## **Attachment E**



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/06/2019

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.

l If	MPORTANT: If the certificate holder if SUBROGATION IS WAIVED, subject	to t	he te	erms and conditions of th	ne poli	cy, certain p	olicies may	NAL INSURED provision require an endorsemen	ns or be	endorsed.	
	his certificate does not confer rights to	o th	e cer	tificate holder in lieu of si	uch en	idorsement(s	s).				
	DDUCER llis of Pennsylvania, Inc.			1	CONTACT Willis Towers Watson Certificate Center						
	o 26 Century Blvd				PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378						
- 22	D. Box 305191				E-MAIL ADDRESS: certificates@willis.com						
Nashville, TN 372305191 USA											
					INSURER(S) AFFORDING COVERAGE					NAIC#	
INICI	URED				INSURER A: ACE American Insurance Company					22667	
200000000000000000000000000000000000000	mark Correctional Services, LLC				INSURER B: Indemnity Insurance Company of North Ameri					43575	
Ara	mark Services, Inc. Its Divisions &	Sub	sidia	ries	INSURER C:						
Glo	bal Risk Management, 6th Floor				INSURER D:						
	0 Market Street				INSURER E :						
Phi	ladelphia, PA 19103								_		
$\overline{}$	VERAGES CER	TIEL	CATE	E NUMBER W12540808	INSURI	ERF:		DEVICION NUMBER			
_	The second secon			E NUMBER: W12540898	<i>'</i> = 5==			REVISION NUMBER:			
C	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY REJECTION OF MAY BE ISSUED OR MAY FUNCTIONS AND CONDITIONS OF SUCH INTERIOR OF SUCH IN	QUIF PERT POLI	REME FAIN, CIES.	INT, TERM OR CONDITION THE INSURANCE AFFORDS LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPE	CT TO I	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	X COMMERCIAL GENERAL LIABILITY					(		EACH OCCURRENCE	\$	2,000,000	
	CLAIMS-MADE X OCCUR			1				DAMAGE TO RENTED		Included	
A	X Liquor Liability			1				PREMISES (Ea occurrence)	\$		
	X Vendors Liability	Y	Y	HDO G71571087		10/01/0010	10/01/0000	MED EXP (Any one person)	\$	5,000	
	vendors madrinty			BDO G71571087		10/01/2019	10/01/2020	PERSONAL & ADV INJURY	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:		1					GENERAL AGGREGATE	\$	Unlimited	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	Unlimited	
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	2,000,000	
	× ANY AUTO							(Ea accident)		2,000,000	
A	OWNED SCHEDULED						BODILY INJURY (Per person)	\$			
	AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY			ISA H25300671		10/01/2019	10/01/2020	BODILY INJURY (Per accident)	\$		
				5		PROPERTY DAMAGE (Per accident)		\$			
								,	\$		
	UMBRELLA LIAB OCCUR							EACH OCCUPRENCE	•		
	FYOTOGUAD							EACH OCCURRENCE	\$		
	CLAIIVIS-IVIADE							AGGREGATE	\$		
	DED RETENTION\$							1000	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A						X PER OTH-			
В	ANYPROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$	2,000,000		
	OFFICER/MEMBER EXCLUDED? No Modatory in NH)			WLR C66040549	:	10/01/2019	10/01/2020	E.L. DISEASE - EA EMPLOYEE	¢	2,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below								2,000,000		
	DESCRIPTION OF OFERATIONS DEIOW							E.L. DISEASE - POLICY LIMIT	\$		
								*			
										_	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE										
	eral Liability and Auto Liabil										
	accordance with each state law				cions	and Contra	actual Lia	oility are included	under	General	
Lia	bility. Self-Insured for Auto	Phy	sica	l Damage.							
Sev	erability of Interest clause p	rov	ided	ſ.							
She	riff's Office, Santa Barbara C	oun	ty i	s included as Additi	onal	Insured ar	nd Waiver	of Subrogation appl	ies pe	er policy	
			_						F-	- F1	
CEF	RTIFICATE HOLDER				CANC	ELLATION					
<u> </u>	THE HOLDER				CANC	LLLATION					
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
CI-	miffle Office Coulty 7		T <sub>1</sub>	AUTHORIZED REPRESENTATIVE							
	eriff's Office, Santa Barbara Cou	ınty			,						
	36 Calle Real				helphe whearth						

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AGENCY CUSTOMER ID:	
1.00 //	



## ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

ADDITIONAL	L KEIVIA	RNS SCHEDULE Page 2 of 2					
AGENCY		NAMED INSURED					
Willis of Pennsylvania, Inc.		Aramark Correctional Services, LLC Aramark Services, Inc. Its Divisions & Subsidiaries					
POLICY NUMBER		Global Risk Management, 6th Floor					
See Page 1		2400 Market Street Philadelphia, PA 19103					
CARRIER See Page 1	NAIC CODE See Page 1						
	bee rage 1	EFFECTIVE DATE: See Page 1					
ADDITIONAL REMARKS							
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC		·					
FORM NUMBER: 25 FORM TITLE: Certificate of	Liability	Insurance					
terms & conditions and as permitted by law.  Above insurance is Primary and Noncontributory to any other insurance as respects the liability arising out of ARAMARK's negligent act or omission.  The coverages evidenced provide first Dollar coverage.							

ACORD 101 (2008/01)

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SR ID: 18457100 BATCH: 1356810 CERT: W12540898