

OFFICIAL RECORD DOCUMENT # [4.B-10 DREYFOUS PROPOSAL_TAB 10 INSURANCE CERTIFICATE](#)
PRDE-OSIATD-2018-003-WIRELESS EQUIPMENT AND SERVICES

PROPOSAL SUBMITTAL FORM 7: CERTIFICATE OF INSURANCE COVERAGE

PROOF THAT COVERAGE IS EITHER CURRENTLY IN PLACE OR WILL BE PROVIDED MUST BE SUBMITTED WITH THE PROPOSER PROPOSAL IN ONE (1) OF THE TWO (2) METHODS DESCRIBED BELOW.

PROPOSER NAME: RICARDO DREYFOUS & ASSOC. &/OR NEW VISION INC & EDUCATIONAL SERVICES & MATERIALS

PROPOSER ADDRESS: PMB 641 HC-01 BOX 29030, CAGUAS PR 00725-8900

NAME OF SURETY: QBE INSURANCE CO.

NAME OF AGENT: EDDIE SUERO AMPARO

AGENT'S PHONE: 787-717-2157

The undersigned hereby certifies that PROPUESTA-THE PUERTO RICO DEPARTMENT OF EDUCATION (the "Proposer") and its subcontractor(s) has the following insurance coverage, respectfully:

TYPE OF COVERAGE	MINIMUM LIMITS	POLICY OR BINDER NO.	ACTUAL LIMITS PROVIDED	EXPIRATION DATE
COMMERCIAL/GENERAL LIABILITY OCC	\$1,000,000	CP-53508-3	\$1,000,000.	10/15/2018 10/15/2019
COMMERCIAL/GENERAL LIABILITY AGG	\$2,000,000	CP-53508-3	\$2,000,000.	10/15/2018 10/15/2019
BUSINESS AUTOMOBILE LIABILITY	\$1,000,000 PER OCCURRENCE	AP-26156-3	\$1,000,000.	10/17/2018 10/17/2019
EMPLOYERS' LIABILITY	\$500,000 PER OCCURRENCE	CP-53508-3	\$1,000,000.	10/17/2018 10/17/2019
WORKER'S COMP	PUERTO RICO MINIMUM COMPENSATION STATUTORY	CP-53508-3	\$1,000,000.	10/15/2018 10/15/2019
*TECHNOLOGY ERRORS AND OMISSIONS	N/A	N/A	N/A	N/A
*TECHNOLOGY ERRORS AND OMISSIONS (SUBCONTRACTOR)	N/A	N/A	N/A	N/A


**See statement of commitment attach*

PROOF THAT COVERAGE IS EITHER CURRENTLY IN PLACE OR WILL BE PROVIDED MUST BE SUBMITTED WITH THE PROPOSER PROPOSAL. This can be done by one of the two following methods:

1. Complete form "CERTIFICATION OF INSURANCE COVERAGE" *or*
2. Submit a Certificate of Insurance on a form provided by your Insurance Agent. This form must include the following clauses:
 - (a) The Puerto Rico Department of Education is hereby named as Additional Insured.
 - (b) The policy(s) cannot be reduced or canceled without at least forty-five (45) days' prior written notice to the Puerto Rico Department of Education.
 - (c) The insurance company is prohibited from pleading government function in the absence of any specified written authority from the Puerto Rico Department of Education.
 - (d) The policy(s) will automatically include and cover all phases of work, equipment, persons, et cetera which are normally covered while performing work under the above contract, whether specifically written therein or not.

Regardless of the method used, the form **MUST** be totally complete, **MUST** show that all Limits of Insurance are or will be met, and **MUST** be signed by the Agent.

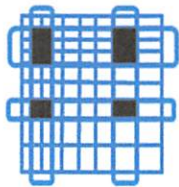
The successful Proposer will be required to provide insurance coverage as shown in General Conditions of RFP and Contract, prior to providing any services. This insurance coverage must be maintained throughout the term of the contract.

Signature: 

Name: EDDIE SUERO AMPARO

Title: AGENTE DE SEGUROS

Date: 12/19/2018



NEVESEM, INC.

PMB 641HC-01 Box 29030 Caguas, PR 00725-8900 Tel. 787.706.2700 Fax 787.789.2018
DBA: DREYFOUS & ASSOCIATES

December 20, 2018

Mr. José L. Narváez Figueroa
Director Ejecutivo III
Puerto Rico Department of Education
Corrections Building, 4th Floor
Tte. César González, Esquina Kalaf
Urb. Industrial Tres Monjitas
Hato Rey, PR 00926

HAND-DELIVERED

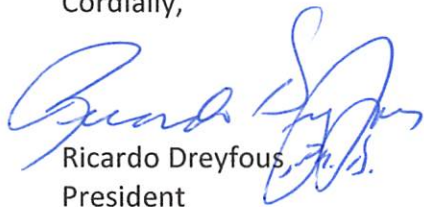
RE: RFP NO. PRDE-OSIATD-FY2018-003 WIRELESS NETWORK EQUIPMENT AND SERVICES

Dear Mr. Narváez:

I hereby, commit to acquire required insurance coverage for *Technology Errors and Omissions* and *Technology Errors and Omissions (Subcontractor)*, should our company be awarded a contract for these services, under the proposal on reference.

This commitment is made, in order to comply with the requirements for the proposal on reference, concerning *Certificate of Insurance Coverage* (TAB 10, page 38), since our current insurance coverage does not provide for the committed type.

Cordially,


Ricardo Dreyfous, F.R.S.
President



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/19/2018

PRODUCER COLONIAL INSURANCE AGENCY - SAN JUAN 1101 MUNOZ RIVERA AVE SAN JUAN, PR 00926	THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
INSURED DR RICARDO DREYFOUS AND OR SEE EXTENDED NAMED INSURED PMB 641 HC 01 BOX 29030 CAGUAS, PR 00725	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURERS AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: QBE SEGUROS</td> <td>10140</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: QBE SEGUROS	10140	INSURER B:		INSURER C:		INSURER D:		INSURER E:	
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INSURER C:													
INSURER D:													
INSURER E:													

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR/ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS																				
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	55-CP-000053508-3	10/15/2018	10/15/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$																				
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	55-AP-000026156-3	10/17/2018	10/17/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$																				
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$																				
	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	OCU-0001511-05	10/15/2018	10/15/2019	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$ \$ \$																				
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	55-CP-000053508-3	10/15/2018	10/15/2019	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">WC STATUTORY LIMITS</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 10%;">OTHER</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 50%;">STOP GAP</td> </tr> <tr> <td colspan="4">E.L. EACH ACCIDENT</td> <td>\$ 1,000,000</td> </tr> <tr> <td colspan="4">E.L. DISEASE - EA EMPLOYEE</td> <td>\$ 1,000,000</td> </tr> <tr> <td colspan="4">E.L. DISEASE - POLICY LIMIT</td> <td>\$ 1,000,000</td> </tr> </table>	WC STATUTORY LIMITS	<input checked="" type="checkbox"/>	OTHER	<input type="checkbox"/>	STOP GAP	E.L. EACH ACCIDENT				\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE				\$ 1,000,000	E.L. DISEASE - POLICY LIMIT				\$ 1,000,000
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E.L. DISEASE - POLICY LIMIT				\$ 1,000,000																					
OTHER																									
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS SUERO AMPARO, EDDIE (578)																									

SUERO AMPARO, EDDIE (578)

CERTIFICATE HOLDER

THE PUERTO RICO DEPARTMENT OF EDUCATION
 CALLE FEDERICO COSTAS #150
 HATO REY, PR 00919-0759

CERTIFICATE #: SI5MS912 REV. #: 000

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE *Carlos J. D...*

IMPORTANT

If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.