



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/3/2025

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><br>First National Insurance Agency, LLC<br>626 Washington Place<br>Pittsburgh PA 15219 | <b>CONTACT NAME:</b> Allison Fuchs<br><b>PHONE (A/C. No. Ext):</b> 724-444-6761<br><b>E-MAIL ADDRESS:</b> fuchsa@fnb-corp.com |   | <b>FAX (A/C. No.):</b> 412-231-0249 |
|  | <b>INSURER(S) AFFORDING COVERAGE</b>  |   |                                     |
| <b>INSURED</b><br>Cogent Infotech Corp<br>1035 Boyce Rd<br>Suite 108<br>Pittsburgh PA 15241            | COGEINF-01  | INSURER A : Philadelphia Indemnity        | NAIC #<br>18058                     |
|  |   | INSURER B : Twin City Fire Insurance Comp | 29459                               |
|  |   | INSURER C :                               |                                     |
|  |   | INSURER D :                               |                                     |
|  |   | INSURER E :                               |                                     |

**COVERAGES**

CERTIFICATE NUMBER: 1617627682

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<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC<br><input type="checkbox"/> OTHER: | Y         | Y        | PHPK2634720-003  | 12/31/2024              | 12/31/2025              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000<br>MED EXP (Any one person) \$ 20,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>\$ |
| A        | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY                                     | Y         | Y        | PHPK2634720-003  | 12/31/2024              | 12/31/2025              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
| A        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000  | Y         | Y        | PHUB893069-003   | 12/31/2024              | 12/31/2025              | EACH OCCURRENCE \$ 8,000,000<br>AGGREGATE \$ 8,000,000<br>\$  |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |           | N/A      |                  |                         |                         | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$  |
| A        | Professional Liability  |           |          | PHPK2634721      | 12/31/2024              | 12/31/2025              | Aggregate/Occurrence \$5,000,000  |
| A        | Cyber Liability   |           |          | PHPK2634721      | 12/31/2024              | 12/31/2025              | Aggregate/Occurrence \$5,000,000  |
| B        | Crime Primary   |           |          | 40 KB 0284070-24 | 12/31/2024              | 12/31/2025              | Aggregate/Occurrence \$1,000,000  |

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

Professional Liability (Tech E & O / Cyber) #PHPK2634721 retro date 01/27/2012 policy is claims made.  
 Crime Excess # 40TP0321715-24 Effective 12/31/24 to 12/31/25 \$ 4,000,000 Aggregate/Occurrence  
 RFQ Number: RFQ 22-534  
 DeKalb County School District and The DeKalb County Board of Education are included as additional insureds when required by written contract. Umbrella policy follows form.

**CERTIFICATE HOLDER****CANCELLATION**

The DeKalb County School District ("DCSD")  
 1701 Mountain Industrial Boulevard  
 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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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **DESIGNATED LOCATION(S) GENERAL AGGREGATE LIMIT**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### **SCHEDULE**

|  |
|--|
| <b>Designated Location(s):</b><br>Per Written Contract   |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. |

- A.** For all sums which the insured becomes legally obligated to pay as damages caused by "occurrences" under Section **I** – Coverage **A**, and for all medical expenses caused by accidents under Section **I** – Coverage **C**, which can be attributed only to operations at a single designated "location" shown in the Schedule above:
  - 1.** A separate Designated Location General Aggregate Limit applies to each designated "location", and that limit is equal to the amount of the General Aggregate Limit shown in the Declarations.
  - 2.** The Designated Location General Aggregate Limit is the most we will pay for the sum of all damages under Coverage **A**, except damages because of "bodily injury" or "property damage" included in the "products-completed operations hazard", and for medical expenses under Coverage **C** regardless of the number of:
    - a.** Insureds;
    - b.** Claims made or "suits" brought; or
    - c.** Persons or organizations making claims or bringing "suits".
  - 3.** Any payments made under Coverage **A** for damages or under Coverage **C** for medical expenses shall reduce the Designated Location General Aggregate Limit for that designated "location". Such payments shall not reduce the General Aggregate Limit shown in the Declarations nor shall they reduce any other Designated Location General Aggregate Limit for any other designated "location" shown in the Schedule above.
  - 4.** The limits shown in the Declarations for Each Occurrence, Damage To Premises Rented To You and Medical Expense continue to apply. However, instead of being subject to the General Aggregate Limit shown in the Declarations, such limits will be subject to the applicable Designated Location General Aggregate Limit.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED  
PRIMARY AND NON-CONTRIBUTORY INSURANCE**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

**SCHEDULE**

**Effective Date:** 12/31/2024

**Name of Person or Organization (Additional Insured):**

Any person or organization when required by contract

**SECTION II – WHO IS AN INSURED** is amended to include as an additional insured the person(s) or organization(s) shown in the endorsement Schedule, but only with respect to liability for “bodily injury,” “property damage” or “personal and advertising injury” arising out of or relating to your negligence in the performance of “your work” for such person(s) or organization(s) that occurs on or after the effective date shown in the endorsement Schedule.

This insurance is primary to and non-contributory with any other insurance maintained by the person or organization (Additional Insured), except for loss resulting from the sole negligence of that person or organization.

This condition applies even if other valid and collectible insurance is available to the Additional Insured for a loss or “occurrence” we cover for this Additional Insured.

The Additional Insured’s limits of insurance do not increase our limits of insurance, as described in **SECTION III – LIMITS OF INSURANCE**.

All other terms, conditions, and exclusions under the policy are applicable to this endorsement and remain unchanged.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **BLANKET ADDITIONAL INSURED ENDORSEMENT**

This endorsement modifies and is subject to the insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

The following is added to **SECTION II – WHO IS AN INSURED**:

Any person or organization where required by a written contract executed prior to the occurrence of a loss. Such person or organization is an additional insured for "bodily injury," "property damage" or "personal and advertising injury" but only for liability arising out of the negligence of the named insured. The limits of insurance applicable to these additional insureds are the lesser of the policy limits or those limits specified in a contract or agreement. These limits are included within and not in addition to the limits of insurance shown in the Declarations.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST  
OTHERS**

This endorsement modifies and is subject to the insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE FORM**

**SCHEDULE**

|  |
|--|
| <b>Name of Person or Organization:</b>               |
| Any person or organization when required by contract |

Paragraph **8.** in **SECTION IV. CONDITIONS** is deleted in its entirety and replaced with the following:

**Transfer of Rights of Recovery Against Others To Us**

If the insured has rights to recover all or part of any payment we have made under this Coverage Part, those rights are transferred to us. The insured must do nothing after loss to impair them. At our request, the insured will bring "suit" or transfer those rights to us and help us enforce them.

The insured can waive the insurer's rights of recovery against the person or organization shown in the above Schedule prior to the occurrence of a loss, provided the waiver is made in a contract.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE  
CONDITION**

This endorsement modifies insurance provided under the following:

**AUTO DEALERS COVERAGE FORM  
BUSINESS AUTO COVERAGE FORM  
GARAGE COVERAGE FORM**

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

- A.** The following is added to the **Other Insurance** Condition in the Business Auto Coverage Form and supersedes any provision to the contrary:

This Coverage Form's Covered Autos Liability Coverage is primary to and will not seek contribution from any other insurance available to an "insured" under your policy provided that:

1. Such "insured" is a Named Insured under such other insurance; and
2. You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to such "insured".

- B.** The following is added to the **Other Insurance** Condition in the Auto Dealers Coverage Form and the Garage Coverage Form and supersedes any provision to the contrary:

This Coverage Form's Covered Autos Liability Coverage and General Liability Coverages are primary to and will not seek contribution from any other insurance available to an "insured" under your policy provided that:

1. Such "insured" is a Named Insured under such other insurance; and
2. You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to such "insured".

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

# **WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION)**

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

|   |
|---|
| <p><b>Named Insured:</b> Cogent Infotech Corporation</p> <p><b>Endorsement Effective Date:</b> 12/31/2024</p> |
|---|

### **SCHEDULE**

|  |
|--|
| <p><b>Name(s) Of Person(s) Or Organization(s):</b></p> <p>Alameda-Contra Costa Transit District , its directors, officers, officials, employees, and volunteers<br/> C/O MYCOI 1075 Broad Ripple Ave Suite 313<br/> Indianapolis, IN 46220</p> |
| <p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>  |

The **Transfer Of Rights Of Recovery Against Others To Us** Condition does not apply to the person(s) or organization(s) shown in the Schedule, but only to the extent that subrogation is waived prior to the "accident" or the "loss" under a contract with that person or organization.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS**

This endorsement modifies and is subject to the insurance provided under the following:

Technology Errors and Omissions Coverage Form Integrated Tech

**SCHEDULE**

|  |
|--|
| <b>Name of Person or Organization:</b>               |
| Any person or organization when required by contract |

Paragraph E. in **SECTION V. GENERAL CONDITIONS** is deleted in its entirety and replaced with the following:

**Transfer of Rights of Recovery Against Others To Us**

If the insured has rights to recover all or part of any payment we have made under this Coverage Part, those rights are transferred to us. The insured must do nothing after loss to impair them. At our request, the insured will bring "suit" or transfer those rights to us and help us enforce them.

The insured can waive the insurer's rights of recovery against the person or organization shown in the above Schedule prior to the occurrence of a loss, provided the waiver is made in a contract.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**BLANKET ADDITIONAL INSURED ENDORSEMENT**

This endorsement modifies and is subject to the insurance provided under the following:

**TECHNOLOGY ERRORS AND OMISSIONS COVERAGE FORM**

The following is added to **SECTION II – Definitions FF you, your, insured mean:**

Any entity you are required by written contract to include as an insured for liability of such entity for an Insured's "wrongful incident" during the rendering of "Technology Professional Services" shall be insured under this Policy but solely to the extent that a "claim" is made against it for a "wrongful incident" of an Insured, and only so long as the written contract is entered into before such "wrongful incident" occurs. Any coverage afforded by this Section is subject always to all of the Policy's terms and conditions, provided however there:

1. There shall be no coverage afforded to such entity for its "wrongful incident"; and
2. Nothing herein shall serve to confer any rights or duties to such entity under this Policy, other than as provided in this Section.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**BLANKET ADDITIONAL INSURED WHEN REQUIRED BY CONTRACT  
(PRIMARY AND NON-CONTRIBUTORY)**

This endorsement modifies and is subject to the insurance provided under the following:

**TECHNOLOGY ERRORS AND OMISSIONS COVERAGE FORM**

The following is added to **SECTION II – Definitions** FF you, your, insured mean:

Any entity you are required by written contract to include as an insured for liability of such entity for an Insured's "wrongful incident" during the rendering of "Technology Professional Services" shall be insured under this Policy but solely to the extent that a "claim" is made against it for a "wrongful incident" of an Insured, and only so long as the written contract is entered into before such "wrongful incident" occurs. Any coverage afforded by this Section is subject always to all of the Policy's terms and conditions, provided however there:

1. There shall be no coverage afforded to such entity for its "wrongful incident"; and
2. Nothing herein shall serve to confer any rights or duties to such entity under this Policy, other than as provided in this Section.

THIS INSURANCE IS PRIMARY, WITH ANY INSURANCE OR SELF-INSURANCE PROGRAM MAINTAINED BY THE NAME OF PERSON OR ORGANIZATION DESCRIBED ABOVE BEING NON-CONTRIBUTING EXCEPTING LOSS RESULTING FROM THE SOLE NEGLIGENCE OF THE NAME OF PERSON OR ORGANIZATION DESCRIBED IN THE ABOVE.