



THE HARTFORD
BUSINESS SERVICE CENTER
3600 WISEMAN BLVD
SAN ANTONIO TX 78251

August 8, 2024

San Bernardino County Library
268 W HOSPITALITY LN FL 3
SAN BERNARDINO CA 92415

Account Information:

Policy Holder Details :	FARONICS TECHNOLOGIES USA INC
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Contact Us

Need Help?

Chat online or call us at
(866) 467-8730.

We're here Monday - Friday.

Enclosed please find a Certificate Of Insurance for the above referenced Policyholder. Please contact us if you have any questions or concerns.

Sincerely,

Your Hartford Service Team



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/08/2024

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 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 BOLT ACCESS 72181839 PO BOX 204389 AUSTIN TX 78720	CONTACT NAME:	
	PHONE (800) 272-7550	FAX
	(A/C, No, Ext):	
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
INSURED FARONICS TECHNOLOGIES USA INC 5506 SUNOL BLVD STE 202 PLEASANTON CA 94566-7779	NAIC#	
	29424	
	INSURER A: Hartford Casualty Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>						DAMAGE TO RENTED PREMISES (Ea occurrence)
							MED EXP (Any one person)
							PERSONAL & ADV INJURY
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE
	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>						PRODUCTS - COMP/OP AGG
	OTHER:						
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
	ANY AUTO						BODILY INJURY (Per person)
	ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/>						BODILY INJURY (Per accident)
	HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>						PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB EXCESS LIAB						EACH OCCURRENCE
	OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/>						AGGREGATE
	DED <input type="checkbox"/> RETENTION \$						
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE -EA EMPLOYEE
							E.L. DISEASE - POLICY LIMIT

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

Those usual to the Insured's Operations.

CERTIFICATE HOLDER

San Bernardino County Library
268 W HOSPITALITY LN FL 3
SAN BERNARDINO CA 92415

CANCELLATION

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

Susan L. Castaneda

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9850 King George Blvd #1500
Surrey, B.C. V3T 4Y3
Phone: 604-543-7788
Fax: 1-866-775-6859

CERTIFICATE OF INSURANCE

This is to certify to: For Information Purposes Only

that policies of insurance as herein described have been issued to the Insured named below and are in force at this date.

NAMED INSURED: FARONICS CORPORATION

MAILING ADDRESS: #1400-609 Granville St., P O Box 10362 Pacific Centre, Vancouver, BC V7Y 1G5

OPERATIONS / LOCATION TO WHICH THIS CERTIFICATE APPLIES:

All operations of the Named Insured with respect to computer software developers

COVERAGE

Business Personal Property

POLICY NO.
WIP1140269

LIMITS OF LIABILITY
\$1,239,708

All Risks, Replacement Cost, 90% Coinsurance,
Flood, Earthquake, Water Damage & Sewer Backup Included
\$5,000 Deductible Except \$10,000 Water Damage/Sewer Back
Up, 15%/\$100,000 Earthquake, \$10,000 Flood

Commercial General Liability (CGL) - including:

36027756

\$5,000,000 per occurrence
\$10,000,000 General Aggregate
\$5,000,000 Aggregate
\$1,000,000

3rd Party Bodily Injury/Property Damage/Personal Injury
Products & Completed Operations
Tenants Legal Liability
Employees as Additional Insured
Broad Form Property Damage

Umbrella Liability

79889531

\$5,000,000

Directors & Officers Liability

82426669

\$5,000,000

Excess Directors & Officers Liability

DOK0039452944

\$5,000,000

Technology Errors & Omissions

82639495

\$2,000,000

Employee Benefits Errors & Omissions

36027756

\$1,000,000

Cyber, Privacy And Network Security Liability

82639495

\$2,000,000

INSURER(S):

Westland Insurance Program as arranged by Westland Insurance Group Ltd. Temple Insurance Company - 32.50% SGI CANADA Insurance Services Ltd. - 20.00% Northbridge General Insurance Corporation - 13.20% Trisura Guarantee Insurance Company - 11.50% Red River Mutual Insurance Company - 11.00% Lloyd's Underwriters under Agreement No. BW0454323 - 9.30% Tokio Marine Canada Ltd - 2.50%

Chubb Insurance Company of Canada

100% Property
100% CGL, Umbrella, D&O,
Employee Benefits E&O,
Technology E&O, Privacy
100% Excess D&O

CFC Underwriting

EFFECTIVE DATE: 21-Apr-24

EXPIRY DATE:

21-Apr-25

The insurance afforded is subject to the terms, conditions and exclusions of the applicable policy.

This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder other than those provide by these policies. The certificate does not amend, extend or alter the coverage afforded by these policies.

E&OE

Date: April 10 2024

Debbie Barlow

Authorized Representative

THIS POLICY(S) CONTAINS A CLAUSE OR CLAUSES WHICH MAY LIMIT THE AMOUNT PAYABLE



Company: 5506 Sunol Blvd.
Suite 202
Pleasanton, CA 94566
United States

Created: 04-Sep-24
Expiration: 30-Sep-24
Quote #: 00245100

Prepared By: Robert Tashewale
Email: rtashewale@faronics.com
Phone: (800) 943-6422 X 4053
FAX: (800) 943-6488

License To: Mike Martinez
Email: mike.martinez@lib.sbcounty.gov

Bill To: San Bernardino County Library
104 W 4th Street
San Bernardino, CA, 92415
United States

Licensee: San Bernardino County Library
104 W 4th Street
San Bernardino, CA, 92415
United States

Confirm To:

End-User Pricing for San Bernardino County Library

Part #	Product	QTY	MSRP Price	Extended Price
DFE0.NA1LA.MR3.E09.SN	Deep Freeze ENT NA Maintenance Renewal 3yr 1000+ Start Date: 1-Oct-2024 Term: 3 Year(s)	1000	\$17.00	\$17000.00

MSRP Total:	\$17,000.00
3% discount	\$510.00
Total:	\$16,490.00

Customers purchasing a Maintenance Renewal can do so within 30 days of the expiration of their Maintenance Agreement. After 30 days have passed the License can be refreshed by purchasing a Version Upgrade with a one-year Maintenance Agreement.

Promotional pricing applies to the new License being purchased, or the first term of a new Subscription.
Visit our Professional Services page for more information: <https://www.faronics.com/ProServices>
All software will be provided via electronic delivery.



Credit Card Authorization

Date: _____

I _____ authorize Faronics Technologies to charge my credit card below as payment for the following quote;

Company: **5506 Sunol Blvd.
Suite 202
Pleasanton, CA 94566
United States**

Created: **04-Sep-24**
Expiration: **30-Sep-24**
Quote #: **00245100**

Prepared By: **Robert Tashewale**
Email: **rtashewale@faronics.com**
Phone: **(800) 943-6422 X 4053**
FAX: **(800) 943-6488**

License To: **Mike Martinez**
Email: **mike.martinez@lib.sbcounty.gov**

Bill To: **San Bernardino County Library
104 W 4th Street
San Bernardino, CA, 92415
United States**

Licensee: **San Bernardino County Library
104 W 4th Street
San Bernardino, CA, 92415
United States**

Card Type: ☐ Visa ☐ Mastercard ☐ AMEX
Card Number: _____
CCV/CID/CCV2 Code: _____
Name on Card: _____
Expiry Date: _____

Credit Card Billing Address

Organization Name _____
Phone Number _____
Address _____
City _____
State _____
ZIP Code _____
Amount ☐ USD _____ ☐ CAD _____

Signature of Card Holder