



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/30/2020

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).

PRODUCER RSC Insurance Brokerage, Inc. 111 Presidential Blvd., Suite 211 Bala Cynwyd PA 19004		CONTACT NAME: Mara Majeeda PHONE (A/C, No, Ext): (610) 667-2244 E-MAIL ADDRESS: mara.majeeda@dashlove.com		FAX (A/C, No): (610) 667-6057
INSURED Transworld Systems Inc. 150 N. Field Dr., Ste 200 Lake Forest IL 60045		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Hartford Casualty Insurance Company		29424
		INSURER B: Trumbull Insurance Company		27120
		INSURER C: Hartford Accident & Indemnity Insurance Company		22357
		INSURER D: Starr Surplus Lines Insurance Company		13604
		INSURER E:		
		INSURER F:		

COVERAGES**CERTIFICATE NUMBER:** CL20102980966**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 type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y	Y	39UUNDG0970	10/31/2020	10/31/2021	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
								\$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	39UUNDG0970	10/31/2020	10/31/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y	Y	39RHUDF9692	10/31/2020	10/31/2021	EACH OCCURRENCE	\$ 10,000,000
							AGGREGATE	\$ 10,000,000
								\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	39WEAH7VX2	10/31/2020	10/31/2021	<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
D	Professional Liability	Y	Y	1000634417211	01/29/2021	01/29/2022		\$2,500,000

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

Certificate Holder is included as Additional Insured on a Primary & Non-Contributory basis, if required by written contract. Waiver of Subrogation applies, if required by written contract. Excess policies follow form. Joint Loss Payee applies to Fidelity/Employee Dishonesty, if required by written contract.

APPROVED *C. Lawrence*
By Cindy Lawrence at 12:44 pm, Oct 20, 2021

CERTIFICATE HOLDER**CANCELLATION**

To Whom It May Concern

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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ADDITIONAL REMARKS SCHEDULE

AGENCY RSC Insurance Brokerage, Inc.		NAMED INSURED Transworld Systems Inc.	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance: Notes

1st Excess Professional Liability
 Carrier: Evanston Insurance
 Policy Dates: 01/29/21 - 01/29/22
 Policy: MKLV1XEO000112
 Limit: \$2,500,000

2nd Excess Professional Liability
 Carrier: BRIT Gobal Specialty
 Policy Dates: 01/29/21 - 01/29/22
 Policy: MPX1013821
 Limit: \$5,000,000

Cyber Liability
 Carrier: Axis Insurance Co
 Policy Dates: 10/31/20 - 10/31/21
 Policy #: P00100004931603
 Limit: \$5,000,000

1st Excess Cyber Liability
 Carrier: Sampo
 Policy Dates: 10/31/20 - 10/31/21
 Policy #: PVX30002098800
 Limit: \$5,000,000

2nd Excess Cyber Liability
 Carrier: Greenwich Insurance Co
 Policy Dates: 10/31/20 - 10/31/21
 Policy #: MTE903916201
 Limit: \$5,000,000

3rd Excess Cyber
 Carrier: Nationwide
 Policy Dates: 10/31/20 - 10/31/21
 Policy #: XMF2009847
 Limit: \$5,000,000

Crime
 Carrier: Liberty Mutual Insurance Company
 Policy Dates: 01/29/21 - 10/31/21
 Policy #FI3PAB4466001
 Limit: \$10,000,000

Excess Umbrella Liability
 Carrier: Travelers Property Casualty Co. of America
 Policy Dates: 10/22/20 - 10/31/21
 Policy #ZUP-61N3369420NF
 Limit: \$15,000,000