



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/15/2018

**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><br>MARSH USA, INC.<br>TWO ALLIANCE CENTER<br>3560 LENOX ROAD, SUITE 2400<br>ATLANTA, GA 30326<br><br>243517-Sieme-E&O-18-19 | <b>CONTACT NAME:</b><br><b>PHONE (A/C, No. Ext):</b> _____ <b>FAX (A/C, No):</b> _____<br><b>E-MAIL ADDRESS:</b> _____   |                               |        |  |       |   |       |   |       |                    |  |                    |  |                    |  |
|---|--|-------------------------------|--------|--|-------|---|-------|---|-------|--------------------|--|--------------------|--|--------------------|--|
| <b>INSURED</b><br>Atos IT Solutions and Services, Inc.<br>4705 Duke Drive<br>Mason, OH 45040  | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> </thead> <tbody> <tr> <td><b>INSURER A :</b> Twin City Fire Insurance Co</td> <td style="text-align: center;">29459</td> </tr> <tr> <td><b>INSURER B :</b> Hartford Fire Insurance Co</td> <td style="text-align: center;">19682</td> </tr> <tr> <td><b>INSURER C :</b> Trumbull Insurance Company</td> <td style="text-align: center;">27120</td> </tr> <tr> <td><b>INSURER D :</b></td> <td></td> </tr> <tr> <td><b>INSURER E :</b></td> <td></td> </tr> <tr> <td><b>INSURER F :</b></td> <td></td> </tr> </tbody> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | <b>INSURER A :</b> Twin City Fire Insurance Co | 29459 | <b>INSURER B :</b> Hartford Fire Insurance Co | 19682 | <b>INSURER C :</b> Trumbull Insurance Company | 27120 | <b>INSURER D :</b> |  | <b>INSURER E :</b> |  | <b>INSURER F :</b> |  |
| INSURER(S) AFFORDING COVERAGE   | NAIC #   |                               |        |  |       |   |       |   |       |                    |  |                    |  |                    |  |
| <b>INSURER A :</b> Twin City Fire Insurance Co  | 29459  |                               |        |  |       |   |       |   |       |                    |  |                    |  |                    |  |
| <b>INSURER B :</b> Hartford Fire Insurance Co   | 19682  |                               |        |  |       |   |       |   |       |                    |  |                    |  |                    |  |
| <b>INSURER C :</b> Trumbull Insurance Company   | 27120  |                               |        |  |       |   |       |   |       |                    |  |                    |  |                    |  |
| <b>INSURER D :</b>  |  |                               |        |  |       |   |       |   |       |                    |  |                    |  |                    |  |
| <b>INSURER E :</b>  |  |                               |        |  |       |   |       |   |       |                    |  |                    |  |                    |  |
| <b>INSURER F :</b>  |  |                               |        |  |       |   |       |   |       |                    |  |                    |  |                    |  |

**COVERAGES** **CERTIFICATE NUMBER:** ATL-004809533-01 **REVISION NUMBER:** 4

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"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> SIR: \$150,000<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: _____ |           |          | 20 ECS S54902                              | 01/01/2018               | 01/01/2019               | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ _____<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 10,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>\$ _____ |
| B        | <input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY   |           |          | 20 AB S54904                               | 01/01/2018               | 01/01/2019               | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$ _____<br>BODILY INJURY (Per accident) \$ _____<br>PROPERTY DAMAGE (Per accident) \$ _____<br>COMP/COLL DED: \$ 1,000   |
| A        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTION \$ 10,000  |           |          | 10 XS ON1027                               | 01/01/2018               | 01/01/2019               | EACH OCCURRENCE \$ 10,000,000<br>AGGREGATE \$ 10,000,000<br>\$ _____   |
| C        | <input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N<br>N  | N/A      | 20 WN S54900 (AOS)<br>20 WBR S54901 (WI)   | 01/01/2018<br>01/01/2018 | 01/01/2019<br>01/01/2019 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000  |
| B        | Technology Errors & Omissions  |           |          | 20 HH 0299837 18<br>'CLAIMS MADE COVERAGE' | 01/01/2018               | 01/01/2019               | Aggregate Limit \$ 15,000,000<br>Deductible \$ 5,000,000   |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Georgia Technology Authority and its officers and directors is/are included as additional insured where required by written contract with respect to general liability and auto liability. Waiver of subrogation is applicable to general liability, auto liability, and workers' compensation where required by written contract.

|  |  |
|--|--|
| <b>CERTIFICATE HOLDER</b><br><br>Georgia Technology Authority<br>Attention: GTA General Counselor<br>47 Trinity Avenue SW<br>Atlanta, GA 30334 | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br><b>AUTHORIZED REPRESENTATIVE</b><br>of Marsh USA Inc.<br><br>Manashi Mukherjee <i>Manashi Mukherjee</i> |
|--|--|



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## NOTICE OF CANCELLATION TO CERTIFICATE HOLDER(S)

This policy is subject to the following additional Conditions:

If this policy is cancelled by the Company, other than for nonpayment of premium, notice of such cancellation will be provided to the certificate holder(s) with mailing addresses on file with the agent of record. Such notice will be provided within 30 days of the Company's receipt of certificate holder(s) information from the agent of record.

If notice is mailed, proof of mailing to the last known mailing address of the certificate holder(s)

on file with the agent of record will be sufficient proof of notice.

Any notification rights provided by this endorsement apply only to active certificate holder(s) who were issued a certificate of insurance applicable to this policy's term.

Failure to provide such notice to the certificate holder(s) will not amend or extend the date the cancellation becomes effective, nor will it negate cancellation of the policy. Failure to send notice shall impose no liability of any kind upon the Company or its agents or representatives.

# Insurance Certificate Commercial Crime

We, the undersigned, Chubb European Group Ltd, Le Colisée 8 avenue de l'Arche 92419 Courbevoie cedex, hereby certifies having issued a Commercial Crime to ATOS SE for its owns and its direct and indirect subsidiaries from 01 janvier 2018 to 31 décembre 2018

Subject to all of the terms, exceptions and conditions of this policy, the policy covers notably employee dishonesty and computer crime.

|                           |  |
|---------------------------|--|
| <b>Policy N°</b>          | FRFINA20182  |
| <b>Policy Holder</b>      | ATOS SE –<br>RIVER OUEST – 80 QUAI VOLTAIRE<br>95877 BEZONS CEDEX<br><br>for its owns and its direct and indirect subsidiaries |
| <b>Limit of liability</b> | 15.000.000 Euros each policy period  |
| <b>Chubb share</b>        | 100%   |
| <b>Territory</b>          | Worldwide  |

This certificate only constitutes an assumption of coverage. The coverage solely applies in the terms and conditions of the Commercial Crime policy N° FRFINA20182.

**Courbevoie January, 2<sup>nd</sup>, 2018**

**Chubb European Group Limited,**  
 compagnie d'assurance de droit anglais sise 100 Leadenhall Street, London, EC3A 3BP, immatriculée sous le numéro 1112892 et dont la succursale pour la France est sise Le Colisée, 8, avenue de l'Arche à Courbevoie (92400), numéro d'identification 450 327 374 R.C.S. Nanterre.  
 Chubb European Group Limited est soumise aux contrôles de la Prudential Regulation Authority PRA (20 Moorgate, London EC2R 6DA, Royaume Uni) et de la Financial Conduct Authority FCA (25 The North Colonnade, Canary Wharf, Londres E14 5 HS, Royaume Uni)

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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **NOTICE OF CANCELLATION TO CERTIFICATE HOLDER(S)**

**Policy Number:** 20 WN S54900

**Endorsement Number:**

**Effective Date:** 01/01/2018 **Effective hour** is the same as stated on the Information Page of the policy.

**Named Insured and Address:** ATOS IT SOLUTIONS & SERVICES, INC.  
4705 DUKE DRIVE  
MASON, OH 45040

If this policy is cancelled by the Company, other than for non-payment of premium, notice of such cancellation will be provided to the certificate holder(s) with mailing addresses on file with the agent of record. Such notice will be provided within 30 days of the Company's receipt of certificate holder(s) information from the agent of record.

If notice is mailed, proof of mailing to the last known mailing address of the certificate holder(s) on file with the agent of record will be sufficient proof of notice.

Any notification rights provided by this endorsement apply only to active certificate holder(s) who were issued a certificate of insurance applicable to this policy's term.

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LIABILITY INSURANCE CERTIFICATE

AXA Corporate Solutions Assurance a French "Société Anonyme" governed by the French Insurance Code with a share capital of 190,069,080 EUR, registered with the Trade Register of Paris under number 399 227 354, registered office 4 Rue Jules Lefebvre 75426 Paris Cedex 09- France", certifies that :

ATOS SE
ACTING ON ITS SUBSIDIARIES' BEHALF
River Ouest- 80 Quai Voltaire
95 870 BEZONS

has effected with our company the Commercial General and Professional Liability policy N°XFR0083243LI the purpose of which is to pay those sums the Insured shall be legally liable to pay as compensation for damages caused to others within the scope of the activities covered by the aforesaid policy.

As a matter of information, and subject to all terms, exclusions and conditions of such policy, the insurance afforded herein provides with the following limits:

LIMITS OF LIABILITY

PUBLIC LIABILITY:

For any one loss for all damages
(Bodily injury, property damage, consequential and non-consequential losses) : .....20 000 000 EUR per claim

PRODUCT LIABILITY COMPLETED OPERATIONS:

For any one loss for all damages
(Bodily injury, property damage, consequential and non-consequential losses) .....20 000 000 EUR per claim
and in the annual aggregate

PROFESSIONAL INDEMNITY:

For any one loss for all damages
(Bodily injury, property damage, consequential and non-consequential losses) : .....20 000 000 EUR per claim
and in the annual aggregate

It is specified that amounts above mentioned:

- Shall not exceed the above mentioned limits in respect of one combined single occurrence, or where applicable, in the aggregate during one period of insurance, regardless of the number of Insured, of claims made or suits brought.
➤ Represent the commitment of the Insurers, regardless of the number of insured, claims made, suits brought in, and the persons or organizations making claims or bringing in suits.
➤ Are subject to any other sub-limits otherwise stated under the original policy.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. IT DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES IT REFERS TO.

THIS CERTIFICATE IS NOT VALID FOR RISKS LOCATED IN ANY FOREIGN COUNTRIES WHERE LOCAL LEGISLATION REQUIRES THAT SUCH INSURANCE CAN ONLY BE VALID WITH LICENSED INSURERS IN THE COUNTRY IN QUESTION.

IT IS VALID FROM JANUARY 1<sup>ST</sup> 2018 UNTIL DECEMBER 31<sup>TH</sup> 2018 UNLESS THE POLICY EXPRESSLY IS CANCELLED AND/OR SUSPENDED DURING THE PERIOD OF INSURANCE FROM JANUARY 1<sup>ST</sup> 2018 TO DECEMBER 31<sup>TH</sup> 2018.

Issued in Paris, November, 23, 2017.

