

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/10/2018

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).									
PRODUCER					CONTACT NAME:					
Willis of Pennsylvania, Inc.					PHONE (A/C, No, Ext): 1-877-945-7378 (A/C, No): 1-888-467-2378					
200	c/o 26 Century Blvd					E MAII				
00000	. Box 305191	ADDRESS: Certificates@willis.com					100 Table 100 Table 100			
Nas	hville, TN 372305191 USA				ļ <u> </u>			RDING COVERAGE		NAIC#
_					INSURER A: ACE American Insurance Company				22667	
INSU	RED mark Correctional Services, LLC				INSURER B: Indemnity Insurance Company of North Ameri 43575					43575
55 550	mark Services, Inc. Its Divisions &	Sub	sidia	ries	INSURE	RC:				
Ara	mark Tower				INSURE	ERD:				
	1 Market Street, 30th Floor				INSURER E :					
Phi	ladelphia, PA 19107 USA				INSURE					V
CO	VERAGES CER	TIFI	CATE	E NUMBER: W7443272	INOUNE			REVISION NUMBER:		
IN C E	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	OF EQUIF PERT POLI	INSUF REME FAIN, CIES.	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPECT TO	CT TO V	WHICH THIS
INSR LTR	TYPE OF INSURANCE		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	5,000,000
	CLAIMS-MADE X OCCUR		1					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	Included
A	X Liquor Liability							MED EXP (Any one person)	\$	5,000
	X Vendors Liability			HDO G27867340		10/01/2017	10/01/2018			5,000,000
								PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:	1						GENERAL AGGREGATE	\$	Unlimited
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	Unlimited
030	OTHER:							0011011150 0111015111117	\$	
	AUTOMOBILE LIABILITY	1						COMBINED SINGLE LIMIT (Ea accident)	\$	5,000,000
	X ANY AUTO							BODILY INJURY (Per person)	\$	
A	OWNED SCHEDULED AUTOS		ļ.,	ISA H09060625		10/01/2017	10/01/2018	BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED							PROPERTY DAMAGE	\$	
	AUTOS ONLY Self insured X							(Per accident)	\$	
	MADDELLA MAD									
	- OCCOR							EACH OCCURRENCE	\$	* **
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$							DED CTU	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							× PER STATUTE OTH-		
В	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A		WD 064410673		10/01/0017	10/01/2018	E.L. EACH ACCIDENT	\$	5,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	1117		WLR C6441267A		10/01/2017	10/01/2018	E.L. DISEASE - EA EMPLOYEE	\$	5,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	5,000,000
A	Worker's Compensation-CA, MA, AZ			WLR C64412668	i	10/01/2017	10/01/2018		\$5,000	,000
	Empl Liability							E.L. Disease-Pol Lim:		
	Per Statute				İ		1	E.L. Disease-Ea Empl:		
2500	A SA	FO (1	0000	404 A Jakin I D					43,000	,000
	RIPTION OF OPERATIONS / LOCATIONS / VEHICL				2				001106	ion and
	eral Liability and Auto Liabi. accordance with each state la		-							
	bility.	w. F	Loda	ccs/completed operat	LUIIA	and contra	actual bla	Differ are included	dilder	General
	ATTACHED									
JEE	ATTACHED									ľ
CEE	CERTIFICATE HOLDER CANCELLATION									
CER	RIFICATE HOLDER				CANO	ELLATION	40 80 B B			* *
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				[REOF, NOTICE WILL BI		
San Francisco Sheriff's Department					ACCORDANCE WITH THE POLICY PROVISIONS.					
	ancial Service									
	n: Henry Gong				AUTHOR	RIZED REPRESEN	NTATIVE			
1 Dr. Carlton B. Goodlett Place Room 456, City Hall										
Room 456, City Hall San Francisco CA 94102-4676										

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San Francisco, CA 94102-4676

AGENCY	CUSTOMER ID:	 		 	
	100#				



ADDITIONAL REMARKS SCHEDULE

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AGENCY Willis of Pennsylvania, Inc.	NAMED INSURED Aramark Correctional Services, LLC Aramark Services, Inc. Its Divisions & Subsidiaries				
		Aramark Tower 1101 Market Street, 30th Floor			
CARRIER See Page 1	NAIC CODE See Page 1	Philadelphia, PA 19107 USA EFFECTIVE DATE: See Page 1			

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

The City and County of San Francisco, its Officers, Agents, and Employees are included as Additional Insureds per policy terms & conditions.

Above insurance is Primary and Non-Contributory to any other insurance as respects the liability arising out of ARAMARK's negligent act or omission.

Waiver of Subrogation is provided in favor of Additional Insureds with respects to Workers Compensation per policy terms & conditions as permitted by law.

INSURER AFFORDING COVERAGE: ACE American Insurance Company

NAIC#: 22667

LIMIT AMOUNT:

TYPE OF INSURANCE: LIMIT DESCRIPTION:
Worker's Compensation - WI E.L. Each Accident:
Empl Lishility

\$5,000,000

Empl Liability

E.L. Disease-Pol Lim:

\$5,000,000

Per Statute

E.L. Disease-Ea Empl:

\$5,000,000

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

Named Insured	Aramark Services, Ir	nc.	Endorsement Number 12
Policy Symbol HDO	Policy Number G27867340	Policy Period 10/01/2017 TO 10/01/2018	Effective Date of Endorsement 10/01/2017
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY. THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE FOLLOWING: COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SCHEDULE

Name of Person or Organization

- 1) Any person, organization or entity for whose protection and benefit the Named Insured has or shall have, by contract or agreement, agreed to procure liability insurance; or
- 2) Any person, organization or entity designated as an additional insured by a Certificate of Insurance.

WHO IS AN INSURED (Section II) is amended to include as an additional insured the person, organization or entity shown in the Schedule above, but only with respect to liability arising out of the Named Insured's operations or work performed by the Named Insured or others acting on the Named Insured's behalf, or premises owned, managed or controlled by or rented to the Named Insured.

With respect to the insurance afforded to these additional insureds, the following is added to Section III - Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

Additionally, the coverage provided to the additional insured shall not exceed, and is limited by, the scope of coverage that the Named Insured has agreed by contract or agreement to procure for the Additional Insured.

This endorsement is issued by the Company designated in the Declarations.

All other provisions of the policy remain unchanged.

AUTOMATIC ADDITIONAL INSURED ENDORSEMENT

Named Insured	Aramark Services, In	C.	Endorsement Number 7
Policy Symbol ISA	Policy Number H09060625	Policy Period 10/01/2017 TO 10/01/2018	Effective Date of Endorsement 10/01/2017
	e of Insurance Company) an Insurance Compar	ny	

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM MOTOR CARRIER COVERAGE FORM

SECTION II - LIABILITY COVERAGE, WHO IS AN INSURED is amended to include as an "insured" any person or organization you are required in a written contract or agreement to name as an Additional Insured on your policy but only for "bodily injury" or "property damage" to which this insurance applies if the "accident" is caused by:

- 1. You, while using a covered "auto" or
- 2. Any other person, while using a covered "auto" with your permission.

The insurance provided by this endorsement shall be subject to the following additional condition:

- 1. The Limit of Insurance provided for the Additional Insured shall not be greater than those required by contract and, in no event, shall the policy Limits of Insurance be increased by the contract.
- 2, All insuring agreements, exclusions, terms and conditions of the policy shall apply to the coverage (s) provided to the Additional Insured, and such coverage shall not be enlarged or expanded by reason of the contract.
- 3. Coverage provided by this endorsement shall be excess over any other valid and collectible insurance available to the Additional Insured (s) whether primary, excess, contingent or on any other basis unless the contract specifically requires that this insurance be primary or you request that it apply on a primary basis prior to loss.

Paul	Kimball,	Underwriter	
	Authorized	Representative	

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Workers' Compensation and Employers' Liability Policy

Named Insured ARAMARK SERVICES, INC.	Endorsement Number				
1101 MARKET STREET	Policy Number				
GLOBAL RISK MANAGEMENT 30TH FLOOR	Symbol: WLR Number: C64412668				
Policy Period	Effective Date of Endorsement				
10-01-2017 TO 10-01-2018	10-01-2017				
Issued By (Name of Insurance Company)					
ACE AMERICAN INSURANCE COMPANY					
nsert the policy number. The remainder of the information is to be co	analeted only when this endorsement is issued subsequent to the preparation of the policy				

CALIFORNIA WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because California is shown in Item 3.A. of the Information Page.

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule, but this waiver applies only with respect to bodily injury arising out of the operations described in the Schedule, where you are required by a written contract to obtain this waiver from us.

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

Schedule

- Specific Waiver
 Name of person or organization:
 - (X) Blanket Waiver Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.
- 2. Operations:

ALL OPERATIONS CONDUCTED BY AN INSURED FURSUANT TO SUCH WRITTEN CONTRACT

3. Premium:

The premium charge for this endorsement shall be <u>2.0</u> percent of the California premium developed on payroll in connection with work performed for the above person(s) or organization(s) arising out of the operations described.

4. Minimum Premium: \$0

Authorized Agent