AMENDMENT NO. 1 TO FORM OF CONTRACT

Contractor: **Dell Marketing Corporation**

Contract No. 19ITBC05212019K-DB, Fulton County Government

Computer Hardware Equipment Refresh

Address: 1 Dell Way RR8

City, State Round Rock, Texas 78682

Telephone: (512) 728-1713

E-mail: amanda hudson@dell.com

Contact: Amanda Hudson

WITNESSETH

WHEREAS, Fulton County ("County") entered into a Contract with **Dell Marketing Corporation** to provide desktop devices and accessories, dated 4th day of September, 2019, on behalf of the **Department of Information Technology**; and

Additional WHEREAS this amendment to modify the existing contract to an increased amount of \$500,000.00 for the Fulton County Government Computer Hardware Equipment Refresh, for Phase II.

WHEREAS, the Contractor has performed satisfactorily over the period of the contract; and

WHEREAS, this amendment was approved by the Fulton County Board of Commissioners on **December 18, 2019; BOC Items #19-1133**.

NOW, **THEREFORE**, the County and the Contractor agree as follows:

This Amendment No. 1 to Form of Contract is effective as of the 1st day of January 2020 between the County and Dell Marketing Corporation, who agree that all Services specified will be performed in accordance with this Amendment No. 1 to Form of Contract and the Contract Documents.

1. **SCOPE OF WORK TO BE PERFORMED:** Continue to provide the purchase of enterprise class computing devices (PC's laptops, monitors, docking stations and other computer related equipment as part of the Technology Refresh Sustain Initiative. This is the second phase of the countywide PC Refresh Project.

- 2. **COMPENSATION:** The services described under Scope of Work herein shall be performed by Contractor for a total amount not to exceed \$500,000.00 (Five Hundred Thousand Dollars and No Cents).
- 3. **LIABILITY OF COUNTY:** This Amendment No. 1 to Form of Contract shall not become binding on the County and the County shall incur no liability upon same until such agreement has been executed by the Chair to the Commission, attested to by the Clerk to the Commission and delivered to Contractor.
- 4. **EFFECT OF AMENDMENT NO. <u>1</u> TO FORM OF CONTRACT:** Except as modified by this Amendment No. <u>1</u> to Form of Contract, the Contract, and all Contract Documents, remain in full force and effect.

OWNER:

IN WITNESS THEREOF, the Parties hereto have caused this Contract to be executed by their duly authorized representatives as attested and witnessed and their corporate seals to be hereunto affixed as of the day and year date first above written.

CONSULTANT:

FULTON COUNTY, GEORGIA	DELL MARKETING, L.P.
Robert L. Pitts Robert L. Pitts, Chairman Board of Commissioners	Amanda E. Hudson, Contracts Manager
ATTEST:	ATTEST:
Tonya K. Grier Tonya K. Grier Chief Deputy Clerk to the Conignostian (Affix County Seal) APPROVED AS TO FORM: Docusigned by: Unryl Kinger Office of the County Attorney APPROVED AS TO CONTENT:	Robert L. Potts Senior Vice President ar Assistant Secretary (Affix Corporate Seal) ATTEST: Shamon A. McClairo, Shamon A. McClairo, Notary Public
Docusigned by: Gun Mulundry Ni은이면 또면접한마-Hart, Chief Information Officer	County: Williamson Commission Expires: 07-18-2000 (Affix Notary Seals Shannon Ashley McClain Notary Public, State of Texas Comm. Expires 07-18-2022 Notary ID 131647468
ITEM#: 12/18/2019 RCS: 2019-1133 ATE RECESS MEETING REC	M#:RM: GULAR MEETING



DATE (MM/DD/YYYY) 05/29/2019

If	SUBROGATION IS WAIVED, subject is certificate does not confer rights to	to th	ne tei	rms and conditions of th	e polic	y, certain po	olicies may r			
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	MARSH RISK & INSURANCE SERVICES				NAME: PHONE (A/C, No, Ext): (A/C, No):					
345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153			E-MAIL ADDRE			(A/C, No):				
	SAN FRANCISCO, CA 94104	10.040	0000		ADDRE		STIDED(S) AEEOD	DING COVERAGE		NAIC#
Attn: SanFrancisco.Certs@marsh.com / FAX 212-948-0398 INSURED				INCLIDE	RA: N/A	OKEK(3) AFFOR	DING COVERAGE		N/A	
					R B : N/A				N/A	
Dell Technologies Inc. and all Subsidiaries				ondon-Syndicate	2623/623 at Lloyd's		15792			
One Dell Way - RR1-50				INSURE		ondon-Syndicate	2023/023 at Lioya 3			
	Round Rock, TX 78682				INSURE					
					INSURE					
CO	VERAGES CER	TIFIC	CΔTF	NUMBER:		-003216228-36		REVISION NUMBER: 9		
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LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	i	
	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED	\$	
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$	
								` ' ' '	\$	
									\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$	
	POLICY PRO- JECT LOC								\$	
	OTHER:							COMPLIED ONIOLE LIMIT	\$ \$	
	ANY AUTO							(Ea accident)	\$ \$	
	OWNED SCHEDULED								\$ \$	
	AUTOS ONLY AUTOS NON-OWNED							DDODEDT//DAMAGE	\$ \$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$ \$	
	UMBRELLA LIAB OCCUB								-	
	EXOCOLUED CCCOR								\$	
	CLAIMS-MADE								\$	
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	\$	
	AND EMPLOYERS' LIABILITY Y/N								•	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A							\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE		
С	DÉSCRIPTION OF OPERATIONS below Professional/E&O/			FINPT1900023		06/01/2019	06/01/2020	E.L. DISEASE - POLICY LIMIT Each Claim/Aggregate	\$	10,000,000
C				FINP 1 1900023		00/01/2019	00/01/2020			10,000,000
	Technology Errors & Omissions							(Claims Made)		
The a	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL above referenced Errors and Omissions policy shall in rmance of professional services; (b) breaches of secunge, destruction, or corruption.	clude t	echnol	logy/professional liability, and data p	rotection	liability (cyber liab	ility) insurance pro	oviding protection against: (a) errors		
CEI	RTIFICATE HOLDER				CANO	ELLATION				
<u> CLI</u>	Dell Technologies Inc. and all Subsidiaries One Dell Way - RRI-50 Round Rock, TX 78682-7000				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					
						sh Risk & Insura				
					Stepha	anie Guaiumi		Stephani Suaim	•	



DATE (MM/DD/YYYY) 02/26/2019

If	MPORTANT: If the certificate holder SUBROGATION IS WAIVED, subjection is certificate does not confer rights	t to t	he te	rms and conditions of th	e poli	cy, certain po	olicies may ı				
_	DUCER				CONTA NAME:		<i>,</i> -				
	MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300				PHONE FAX (A/C, No, Ext): (A/C, No):						
	CALIFORNIA LICENSE NO. 0437153				E-MAIL ADDRE	99.			(A/O, NO).		
	SAN FRANCISCO, CA 94104	112 04	0 0200		ADDICE		LIPER(S) AFFOR	RDING COVERAGE			NAIC#
Attn: SanFrancisco.Certs@marsh.com / FAX 212-948-0398				INICIIDE	R A : National Ur	• • •				19445	
INSURED						RB: N/A		ittsburght A			N/A
	Dell Technologies Inc.										N/A
	and all Subsidiaries One Dell Way - RR1-50					R C : N/A					14/71
	Round Rock, TX 78682				INSURE						
					INSURE						
	VERAGES CEF	TIEL	CATE	- NUMBED.	INSURE	-003602961-03		DEVISION NIII	MDED. 2		
	HIS IS TO CERTIFY THAT THE POLICIES			E NUMBER:				REVISION NU			I ICY PERIOD
IN C	NDICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUII PERT POLI	REME ΓΑΙΝ,	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIES	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WIT D HEREIN IS SU	H RESPE	ст то	WHICH THIS
LTR	I THE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	S	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENT		\$	
	CLAIMS-MADE OCCUR							PREMISES (Ea occ		\$	
								MED EXP (Any one	person)	\$	
								PERSONAL & ADV	INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COM	P/OP AGG	\$	
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$	
	ANY AUTO							BODILY INJURY (F	er person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (F		\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$	
										\$	
Α	X UMBRELLA LIAB X OCCUR			28295092		03/01/2019	03/01/2020	EACH OCCURREN	CE	\$	10,000,000
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	10,000,000
	DED RETENTION \$									\$	
	WORKERS COMPENSATION							PER STATUTE	OTH- ER		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE		\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO		\$	
	Section from St. St. Electricate Scient									,	
	CERIPTION OF OPERATIONS / LOCATIONS / VEHIC DENCE OF COVERAGE	LES (A	ACORE	. 101, Additional Remarks Schedul	le, may b	e attached if more	e space is require	ed)			
	DTIEICATE HOLDED				CAN	CELL ATION					
CE	RTIFICATE HOLDER				CANO	CELLATION					
Dell Technologies Inc. and all Subsidiaries One Dell Way - RR1-50 Round Rock, TX 78682-7000			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
					of Mars	RIZED REPRESEI sh Risk & Insura					
					Stenha	nie Guaiumi		Africat anni	A. mina	. •	



DATE (MM/DD/YYYY) 05/29/2019

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.

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 fied of	such endorsement(s).				
MARSH RISK & INSURANCE SERVICES		CONTACT NAME:				
		PHONE (A/C, No, Ext):	FAX (A/C, No):			
CALIFORNIA LICENSE NO. 043715		E-MAIL ADDRESS:				
SAN FRANCISCO, CA 94104 Attn: SanFrancisco.Certs@marsh.co	m / FAX 212-948-0398	INSURER(S) AFFORDING COVERAGE	NAIC#			
		INSURER A: National Union Fire Ins Co Pittsburgh PA	19445			
INSURED Dell Technologies Inc.		INSURER B: (See Attached)				
and all Subsidiaries		INSURER C: Lloyd's of London-Syndicate 2623/623 at Lloyd's	15792			
One Dell Way - RR1-50 Round Rock, TX 78682		INSURER D:				
Roulid Rock, 1A 70002		INSURER E:				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER:	SEA-003602964-07 REVISION NU	MBER: 2			
TING 10 TO OFFICE (TIME TIME D						

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.

ı		1310N3 AND CONDITIONS OF SUCH		-					
INSR LTR		TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	Х	COMMERCIAL GENERAL LIABILITY			GL5425904	03/01/2019	03/01/2020	EACH OCCURRENCE	\$ 2,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 2,000,000
								MED EXP (Any one person)	\$ 10,000
								PERSONAL & ADV INJURY	\$ 2,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 10,000,000
	Χ	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 10,000,000
		OTHER:							\$
Α	AUT	OMOBILE LIABILITY			CA4993096 (AOS)	03/01/2019	03/01/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
Α	Χ	ANY AUTO			CA4993097 (MA)	03/01/2019	03/01/2020	BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	Χ	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
Α	Χ	UMBRELLA LIAB X OCCUR			28295092	03/01/2019	03/01/2020	EACH OCCURRENCE	\$ 10,000,000
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 10,000,000
		DED RETENTION \$							\$
В		KKERS COMPENSATION EMPLOYERS' LIABILITY			SEE FOLLOWING PAGE	03/01/2019	03/01/2020	X PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE N	N/A		Workers Compensation excluded			E.L. EACH ACCIDENT	\$ 1,000,000
	(Man	idatory in NH)	IV/A		in ND, OH & WA			E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
С	Profe	essional/E&O/			FINPT1900023	06/01/2019	06/01/2020	Each Claim/Aggregate	20,000,000
	Tech	nnology Errors & Omissions						(Claims Made)	

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

The above referenced Errors and Omissions policy shall include technology/professional liability, and data protection liability (cyber liability) insurance providing protection against: (a) errors and omissions in the performance of professional services; (b) breaches of security; (c) violation or infringement of any right of privacy, breach of federal, state, or foreign security and/or privacy laws or regulations; and (d) data theft, damage, destruction, or corruption.

CERTIFICATE HOLDER	CANCELLATION
Dell Technologies Inc. and all Subsidiaries One Dell Way - RR1-50 Round Rock, TX 78682	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 of Marsh Risk & Insurance Services
	Stephanie Guaiumi Stephani Suarim.

AGENCY CUSTOMER ID: CN101640193

Loc #: San Francisco



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY MARSH RISK & INSURANCE SERVICES		NAMED INSURED Dell Technologies Inc. and all Subsidiaries One Dell Way - RR1-50 Round Rock, TX 78682		
POLICY NUMBER				
CARRIER	NAIC CODE			
		EFFECTIVE DATE:		

ADDITIONAL REMARKS

THIS ADDITIONAL REMA	RKS FORM IS A SCHEDULE TO ACORD FORM,	
FORM NUMBER: 25	FORM TITLE: Certificate of Liability Insurance	

DELL INC. - WORKERS COMPENSATION/EMPLOYERS LIABILITY; EFFECTIVE 3/1/2019 - EXPIRATION 3/1/2020

Insurer: New Hampshire Insurance Co. NAIC# 23841

WC012717139 - All Other States

WC012717141 - FL

WC012717142 - MA,WI, WY and Stop Gap EL: ND,OH,WA WC012717138 - AK, AZ, IL, KY NC, NH, NJ, PA, UT, VA, VT

Insurer: American Home Assurance Company NAIC# 19380

WC012717140 - CA

AMENDMENT NO. 1 TO FORM OF CONTRACT

Contractor: CDW Government

Contract No. 19ITBC05212019K-DB, Fulton County Government

Computer Hardware Equipment Refresh

Address:

230 N Milwaukee Ave

City, State

Vernon Hills, Illinois 60061

Telephone: (877) 401-5319

E-mail:

briafis@cdwg.com

Contact:

Brian Fisher, Sr. Manager, Program Sales

WITNESSETH

WHEREAS, Fulton County ("County") entered into a Contract with CDW Government to provide specialty computing devices to include iPads, iMacs, MS Surface Pros and supporting peripherals, dated 4th day of September 2019, on behalf of the Department of Information Technology; and

Additional WHEREAS this amendment to modify the existing contract to an increased amount of \$375,000.00 for the Fulton County Government Computer Hardware Equipment Refresh, for Phase II.

WHEREAS, the Contractor has performed satisfactorily over the period of the contract; and

WHEREAS, this amendment was approved by the Fulton County Board of Commissioners on December 18, 2019 BOC Items #19-1133.

NOW, THEREFORE, the County and the Contractor agree as follows:

This Amendment No. 1 to Form of Contract is effective as of the 1st day of January 2020, between the County and CDW Government, who agree that all Services specified will be performed in accordance with this Amendment No. 1 to Form of Contract and the Contract Documents.

1. SCOPE OF WORK TO BE PERFORMED: Continue to provide the purchase of enterprise class computing devices (PC's laptops, monitors, docking stations and other computer related equipment as part of the Technology Refresh Sustain Initiative. This is the second phase of the countywide PC Refresh Project.

- 2. **COMPENSATION:** The services described under Scope of Work herein shall be performed by Contractor for a total amount not to exceed \$375,000.00 (Three Hundred Seventy Five Thousand Dollars and No Cents).
- 3. **LIABILITY OF COUNTY:** This Amendment No. 1 to Form of Contract shall not become binding on the County and the County shall incur no liability upon same until such agreement has been executed by the Chair to the Commission, attested to by the Clerk to the Commission and delivered to Contractor.
- 4. **EFFECT OF AMENDMENT NO. 1 TO FORM OF CONTRACT:** Except as modified by this Amendment No. 1 to Form of Contract, the Contract, and all Contract Documents, remain in full force and effect.

IN WITNESS THEREOF, the Parties hereto have caused this Contract to be executed by their duly authorized representatives as attested and witnessed and their corporate seals to be hereunto affixed as of the day and year date first above written.

OWNER:	CONSULTANT:
FULTON COUNTY, GEORGIA	CDW GOVERNMENT
Robert L. Pitts Robert L. Pitts, Chairman Fulton County Board of Commissioners	Brian Fisher Br
ATTEST:	ATTEST:
Docusigned by: Tonya R. Grier	Matthew L. Lohmus
Tonya R. Grier Chief Deputy Clerk to the @aismassion	Secretary/ Assistant Secretary
(Affix County Seal)	(Affix Corporate Seal)
APPROVED AS TO FORM:	ATTEST:
Docusigned by: Clury Kinger	Matthew L. Lohmus
Office of the ซึ่งนักซึ่ง Attorney APPROVED AS TO CONTENT:	Notary Public
	County:
dun munduz Nicole Keaton-Hart, Chief	Commission Expires:
Information Officer	(Affix Notary Seal) DocuSigned by:
	EM#:RM: GULAR MEETING
NECESSIVILE LING RE	GULAR MEETING



DATE(MM/DD/YYYY) 03/12/2020

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).

			-(-)-				
PRODUCER		CONTACT NAME:					
Aon Risk Services Central, In Chicago IL Office 200 East Randolph Chicago IL 60601 USA		PHONE (A/C. No. Ext):	(866) 283-7122	FAX (A/C. No.): (800) 363-01	.05		
		E-MAIL ADDRESS:					
			INSURER(S) AFFORDING COV	/ERAGE	NAIC#		
INSURED		INSURER A:	Lloyd's Syndicate No.	2623	AA1128623		
CDW Government LLC 230 North Milwaukee Ave		INSURER B:	Travelers Property Cas	Co of America	25674		
Vernon Hills IL 60061 USA		INSURER C:	The Charter Oak Fire I	nsurance Company	25615		
		INSURER D:	The Phoenix Insurance	Company	25623		
		INSURER E:					
		INSURER F:					
COVERAGES	CEPTIFICATE NUMBER: 57008088330	27	PEVISION	NIIMBED:			

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.

ISR TR D X	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	INSD Y	SUBR WVD	POLICY NUMBER H6605D53096APHX19	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		Υ		H6605D53096APHX19				
	CLAIMS-MADE X OCCUR				10/01/2019	10/01/2020	EACH OCCURRENCE	\$1,000,000
L				see addendum			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
							MED EXP (Any one person)	\$10,000
_							PERSONAL & ADV INJURY	\$1,000,000
G	EN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
	POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
: A	OTHER: UTOMOBILE LIABILITY			BA-6N190234	10/01/2019	10/01/2020	COMBINED SINGLE LIMIT	
^	OTOMOBILE LIABILITY				, , ,	, , , ,	(Ea accident)	\$1,000,000
Х	ANYAUTO						BODILY INJURY (Per person)	
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	
L	AUTOS ONLY HIRED AUTOS ONLY AUTOS NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
\perp								
В	UMBRELLA LIAB X OCCUR			CUP6J538679 SIR applies per policy ter	10/01/2019		EACH OCCURRENCE	\$5,000,000
	EXCESS LIAB CLAIMS-MADE			sik applies per policy ten	ns & Condit	. TORIS	AGGREGATE	\$5,000,000
	DED X RETENTION						Retained Limit	\$10,000
	NORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y	TC2JUB1117L61619	10/01/2019	10/01/2020	X PER STATUTE OTH-	
_ ^	ANY PROPRIETOR / PARTNER / EXECUTIVE	N/A	Y	AOS TRJUB1116L66819	10/01/2019	10/01/2020	E.L. EACH ACCIDENT	\$1,000,000
- (Mandatory in NH)	N/A	•	AZ, MA, WI	10, 01, 1013	10, 01, 2020	E.L. DISEASE-EA EMPLOYEE	\$1,000,000
[f yes, describe under DESCRIPTION OF OPERATIONS below			<u> </u>			E.L. DISEASE-POLICY LIMIT	\$1,000,000 \$5,000,000
A E	E&O-MPL-Primary				10/01/2019			\$5,000,000
				Cyber Liab & Network Sec. SIR applies per policy ter	ns & condit		SIR Aggregate	\$500,000 \$5,000,000

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

Fulton County Government is included as Additional Insured in accordance with the policy provisions of the General Liability policy. Coverage under the General Liability policy shall be primary and non-contributory. Waiver of Subrogation shall apply on the Worker's Compensation policy in favor of the Certificate Holder.

CERTIFICATE HOLDER	CANCELLATIO
CERTIFICATE HOLDER	OANGELEAN

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

Fulton County Government Department of Purchasing & Contract Compliance 130 Peachtree Street, S.W. Atlanta GA 30303-3459 USA

Aon Risk Services Central Inc

AGENCY CUSTOMER ID: 10227766

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY		NAMED INSURED
Aon Risk Services Central, Inc.		CDW Government LLC
POLICY NUMBER See Certificate Number: 570080883397		
CARRIER	NAIC CODE	
See Certificate Number: 570080883397		EFFECTIVE DATE:

See Certificate Number	er: 570080883397	EFFECTIVE DATE:
ADDITIONAL REMARKS		
	RKS FORM IS A SCHEDULE TO A RD 25 FORM TITLE: Certificat	
		ercial General Liability
Commercial General L	iability	
Policy# 6605D53096A		
State and Insurer(s)	Affording Coverage	
California	Travelers Property Cas	sualty Company of America NAIC# 25674
All Other	The Phoenix Insurance	Company NAIC# 25623

AMENDMENT NO. 1 TO FORM OF CONTRACT

Contractor: **Dell Marketing Corporation**

Contract No. 19ITBC05212019K-DB, Fulton County Government

Computer Hardware Equipment Refresh

Address: 1 Dell Way RR8

City, State Round Rock, Texas 78682

Telephone: (512) 728-1713

E-mail: amanda hudson@dell.com

Contact: Amanda Hudson

WITNESSETH

WHEREAS, Fulton County ("County") entered into a Contract with **Dell Marketing Corporation** to provide desktop devices and accessories, dated 4th day of September, 2019, on behalf of the **Department of Information Technology**; and

Additional WHEREAS this amendment to modify the existing contract to an increased amount of \$500,000.00 for the Fulton County Government Computer Hardware Equipment Refresh, for Phase II.

WHEREAS, the Contractor has performed satisfactorily over the period of the contract; and

WHEREAS, this amendment was approved by the Fulton County Board of Commissioners on **December 18, 2019; BOC Items #19-1133**.

NOW, **THEREFORE**, the County and the Contractor agree as follows:

This Amendment No. 1 to Form of Contract is effective as of the 1st day of January 2020 between the County and Dell Marketing Corporation, who agree that all Services specified will be performed in accordance with this Amendment No. 1 to Form of Contract and the Contract Documents.

1. **SCOPE OF WORK TO BE PERFORMED:** Continue to provide the purchase of enterprise class computing devices (PC's laptops, monitors, docking stations and other computer related equipment as part of the Technology Refresh Sustain Initiative. This is the second phase of the countywide PC Refresh Project.

- 2. **COMPENSATION:** The services described under Scope of Work herein shall be performed by Contractor for a total amount not to exceed \$500,000.00 (Five Hundred Thousand Dollars and No Cents).
- 3. **LIABILITY OF COUNTY:** This Amendment No. 1 to Form of Contract shall not become binding on the County and the County shall incur no liability upon same until such agreement has been executed by the Chair to the Commission, attested to by the Clerk to the Commission and delivered to Contractor.
- 4. **EFFECT OF AMENDMENT NO. <u>1</u> TO FORM OF CONTRACT:** Except as modified by this Amendment No. <u>1</u> to Form of Contract, the Contract, and all Contract Documents, remain in full force and effect.

OWNER:

IN WITNESS THEREOF, the Parties hereto have caused this Contract to be executed by their duly authorized representatives as attested and witnessed and their corporate seals to be hereunto affixed as of the day and year date first above written.

CONSULTANT:

FULTON COUNTY, GEORGIA	DELL MARKETING, L.P.
Robert L. Pitts Robert L. Pitts, Chairman Board of Commissioners	Amanda E. Hudson, Contracts Manager
ATTEST:	ATTEST:
Tonya K. Grier Tonya K. Grier Chief Deputy Clerk to the Conignession (Affix County Seal) APPROVED AS TO FORM: Docusigned by: Usery Kinger Office of the County Attorney APPROVED AS TO CONTENT:	Robert L. Potts Senior Vice President ar Assistant Secretary (Affix Corporate Seal) ATTEST: Shamon A. McClairo, Shamon A. McClairo, Notary Public
Docusigned by: Gun Mulundy Ni261世 张智和的-Hart, Chief Information Officer	County: Williamson Commission Expires: 07-18-2000 (Affix Notary Seals Shannon Ashley McClain Notary Public, State of Texas Comm. Expires 07-18-2022 Notary ID 131647468
ITEM#: 12/18/2019 RCS: 2019-1133 ATE RECESS MEETING REC	M#:RM: GULAR MEETING



DATE (MM/DD/YYYY) 05/29/2019

If	SUBROGATION IS WAIVED, subject is certificate does not confer rights to	to th	ne tei	rms and conditions of th	e polic	y, certain po	olicies may r			
	DUCER	0	2016		CONTA		<i>,</i> -			
	MARSH RISK & INSURANCE SERVICES				PHONE (A/C, No			FAX		
	345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153				E-MAIL ADDRE			(A/C, No):		
	SAN FRANCISCO, CA 94104	10.040	0000		ADDRE		STIDED(S) AEEOD	DING COVERAGE		NAIC#
	Attn: SanFrancisco.Certs@marsh.com / FAX 21	12-948	-0398		INCLIDE	RA: N/A	OKEK(3) AFFOR	DING COVERAGE		N/A
INSU	RED					R B : N/A				N/A
	Dell Technologies Inc. and all Subsidiaries						andan Syndicata	2623/623 at Lloyd's		15792
	One Dell Way - RR1-50				INSURE		.ondon-Syndicate	2023/023 at Lioyu 3		10772
	Round Rock, TX 78682				INSURE					
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CO	VERAGES CER	TIFIC	CΔTF	NUMBER:		-003216228-36		REVISION NUMBER: 9		
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LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	<u> </u>	
	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED	\$	
	CLAIMS-MADEOCCUR							PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY PRO- JECT LOC								\$	
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	ANY AUTO							(Ea accident)	\$	
	OWNED SCHEDULED							· · · · ·	\$	
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	LIMPRELLALIAR								\$	
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS MADE								\$	
	CLAIMS-MADE								\$	
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	\$	
	AND EMPLOYERS' LIABILITY Y/N									
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A							\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE		
С	DÉSCRIPTION OF OPERATIONS below Professional/E&O/			FINDT1000022		0//01/2010	07/01/2020	E.L. DISEASE - POLICY LIMIT Each Claim/Aggregate	\$	10,000,000
C				FINPT1900023		06/01/2019	06/01/2020			10,000,000
	Technology Errors & Omissions							(Claims Made)		
The a	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL above referenced Errors and Omissions policy shall in rmance of professional services; (b) breaches of secunge, destruction, or corruption.	clude t	echnol	logy/professional liability, and data p	rotection	liability (cyber liab	ility) insurance pro	oviding protection against: (a) errors		
CE	RTIFICATE HOLDER				CANO	ELLATION				
<u> </u>	Dell Technologies Inc. and all Subsidiaries One Dell Way - RRI-50 Round Rock, TX 78682-7000				SHC THE ACC	OULD ANY OF TEXPIRATION	N DATE THE TH THE POLIC	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.		
						sh Risk & Insura				
	1				Stepha	anie Guaiumi		Steptani Susim	•	



DATE (MM/DD/YYYY) 02/26/2019

If	MPORTANT: If the certificate holder SUBROGATION IS WAIVED, subjection is certificate does not confer rights	t to t	he te	rms and conditions of th	e poli	cy, certain po	olicies may ı				
_	DUCER				CONTA NAME:		,-				
	MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300				PHONE (A/C, No	- Ev+\-			FAX (A/C, No):		
	CALIFORNIA LICENSE NO. 0437153				E-MAIL ADDRE	99.			(A/O, NO).		
	SAN FRANCISCO, CA 94104 Attn: SanFrancisco.Certs@marsh.com / FAX 2	112 04	0 0200		ADDICE		LIPER(S) AFFOR	RDING COVERAGE			NAIC#
	AUII: Sanfrancisco.Ceris@maisn.com / FAX /	212-94	8-0398		INICIIDE	R A : National Ur	• • •				19445
INSU	JRED					RB: N/A		ittsburgit i A			N/A
	Dell Technologies Inc.										N/A
	and all Subsidiaries One Dell Way - RR1-50					R C : N/A					14/71
	Round Rock, TX 78682				INSURE						
					INSURE						
	VERAGES CEF	TIEL	CATE	- NUMBED.	INSURE	-003602961-03		DEVISION NU	MDED. 2		
	HIS IS TO CERTIFY THAT THE POLICIES			E NUMBER:				REVISION NU			I ICY PERIOD
IN C	NDICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUII PERT POLI	REME ΓΑΙΝ,	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIES	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WIT D HEREIN IS SU	H RESPE	ст то	WHICH THIS
LTR	I THE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	S	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENT		\$	
	CLAIMS-MADE OCCUR							PREMISES (Ea occ		\$	
								MED EXP (Any one	person)	\$	
								PERSONAL & ADV	INJURY	\$	
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	POLICY PRO- JECT LOC							PRODUCTS - COM	P/OP AGG	\$	
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$	
	ANY AUTO							BODILY INJURY (P	er person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (P		\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$	
										\$	
Α	X UMBRELLA LIAB X OCCUR			28295092		03/01/2019	03/01/2020	EACH OCCURREN	CE	\$	10,000,000
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	10,000,000
	DED RETENTION \$									\$	
	WORKERS COMPENSATION							PER STATUTE	OTH- ER		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE	l						E.L. EACH ACCIDE		\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO		\$	
	Section from St. St. Electricate Scient									*	
	CERIPTION OF OPERATIONS / LOCATIONS / VEHIC DENCE OF COVERAGE	LES (A	ACORE	. 101, Additional Remarks Schedul	le, may b	e attached if more	e space is require	ed)			
	DTIEICATE HOLDED				CAN	CELL ATION					
CE	RTIFICATE HOLDER				CANO	CELLATION					
	Dell Technologies Inc. and all Subsidiaries One Dell Way - RR1-50 Round Rock, TX 78682-7000				THE	EXPIRATION	N DATE THE	ESCRIBED POLICE EREOF, NOTICE Y PROVISIONS.			
					of Mars	RIZED REPRESEI sh Risk & Insura					
					Stenha	nie Guaiumi		Atorest anni	A. mina	. •	



DATE (MM/DD/YYYY) 05/29/2019

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.

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 fieu or	such endorsement(s).	
PRODUCER MARSH RISK & INSURANCE SERV	ICES	CONTACT NAME:	
345 CALIFORNIA STREET, SUITE		PHONE (A/C, No, Ext):	FAX (A/C, No):
CALIFORNIA LICENSE NO. 0437153		E-MAIL ADDRESS:	
SAN FRANCISCO, CA 94104 Attn: SanFrancisco.Certs@marsh.co	m / FAX 212-948-0398	INSURER(S) AFFORDING COVERAGE	NAIC#
		INSURER A: National Union Fire Ins Co Pittsburgh PA	19445
INSURED Dell Technologies Inc.		INSURER B: (See Attached)	
and all Subsidiaries		INSURER C: Lloyd's of London-Syndicate 2623/623 at Lloyd's	15792
One Dell Way - RR1-50 Round Rock, TX 78682		INSURER D:	
ROUIIU ROCK, 1A 70002		INSURER E:	
		INSURER F:	
COVERAGES	CERTIFICATE NUMBER:	SEA-003602964-07 REVISION NU	MBER: 2
		AVE BEEN ISSUED TO THE MISUBED MAKED ABOV	E FOR THE BOLLOV REDIOR

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.

ı		1310N3 AND CONDITIONS OF SUCH		-					
INSR LTR		TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	Χ	COMMERCIAL GENERAL LIABILITY			GL5425904	03/01/2019	03/01/2020	EACH OCCURRENCE	\$ 2,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 2,000,000
								MED EXP (Any one person)	\$ 10,000
								PERSONAL & ADV INJURY	\$ 2,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 10,000,000
	Χ	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 10,000,000
		OTHER:							\$
Α	AUT	OMOBILE LIABILITY			CA4993096 (AOS)	03/01/2019	03/01/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
Α	Χ	ANY AUTO			CA4993097 (MA)	03/01/2019	03/01/2020	BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	Χ	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
Α	Χ	UMBRELLA LIAB X OCCUR			28295092	03/01/2019	03/01/2020	EACH OCCURRENCE	\$ 10,000,000
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 10,000,000
		DED RETENTION \$							\$
В		KKERS COMPENSATION EMPLOYERS' LIABILITY			SEE FOLLOWING PAGE	03/01/2019	03/01/2020	X PER OTH-	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE N	N/A		Workers Compensation excluded			E.L. EACH ACCIDENT	\$ 1,000,000
	(Man	idatory in NH)	N/A		in ND, OH & WA			E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
С	Profe	essional/E&O/			FINPT1900023	06/01/2019	06/01/2020	Each Claim/Aggregate	20,000,000
	Tech	nnology Errors & Omissions						(Claims Made)	

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

The above referenced Errors and Omissions policy shall include technology/professional liability, and data protection liability (cyber liability) insurance providing protection against: (a) errors and omissions in the performance of professional services; (b) breaches of security; (c) violation or infringement of any right of privacy, breach of federal, state, or foreign security and/or privacy laws or regulations; and (d) data theft, damage, destruction, or corruption.

CERTIFICATE HOLDER	CANCELLATION
Dell Technologies Inc. and all Subsidiaries One Dell Way - RR1-50 Round Rock, TX 78682	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 of Marsh Risk & Insurance Services
	Stephanie Guaiumi Stephani Suarim.

AGENCY CUSTOMER ID: CN101640193

Loc #: San Francisco



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY MARSH RISK & INSURANCE SERVICES POLICY NUMBER		NAMED INSURED Dell Technologies Inc. and all Subsidiaries One Dell Way - RR1-50 Round Rock, TX 78682	
CARRIER	NAIC CODE		
		EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL I	REMARKS	FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: _	25	FORM TITLE: Certificate of Liability Insurance

DELL INC. - WORKERS COMPENSATION/EMPLOYERS LIABILITY; EFFECTIVE 3/1/2019 - EXPIRATION 3/1/2020

Insurer: New Hampshire Insurance Co. NAIC# 23841

WC012717139 - All Other States

WC012717141 - FL

WC012717142 - MA,WI, WY and Stop Gap EL: ND,OH,WA WC012717138 - AK, AZ, IL, KY NC, NH, NJ, PA, UT, VA, VT

Insurer: American Home Assurance Company NAIC# 19380

WC012717140 - CA