

TAB 10

Certificate of Insurance Coverage

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: COMPUTER NETWORK SYSTEM CORP. DBA COMPUTERLINK

PROPOSER ADDRESS: ALTAGRACIA BLDG C-2, 262 URUGUAY ST., SAN JUAN, PUERTO RICO 00918

NAME OF SURETY: UNIVERSAL INSURANCE COMPANY

NAME OF AGENT: LUIS E. SEPULVEDA

AGENT'S PHONE: 787-748-3195 / 787-717-1144

 The undersigned hereby certifies that COMPUTER NETWORK SYSTEM, CORP. (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	560-0575699	\$1,000,000	JULY/1/2019
COMMERCIAL/GENERAL LIABILITY AGG	\$2,000,000	560-0575699	\$2,000,000	JULY/1/2019
BUSINESS AUTOMOBILE LIABILITY	\$1,000,000 PER OCCURRENCE	518-0571559	\$1,000,000	MAY/1/2019
EMPLOYERS' LIABILITY	\$500,000 PER OCCURRENCE	560-0575699	\$1,000,000	JULY/1/2019
WORKER'S COMP	PUERTO RICO MINIMUM COMPENSATION STATUTORY			
TECHNOLOGY ERRORS AND OMISSIONS	\$2,000,000	IN PROCESS		
TECHNOLOGY ERRORS AND OMISSIONS (SUBCONTRACTOR)	\$1,000,000	IN PROCESS		

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:

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: LUIS E. SEPULVEDA

Title: Insurance Broker

Date: 09/11/2018



Certificación Póliza de Seguro

Número Control: **201920017000059422**

A: DEPARTAMENTO DE EDUCACION
 Dirección: _____

SAN JUAN PR -0000

Certificamos que el patrono: COMPUTER NETWORK SYSTEMS CORP , con póliza 9212001486 cumple con los siguientes requisitos para la obtención de la cubierta para sus obreros o empleados, en caso de ocurrir un accidente del trabajo.

- Rindió su declaración de la nómina en: 7/16/2018
- Su póliza cubre los siguientes riesgos :
 - 5191 – 353 MAQ.APARATOS,OFIC.(NIC)
 - 8742 – 354 COBRADORES Y MENSAJEROS
 - 8810 – 350 OFICINISTAS DELINEANTES

3. Pagó las primas establecidas por el Administrador en:

Semestre	Fecha de vencimiento	Fecha de pago
1	<u>8/20/2018</u> Mes Día Año	<u>9/19/2018</u> Mes Día Año
2	<u>1/20/2019</u> Mes Día Año	<u> </u> Mes Día Año

4. La póliza cubre la (s) siguiente (es) localidad (es):

NA

5. Observaciones:

Certificación sujeta al pago de las cuotas impuestas en las fechas establecidas por el Administrador en la Notificación de Cobro.

participar en subasta rep no. Prde osiatd-2018-002 mobile deveces

professional developemt and project management

6. Esta certificación es válida hasta el: **30-Jun-19**

Pura J. Robles

PURA ROBLES RODRIGUEZ

Firma del Oficial de Seguros

05-Oct-18

Fecha

