

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/11/2023

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 MARSH USA, INC.					NAME: Lauren Glangrande, Senior Vice President					
1166 AVENUE OF THE AMERICAS					o, Ext): 212 34	5 8869	(A/C, No):			
NEW YORK, NY 10036 Attn: ACS.CertReguest@marsh.com					E-MAIL Lauren.Giangrande@marsh.com					
					INSURER(S) AFFORDING COVERAGE					
					INSURER A : ACE American Insurance Company					
INSURED Conduent Incorporated					INSURER B : ACE Property & Casualty Insurance Company					
100 Campus Drive, Suite 200					INSURER C : Indemnity Ins Co Of North America					
Florham Park, NJ 07932					INSURER D : ACE Fire Underwriters Ins. Co.					
					INSURER E :					
				INSURER F :						
COVERAGES CERTIFICATE NUMBER:					NYC-011571228-01 REVISION NUMBER: 2					
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		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
A X COMMERCIAL GENERAL LIABILITY			HDO G72955602		01/01/2023	01/01/2024	EACH OCCURRENCE	\$	2,000,000	
CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	2,000,000	
							MED EXP (Any one person)	\$	N/A	
							PERSONAL & ADV INJURY	\$	2,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	10,000,000	
X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	4,000,000	
								\$		
A AUTOMOBILE LIABILITY			ISA H25575118		01/01/2023	01/01/2024	COMBINED SINGLE LIMIT (Ea accident)	\$	2,000,000	
X ANY AUTO							BODILY INJURY (Per person)	\$		
OWNED AUTOS ONLY SCHEDULED							BODILY INJURY (Per accident)	\$		
HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
								\$		
B X UMBRELLA LIAB X OCCUR			G28199235 007		01/01/2023	01/01/2024	EACH OCCURRENCE	\$	5,000,000	
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	5,000,000	
DED RETENTION \$	1							\$		
C WORKERS COMPENSATION			WLR C68927250 (AOS)		01/01/2023	01/01/2024	X PER OTH- STATUTE ER	*		
A AND EMPLOYERS' LIABILITY Y/N ANYPROPRIETOR/PARTNER/EXECUTIVE			WLR C68927213 (AZ,CA,MA)		01/01/2023	01/01/2024	E.L. EACH ACCIDENT	\$	1,000,000	
A ANYPROPRIETOR/PARTNER/EXECUTIVE N D OFFICER/MEMBER EXCLUDED? N (Mandatory in NH)	N/A		SCF C68927298 (WI,AK,GA,TN)		01/01/2023	01/01/2024	E.L. DISEASE - EA EMPLOYEE		1,000,000	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
								•		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Additional Named Insured: Conduent Healthy Communities Corporation County, and its agents, officers, officials, employees and volunteers are additional insured under the above general liability and auto liability but only with respect to liability arising from negligent acts or omissions of Conduent Business Services, LLC and to the extent required by written contract.										
CERTIFICATE HOLDER CANCELLATION										
Humboldt County Department of Health & Human Services Attn: Janette Bramlett 825 5th Street					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Eureka, CA 95501					AUTHORIZED REPRESENTATIVE					

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