



# CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 1

DATE (MM/DD/YYYY)  
05/27/2022

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> Willis Towers Watson Northeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA		<b>CONTACT</b> NAME: Willis Towers Watson Certificate Center PHONE (A/C No. Ext): 1-877-945-7378 E-MAIL ADDRESS: certificates@willis.com FAX (A/C No): 1-888-467-2378															
<b>INSURED</b> Ricoh Americas Holdings, Inc. Ricoh USA, Inc. 300 Eagleview Blvd., Suite 200 Exton, PA 19341		<b>INSURER(S) AFFORDING COVERAGE</b> <table border="1"> <tr> <th>INSURER</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Sompo America Insurance Company</td> <td>11126</td> </tr> <tr> <td>INSURER B: Tokio Marine America Insurance Company</td> <td>10945</td> </tr> <tr> <td>INSURER C: Safety National Casualty Corporation</td> <td>15105</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>		INSURER	NAIC #	INSURER A: Sompo America Insurance Company	11126	INSURER B: Tokio Marine America Insurance Company	10945	INSURER C: Safety National Casualty Corporation	15105	INSURER D:		INSURER E:		INSURER F:	
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## COVERAGES

CERTIFICATE NUMBER: W24906111

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	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY						GDL40033H0	06/01/2022	06/01/2023	EACH OCCURRENCE		\$ 1,000,000	
	<input type="checkbox"/>	CLAIMS-MADE	<input checked="" type="checkbox"/>	OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)		\$ 300,000	
	<input type="checkbox"/>										MED EXP (Any one person)		\$ 15,000	
	<input type="checkbox"/>										PERSONAL & ADV INJURY		\$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE						\$ 2,000,000			
	<input type="checkbox"/>	POLICY	<input type="checkbox"/>	PRO-JECT	<input checked="" type="checkbox"/>						LOC	PRODUCTS - COMP/OP AGG		\$ 2,000,000
	<input type="checkbox"/>	OTHER:											\$	
A	AUTOMOBILE LIABILITY						AAL30020107700	06/01/2022	06/01/2023	COMBINED SINGLE LIMIT (Ea accident)		\$ 1,000,000		
	<input checked="" type="checkbox"/>	ANY AUTO								BODILY INJURY (Per person)		\$		
	<input type="checkbox"/>	OWNED AUTOS ONLY	<input type="checkbox"/>	SCHEDULED AUTOS						BODILY INJURY (Per accident)		\$		
	<input type="checkbox"/>	HIRED AUTOS ONLY	<input type="checkbox"/>	NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)		\$		
	<input type="checkbox"/>											\$		
B	<input checked="" type="checkbox"/>	UMBRELLA LIAB		<input checked="" type="checkbox"/>	OCCUR			CU6402167-14	06/01/2022	06/01/2023	EACH OCCURRENCE		\$ 5,000,000	
	<input type="checkbox"/>	EXCESS LIAB		<input type="checkbox"/>	CLAIMS-MADE						AGGREGATE		\$ 5,000,000	
	<input type="checkbox"/>	DED	<input checked="" type="checkbox"/>	RETENTION \$ 10,000									\$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				N/A		LDC4054740	06/01/2022	06/01/2023	<input checked="" type="checkbox"/>	PER STATUTE	<input type="checkbox"/>	OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)									<input type="checkbox"/>	No	E.L. EACH ACCIDENT		\$ 2,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below											E.L. DISEASE - EA EMPLOYEE		\$ 2,000,000
												E.L. DISEASE - POLICY LIMIT		\$ 2,000,000

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

Waiver of Subrogation applies to Workers Compensation, where required by written contract and as permitted by law.

## CERTIFICATE HOLDER

## CANCELLATION

Evidence of Insurance	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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ACORD 25 (2016/03)

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SR ID: 22631369

BATCH: 2542361