IMAGES, LLC DBA GABRIEL GROUP
Windsor Circle
The Pisa Group
Telereach, Inc.
SouthData, Inc.
Paybox Corp.
Output Services Group d/b/a OSG Billing

Excess Cyber Liability policy - Carrier is National Union Fire Ins Co PittsburghPA, Policy #041730227; \$10,000,000 Limit (excess of \$10,000,000); Policy Term 12/1/2019 - 12/1/2020.

Excess Errors & Omissions - Carrier is The Hartford, Policy #13 PG 0333646; \$5,000,000 (excess of \$10,000,000); Policy Term 12/1/2019 - 12/1/2020.

Excess Crime - Carrier is U.S. Fire Insurance Company, Policy #6260374053; \$5,000,000 (excess of \$10,000,000); Policy Term 12/1/2019 - 12/1/2020.

Waiver of Subrogation applies per written contract with respects the terms of the General Liability policy.