

ATTACHMENT - G

Certificate of Insurance, DataWorks Plus, LLC.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/10/2025

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> Marsh & McLennan Agency, LLC Company 870 South Pleasantburg Drive Greenville SC 29607	<b>CONTACT NAME:</b> <b>PHONE (A/C, No. Ext):</b>		<b>FAX (A/C, No):</b>
	<b>E-MAIL ADDRESS:</b> macertsreq@marshmma.com		
<b>INSURED</b> DataWorks Plus, LLC 728 N. Pleasantburg Drive Greenville SC 29607	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A :</b> Allmerica Financial Benefit Insurance		41840
	<b>INSURER B :</b> Massachusetts Bay Insurance Company		22306
	<b>INSURER C :</b> Columbia Casualty Company		35378
	<b>INSURER D :</b> Indian Harbor Insurance Company		20443
	<b>INSURER E :</b> Great American Risk Solutions Surplus		35351
<b>INSURER F :</b> Massachusetts Bay Insurance Company		22306	

**COVERAGES**

CERTIFICATE NUMBER: 2017958719

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
E	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> 2,500 <input checked="" type="checkbox"/> OCCURRENCE GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:			PL330719411	12/21/2025	12/21/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			AW6A436557	12/21/2025	12/21/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
E	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			XS330719511	12/21/2025	12/21/2026	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
B F	<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/A	WH6A407880 WM6D071866	12/21/2025 12/21/2025	12/21/2026 12/21/2026	<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
C D	Primary Cyber/PRO ** Excess Cyber/PRO			817119610 MTE9048361	12/21/2025 12/21/2025	12/21/2026 12/21/2026	Ea Claim/Aggregate Limit \$5MM/\$5MM \$5MM xs of \$5MM

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

Primary Cyber Technology Professional Liability Policy #817119610 is \*\* Claims Made with Retro Date of 12/01/2001. Deductible is \$100,000 Each Claim.

Excess Cyber Tech Prof Liability Policy #MTE9048361 follows primary and has a Retro Date of 12/01/2001.

Crime Policy #107855315 with Travelers Casualty and Surety Company of America effective 6/8/24 through 6/8/27 includes Third Party Crime Coverage with a limit of \$1,000,000 with a \$10,000 retention; Computer Fraud with a limit of \$250,000 and a \$5,000 retention; Funds Transfer Fraud with a limit of \$250,000 and a \$5,000 retention and Social Engineering Fraud with a limit of \$250,000 and a \$10,000 retention

See Attached...

**CERTIFICATE HOLDER****CANCELLATION**

County of Santa Barbara Sheriff  
 4434 Calle Real  
 Santa Barbara CA 93110

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 Marsh & McLennan Agency, LLC Company		NAMED INSURED DataWorks Plus, LLC 728 N. Pleasantburg Drive Greenville SC 29607	
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

Workers Compensation Policy# WM6D071866 provides statutory benefits for the states of CA & NJ and Other States coverage for all other states except monopolistic.

Workers Compensation Policy# WH6A407880 provides statutory benefits for the states of AL,AZ,FL,MI,MN,NY,NC,PA,SC

As required per written contract in regards to General Liability and executed prior to a loss, County of Santa Barbara Sheriff is added as an additional insured.