

DKIMBALL



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/3/2022

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 SCS Agency, Inc. 1981 Marcus Avenue Suite 125									CONTACT NAME: PHONE (A/C, No, Ext): (516) 466-6007  FAX (A/C, No): (5					516) 829-5857	
Lake Success, NY 11042										E-MAIL ADDRESS:					
										INSURER(S) AFFORDING COVERAGE					NAIC #
										INSURER A : Sentinel Insurance Company					11000
INSURED										INSURER B:					
PC University Distributors Inc 99 West Hawthorne Avenue -Suit Valley Stream, NY 11580									INSURER C:						
									INSURER D:						
									INSURER E:						
										INSURER F:					
TI IN C	HIS I DIC/ ERTI	ATED. NOTWIT	THS	TAND SSUEI	THE POLICIE ING ANY R D OR MAY	ES O EQUI PER POLI	F INS IREMI TAIN, CIES.	E NUMBER: SURANCE LISTED BELOW ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAC Y THE POLIC REDUCED BY	CT OR OTHER IES DESCRIE PAID CLAIMS	R DOCUMENT W BED HEREIN IS S	OVE FOR T	CT T	O WHICH THIS
INSR LTR		TYPE OF INSURANCE				ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
Α	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE OCCUR							12SBAUK6560		10/6/2022	10/6/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)		\$	1,000,000
												MED EXP (Any one person)		\$	10,000
												PERSONAL & AD\	'INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:											GENERAL AGGRE	GATE	\$	2,000,000
	POLICY PRO- JECT LOC											PRODUCTS - COM	1P/OP AGG	\$	2,000,000
	OTHER:											0014511155 011101	E L IVAIT	\$	4 000 000
Α	AUTOMOBILE LIABILITY										COMBINED SINGLE LIMIT (Ea accident)		\$	1,000,000	
	ANY AUTO OWNED SCHEDULED				EDIII ED			12SBAUK6560	10/6/202	10/6/2022	10/6/2023	BODILY INJURY (Per person)		\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS  X HIRED X NON-OWNED AUTOS ONLY									BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)		\$			
		AUTOS ONLY	AUTOS ONLY		JS UNLY							(i oi dooidoin)		\$	
Α		UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE									EACH OCCURRENCE		\$	5,000,000	
							12SBAUK6560		10/6/2022	10/6/2023	AGGREGATE		\$		
		DED X RETE	ENTIC	ON \$	10,000									\$	5,000,000
	WOF	RKERS COMPENSA EMPLOYERS' LIAE	TION	N Y								PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				UTIVE Y/N	N/A						E.L. EACH ACCIDE	NT	\$	
						,						E.L. DISEASE - EA EMPLOYEE \$		\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below				elow							E.L. DISEASE - POLICY LIMIT		\$	
								o 101, Additional Remarks Schedu Supplies & Equipment s required by written contra					olicy term	s and	I conditions.
CF	RTIF	ICATE HOLD	ER						CANO	CELLATION					
											THE ABOVE D	ESCRIBED POLI	CIES BE C	ANCE	LLED BEFORE

Bid name: Technology Supplies & Equipment Bid #HCESC-CAT-22-01 Califon, NJ 07830

Hunterdon County ESC 37 Hoffmans Crossing Road THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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