

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/28/2022

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	CONTACT Willis Towers Watson Certificate Center					
Willis Towers Watson Northeast, Inc. c/o 26 Century Blvd	HONE NC. No. Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378					
P.O. Box 305191	E-MAN. ADDRESS: certificates@willis.com					
Nashville, TN 372305191 USA	INSURER(S) AFFORDING COVERAGE	NAIC#				
	INSURER A: ACE American Insurance Company	22667				
INSURED Pitney Bowes Inc. 3001 Summer Street Stamford, CT 06926	INSURER B: Commerce & Industry Insurance Company	19410				
	INSURERC: Indemnity Insurance Company of North Ameri	43575				
	INSURERD: ACE Fire Underwriters Insurance Company	20702				
	INSURERE: National Fire & Marine Insurance Company	20079				
	INSURER F:					
COVERAGES CERTIFICATE NUMBER: W25222956	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. ADDL SUBR TYPE OF INSURANCE POLICY NUMBER LIMITS X COMMERCIAL GENERAL LIABILITY 2,000,000 **FACH OCCURRENCE** DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR 300,000 \$ 5,000 MED EXP (Any one person) \$ Y 07/01/2022 07/01/2023 HDO G72952443 2,000,000 PERSONAL & ADV INJURY \$ 4,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ PRO-JECT 4,000,000 POLICY PRODUCTS - COMP/OP AGG \$ OTHER: COMBINED SINGLE LIMIT (Ea accident) 2,000,000 AUTOMOBILE LIABILITY s X ANY AUTO BODILY INJURY (Per person) \$ Y OWNED Α SCHEDULED 07/01/2022 07/01/2023 ISA H25572439 BODILY INJURY (Per accident) \$ AUTOS ONLY HIRED AUTOS ONLY AUTOS NON-OWNED AUTOS ONLY PROPERTY DAMAGE (Per accident) \$ ŝ 5,000,000 HMBRELLA LIAB × × OCCUR EACH OCCURRENCE \$ в 07/01/2022 07/01/2023 **EXCESS LIAB** 14572305 5,000,000 AGGREGATE CLA!MS-MADE \$ DED RETENTION \$ WORKERS COMPENSATION × PER STATUTE AND EMPLOYERS' LIABILITY 2,000,000 ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT No N/A 07/01/2022 07/01/2023 WLR C68921934 2,000,000 E,L, DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below 2,000,000 E.L. DISEASE - POLICY LIMIT Workers Compensation and WLR C68921971 07/01/2022 07/01/2023 E.L. Each Accident \$2,000,000 Employers' Liability E.L. Disease - EA Emp \$2,000,000 Per Statute E.L. Disease-Pol LMT \$2,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) SEE ATTACHED CONTRACT # C17-2556-TDD PITNEY BOWES, INC. CERTIFICATE HOLDER CAN MAIL PROCESSING EQUIPMENT SHC EXPIRES: 4/19/2025 THE ACC AUTHORIZED REPRESENTATIVE Okaloosa County 5479A Old Bethel Road Crestview, FL 32536

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AGENCY CUSTOMER ID:	
1 OC #:	



ADDITIONAL REMARKS SCHEDULE

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AGENCY			NAMED INSURED			
Willis Towers Watson Northeast, Inc.		Pitney Bowes Inc. 3001 Summer Street				
POLICY NUMBER		Stamford, CT 06926				
See Page 1						
CARRIER		NAIC CODE				
See Page 1		See Page 1	EFFECTIVE DATE: See Page 1			
ADDITIONAL REMARKS						
THIS ADDITIONAL REMARKS FORM IS	A SCHEDULE TO ACC	ORD FORM,				
FORM NUMBER: 25 FORM TI	TLE: Certificate of	Liability	Insurance			
Certificate Holder is included	as an Additional I	Insured as	respects to General Liability and A	Auto Liability where		
required by written contract.						
INSTIDED APPODDING COVERAGE: ACE	' Fire Underwriters	Theurange	Company	NAIC#: 20702		
INSURER AFFORDING COVERAGE: ACE Fire Underwriters Insurance Company POLICY NUMBER: SCF C6892201A						
		_				
TYPE OF INSURANCE:	LIMIT DESCRIPTION		LIMIT AMOUNT:			
Workers Compensation and	E.L. Each Acciden		\$2,000,000			
Employers' Liability Per Statute	E.L. Disease - EA E.L. Disease-Pol	-	\$2,000,000			
Per Statute	E.L. DISEASE-POL	TWIT	\$2,000,000			
INSURER AFFORDING COVERAGE: Nat				NAIC#: 20079		
POLICY NUMBER: 42-XSF-316064-02	EFF DATE: 07/	/01/2022	EXP DATE: 07/01/2023			
TYPE OF INSURANCE:	LIMIT DESCRIPTION	1:	LIMIT AMOUNT:			
Excess Business Auto	Limit:		\$1M xs \$2M			

ACORD 101 (2008/01)

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CERT: W25222956

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