

**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:** Sesco Technology Solutions LLC

**PROPOSER ADDRESS:** PO Box 190897 San Juan PR 00919-0897

**NAME OF SURETY:** \_\_\_\_\_

**NAME OF AGENT:** Fulcro Insurance, Inc.

**AGENT'S PHONE:** 787-725-5880

The undersigned hereby certifies that Sesco Technology Solutions (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	515-0582724	\$1,000,000	10/4/19
COMMERCIAL/GENERAL LIABILITY AGG	\$2,000,000	515-0582724	\$2,000,000	10/4/19
BUSINESS AUTOMOBILE LIABILITY	\$1,000,000 PER OCCURRENCE	518-0582239	\$1,000,000	10/4/19
EMPLOYERS' LIABILITY	\$500,000 PER OCCURRENCE	515-0582724	\$1,000,000	10/4/19
WORKER'S COMP	PUERTO RICO MINIMUM COMPENSATION STATUTORY	0212000075	As required by law	7/31/19
TECHNOLOGY ERRORS AND OMISSIONS	\$2,000,000	Pending		
TECHNOLOGY ERRORS AND OMISSIONS (SUBCONTRACTOR)	\$1,000,000	Pending		

**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: Manuel Garcia Rullán  
Title: Account Executive  
Date: 10/4/2018







SESCTE1

OP ID: LG

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/05/2018

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> Fulcro Insurance, Inc. PO Box 9024048 San Juan, PR 00902-4048 CORE Book	787-725-5880	<b>CONTACT NAME:</b> CORE Book <b>PHONE (A/C, No, Ext):</b> 787-725-5880 <b>FAX (A/C, No):</b> 787-721-0988 <b>E-MAIL ADDRESS:</b>
	<b>INSURED</b> SESCO Technology Solutions LLC Sr. David Habibe PO Box 190897 San Juan, PR 00919-0897	
<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Universal Insurance Company		<b>NAIC #</b> 31704
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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>COMMERCIAL GENERAL LIABILITY</b> <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 <input type="checkbox"/> OTHER	X		515-0582724	10/04/2018	10/04/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 1,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X		518-0582639	10/04/2018	10/04/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	515-0582724 STOP GAP	10/04/2018	10/04/2019	<input type="checkbox"/> PER STATUTE <input checked="" 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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**LIMITED TO INSURED'S OPERATIONS ONLY:**  
"EVIDENCE OF COVERAGE - RFP NO. PRDE-OSIATD-FY2018-002 / MOBILE DEVICES, PROFESSIONAL DEVELOPMENT AND PROJECT MAANGEMEN"

<b>CERTIFICATE HOLDER</b>  DEPAED1  Departamento de Educación Div. Correspondencia y Archivo Anexo A Ofic 107 Tres Monjitas PO Box 190759 San Juan, PR 00919-0759	<b>CANCELLATION</b>  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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Estado Libre Asociado de Puerto Rico  
Commonwealth of Puerto Rico  
**CORPORACION DEL FONDO DEL SEGURO DEL ESTADO**  
STATE INSURANCE FUND CORPORATION  
P.O. Box 365028 San Juan P.R. 00936-5028  
G.P.O. Box 365028 San Juan P.R. 00936-5028

**CERTIFICACION DE DEUDA**  
CERTIFICATE OF DEBTS

**SISTEMA CUENTAS POR COBRAR**  
ACCOUNT RECEIVE SYSTEM

NUMERO DE FACTURA  
INVOICE NUMBER

CANTIDAD  
AMOUNT

0.00

**TOTAL DEUDA EN FACTURAS**  
TOTAL DEBT IN INVOICES

**\$0.00**  
**\$0.00**

Observación:  
Observation

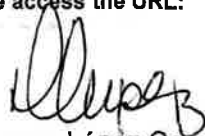
**Esta certificación se considera un documento oficial de la Corporación del Fondo del Seguro del Estado. Sin embargo, la información incluida en la misma podría estar sujeta a cambios y correcciones debido a la constante actualización de nuestras bases de datos, dilación o errores en la información provista por patronos y/o lesionados y/o dilación o errores en el proceso de recopilación y publicación de datos. En caso de tener dudas o interesar corroborar el contenido de esta certificación, debe comunicarse con y/o visitar la Oficina Regional de la Corporación del Fondo del Seguro del Estado más cercana. Esta certificación tendrá vigencia por diez días a partir de la emisión de la misma.**

**Esta Certificación no será válida sin el sello oficial o código de verificación electrónica y no representará un relevo de responsabilidad por aquellas deudas con la CFSE, pendientes de ser procesadas al momento de la emisión de este documento.**

**This certification is not valid without the official stamp or Electronic verification code. It does not represent a release for any pending debts with the State Insurance Fund, waiting to be processed at the time of emitting this document.**

**Para validar la información contenida en este certificado, favor acceder a:**  
To validate the information in this certificate, please access the URL:

[www.cfse.gov.pr](http://www.cfse.gov.pr)



Dharma López González





### Certificación Póliza de Seguro

Número Control: **201960006000064935**

A: DEPARTAMENTO DE EDUCACION  
 Dirección: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 PR -0000

Certificamos que el patrono: SESCO TECHNOLOGY SOLUTIONS LLC , con póliza 0212000075 cumple con los siguientes requisitos para la obtención de la cubierta para sus obreros o empleados, en caso de ocurrir un accidente del trabajo.

1. Rindió su declaración de la nómina en: 7/18/2018
2. Su póliza cubre los siguientes riesgos : 5191 -353 MAQ.APARATOS,OFIC.(NIC)

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>7/1/2018</u> Mes Día Año
2	<u>1/20/2019</u> Mes Día Año	<u>7/1/2018</u> Mes Día Año

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

SAN JUAN PR  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Observaciones:

Certificación otorgada para la firma de contrato. Deberá solicitar nueva certificación antes de comenzar los trabajos.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Martin Gonzalez Rosario

Firma del Oficial de Seguros

**02-Oct-18**

Fecha

**\*Advertencia: Esta Certificación NO es válida si contiene alteraciones. Si necesita validar la información contenida en este documento favor llamar al 1-844-PATRONO (1-844-728-7666) O 1-844-POLIZAS (1-844-765-**

