



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/26/2020

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> BXS Insurance 3355 West Alabama Suite 850 Houston TX 77098	<b>CONTACT NAME:</b> Heather Rochow <b>PHONE (A/C. No. Ext):</b> 713-622-2330 <b>E-MAIL ADDRESS:</b> heather.rochow@bxsi.com		<b>FAX (A/C. No.):</b> 713-622-2053
	<b>INSURER(S) AFFORDING COVERAGE</b>		
<b>INSURED</b> International Consulting Acquisition Corp. dba ISG Public Sector 2187 Atlantic Street, 8th Floor Stamford CT 06902	<b>INSURER A :</b> Phoenix Insurance Company	<b>NAIC #</b> 25623	
	<b>INSURER B :</b> National Union Fire Ins Co Pittsburgh PA	19445	
	<b>INSURER C :</b> Charter Oak Fire Insurance Company	25615	
	<b>INSURER D :</b> Travelers Property Casualty Co of America	25674	
	<b>INSURER E :</b>		
	<b>INSURER F :</b>		

**COVERAGES**

CERTIFICATE NUMBER: 1240936717

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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			6300L967490	7/14/2020	7/14/2021	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 \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
C	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BA1N909137	7/14/2020	7/14/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
D	<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			CUP1L065873	7/14/2020	7/14/2021	EACH OCCURRENCE \$ 20,000,000 AGGREGATE \$ 20,000,000 \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	UB0L97375A	7/14/2020	7/14/2021	<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
B	Technology Professional Liability			015655412	7/14/2020	7/14/2021	Each Occ/Aggregate See Below \$ 10,000,000

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

Technology Professional Liability  
 A. Technology and Internet Errors and Omissions Liability - \$10,000,000  
 B. Electronic Media Activities Liability - \$10,000,000  
 C. Network Security Liability - \$10,000,000  
 D. Privacy Liability - \$10,000,000  
 E. Data Breach Fund - \$1,000,000  
 F. Network Extortion Threat - \$1,000,000  
 G. Miscellaneous Professional Services Liability - \$10,000,000  
 See Attached...

**CERTIFICATE HOLDER****CANCELLATION**

City of Stamford  
 888 Washington Boulevard  
 Stamford CT 06904-2152

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

*Edward G. Schirer*

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**ADDITIONAL REMARKS SCHEDULE**

AGENCY BXS Insurance		NAMED INSURED International Consulting Acquisition Corp. dba ISG Public Sector 2187 Atlantic Street, 8th Floor Stamford CT 06902	
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

Sublimits:  
 B. Regulatory Proceedings Sub-Limit of Liability - \$2,000,000  
 \*\*Maximum Policy Aggregate Limit of Liability - \$10,000,000

Retention:  
 \$75,000 Each Claim for Coverages A, B, C, D and G  
 \$75,000 Each Claim for Coverage E  
 \$75,000 Each Claim for Coverage F

General liability policy includes a blanket additional insured endorsement when required by written contract but only with respect to liability arising out of a named insured's work for additional insured including Products/Completed Operations coverage and in no way will the additional insured status exceed the limits, terms or conditions of the policy. Primary & Non-Contributory wording is included when required by written contract, but only with respect to coverage provided by this policy.

Auto liability policy includes a blanket additional insured endorsement when required by written contract but only with respect to the legal responsibility for acts or omissions of a person for whom liability coverage is afforded under this policy but in no event shall such coverage exceed the limits, terms or conditions of the policy.

General Liability, Auto Liability and Workers Compensation policies include a blanket waiver of subrogation when required by written contract but in no event shall such coverage exceed the limits, terms or conditions of the policy.

Excess/Umbrella Liability policy follows form of the Underlying policies, General Liability, Auto Liability and Workers Compensation, but not for broader coverage than would be afforded by such Scheduled Underlying Insurance.

30 Day Notice of Cancellation is provided when required by written contract except in the event of cancellation for Non-Payment of Premium.

All coverages shown are subject to the Terms, Conditions and Exclusions of the policies.

Certificate holder to include: The City of Stamford and its employees, agents, and officers