



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
12/24/2024

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).

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| PRODUCER Aon Risk Services Central, Inc. Chicago IL Office 200 East Randolph Chicago IL 60601 USA | CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105 | | |
| | E-MAIL ADDRESS: | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # | |
| INSURED Accenture LLP Accenture International Ltd., Accenture Federal Services LLC, Accenture PLC Including All Subsidiaries and Affiliate 500 West Madison St. Chicago IL 60661 USA | INSURER A: Allianz Global Risks US Insurance Co. | | 35300 |
| | INSURER B: Zurich American Ins Co | | 16535 |
| | INSURER C: National Union Fire Ins Co of Pittsburgh | | 19445 |
| | INSURER D: American Zurich Ins Co | | 40142 |
| | INSURER E: | | |
| | INSURER F: | | |

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| COVERAGES | CERTIFICATE NUMBER: 570110033685 | REVISION NUMBER: |
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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. **Limits shown are as requested**

| INSR LTR | TYPE OF INSURANCE | ADDITIONAL INSURED | SUBROGATION WAIVED | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|--------------------|--------------------|--|-------------------------|-------------------------|--|
| B | <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"/> PROJECT <input type="checkbox"/> LOC OTHER: | | | GL0937619221 | 11/15/2024 | 11/15/2025 | EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$20,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 |
| B | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | BAP 9376191 21 | 11/15/2024 | 11/15/2025 | COMBINED SINGLE LIMIT (Ea accident) \$5,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) |
| C | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION | | | BE017247267 | 11/15/2024 | 11/15/2025 | EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 |
| D | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | WC929926224 WC - AOS WC929926324 WC - MA, NM, WI | 01/01/2025 | 01/01/2026 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$5,000,000 E.L. DISEASE-EA EMPLOYEE \$5,000,000 E.L. DISEASE-POLICY LIMIT \$5,000,000 |
| A | E&O - Professional Liability - Primary | | | US2000017240M SIR applies per policy terms & conditions | 06/01/2024 | 06/01/2025 | Each Claim/Aggregate \$20,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Accenture clients, vendors, landlords, lessors or any other party are included as Additional Insured where required by written contract prior to loss in accordance with the policy provisions of the General Liability, Automobile Liability and Umbrella Liability policies. General Liability and Auto Liability policies evidenced herein are Primary and Non-contributory to other insurance available to an Additional Insured where required by written contract prior to loss in accordance with the policy provisions of the General Liability and Auto Liability policies. A waiver of subrogation is granted where required by written contract prior to loss in accordance with the policy provisions of the General Liability, Automobile Liability, and workers' Compensation policies. Professional Liability includes Cyber Liability.

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| CERTIFICATE HOLDER | CANCELLATION |
| Accenture LLP Accenture International Ltd., Accenture Federal Services LLC, Accenture PLC Including All Subsidiaries & affiliates 500 West Madison St., 20th floor Chicago IL 60661 USA | 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 <i>Aon Risk Services Central, Inc.</i> |

Holder Identifier : EOC

Certificate No : 570110033685

