Client#: 2372 **CBIZINC** 

## $ACORD_{m}$

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/09/2023

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER						CONTACT Laura Weeks					
CBIZ Insurance Services, Inc.					PHONE   FAX   (A/C, No, Ext): - (A/C, No):						
700 West 47th Street, Suite 1100					E-MAIL ADDRESS: Iweeks@cbiz.com						
Kansas City, MO 64112											
816 945-5500					INSURER(S) AFFORDING COVERAGE				NAIC #		
					INSURER A : ACE American Insurance Company					22001	
CBIZ, Inc. and Subsidiaries					INSURER B:						
6050 Oak Tree Blvd., South, Suite 500					INSURER C:						
Cleveland, OH 44131					INSURER D:						
Olevelaliu, Off 44131					INSURER E:						
						INSURER F:					
COVERAGES CERTIFICATE NUMBER:							I	REVISION NUMBER:			
IN CI E)	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY REC ERTIFICATE MAY BE ISSUED OR MAY P KCLUSIONS AND CONDITIONS OF SUCH	QUIRI ERTA POL	EMEN <sup>T</sup> IN, T	T, TERM OR CONDITION OF THE INSURANCE AFFORDER	F ANY D BY T	CONTRACT OF HE POLICIES N REDUCED	R OTHER DOO DESCRIBED I BY PAID CLAI	CUMENT WITH RESPECT HEREIN IS SUBJECT TO A	TO WH	HICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR WVD	SUBR WVD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	XP YY) LIMITS			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	PRO-							PRODUCTS - COMP/OP AGG	\$		
	POLICY JECT LOC							PRODUCTS - COMP/OF AGG	\$		
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT			
								(Ea accident)	\$		
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)	\$		
	AUTOS ONLY AUTOS							PROPERTY DAMAGE	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION							PER OTH- STATUTE ER			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under							E.L. DISEASE - POLICY LIMIT			
Α	Technology/Cyber			F14973205004		06/04/2022	06/01/2023				
^	114070200004					06/01/2022	00/01/2023	\$5,000,000 Each Claim & Aggregate			
Co	cription of operations / Locations / vehice ntinuation of holder name: State of	of Ne									
Ser	vices, Attn: Dana Crawford-Smith	1									
RE	: RFP #114352 O3										
<u> </u>	TIFICATE HOLDED				041:0	TILL ATION					
CERTIFICATE HOLDER CANCELLATION											

State of Nebraska, Department of Health and Human Services, **Adult Protective Services** 301 Centennial Mall S Lincoln, NE 68509

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 CBIZ Insurance Services, Inc.

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