



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/5/2023

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).

PRODUCER Assurance, a Marsh & McLennan Agency LLC company 20 North Martingale Road Suite 100 Schaumburg IL 60173	CONTACT NAME: Carson Lamie PHONE (A/C. No. Ext): (847) 463-7131 E-MAIL ADDRESS: Carson.Lamie@MarshMMA.com		FAX (A/C. No.): (847) 890-6437
	INSURER(S) AFFORDING COVERAGE		
INSURED US Tech Solutions, Inc. 10 Exchange Place, Suite 1710 Jersey City NJ 07302	USTECHS-01	INSURER A : Philadelphia Indemnity Insuran	NAIC # 18058
		INSURER B : North Pointe Insurance Company	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 1465391558

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 INSD	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 <input checked="" type="checkbox"/> Contractual Liab GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	PHPK2535159	4/1/2023	4/1/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	PHPK2535159	4/1/2023	4/1/2024	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 checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y	Y	PHUB857136	4/1/2023	4/1/2024	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	QWC6000102	4/1/2023	4/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liability			PHPK2535159	4/1/2023	4/1/2024	Ea. Claim: \$1M
A	Tech. Errors & Omissions			PHPK2534869	4/1/2023	4/1/2024	Ea. Claim: \$10M
A	Crime - 3rd Party			PHPK2535159	4/1/2023	4/1/2024	Occ: \$5,000,000 Agg: \$5,000,000

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

Employment Practices Liability - Philadelphia Indemnity Ins. Co. - 4/1/2023 - 4/1/2024 - P# PHPK2535159 - Ea. Claim/Agg: \$2,000,000

Cyber (Network Security & Privacy) - Philadelphia Indemnity Ins. Co. - 4/1/2023 - 4/1/2024 - P# PHSD1786326 - Per Claim/Agg. \$5,000,000

Excess Cyber - Underwriters at Lloyd's (Ambridge) - 4/1/2023 - 4/1/2024 - P# ACX1061123 - Per Claim/Agg. \$5,000,000

Total Cyber: \$10,000,000

Excess Umbrella - RSUI Indemnity Co. - 4/1/2023 - 4/1/2024 - P# NHA101661 - Occ./Agg./Prods/Comp Ops: \$10,000,000

Total Umbrella: \$20,000,000

See Attached...

CERTIFICATE HOLDER**CANCELLATION**
 DeKalb County School District
 1701 Mountain Industrial Blvd
 Stone Mountain GA 30083

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

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ADDITIONAL REMARKS SCHEDULE

AGENCY Assurance, a Marsh & McLennan Agency LLC company		NAMED INSURED US Tech Solutions, Inc. 10 Exchange Place, Suite 1710 Jersey City NJ 07302	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Umbrella (P# PHUB857136) follows form over the General Liability (P# PHPK2535159), Auto Liability (P# PHPK2535159), Professional Liability (P# PHPK2535159) with a \$10mil sublimit, and Employer's Liability (P# QWC6000102).

Excess Umbrella (P# NHA101661) sits excess over Umbrella (P# PHPK2535159) and follows form over the General Liability (P# PHPK2535159), Auto Liability (P# PHPK2535159), and Employer's Liability (P# QWC6000102).

It is agreed that DeKalb County School Board, the DeKalb County School District, DCSD, and their officials, officers, employees, agents, volunteers, and assigns are added as Additional Insureds, when required by written contract, on the General Liability and Automobile Liability on a primary basis with respect to operations performed by the Named Insured in connection with this project.

Cross-liability coverage is provided under the General Liability through the Separation of Interests clause.

The Insured does not use any owned automobiles.

A Waiver of Subrogation in favor of the Additional Insureds applies to the Worker's Compensation policy, General Liability, and Automobile Liability policies when required by written contract and where allowed by law.

With respects to the Worker's Compensation Policy, an Alternate Employer Endorsement is added, when required by written contract, in favor of the Certificate Holder.

30 days' notice of cancellation where applicable.