



# CERTIFICATE OF LIABILITY INSURANCE

22QL

DATE (MM/DD/YYYY)  
10/11/2023

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**  
AON RISK SERVICES SOUTH INC  
3550 LENOX ROAD NORTHEAST  
SUITE 1700  
ATLANTA GA 30326

**CONTACT NAME:** Aon Risk Services, Inc of Florida

**PHONE (A/C, No, Ext):** 833-506-1544

**FAX (A/C, No):**

**EMAIL ADDRESS:** work.comp@trinet.com

**INSURER(S) AFFORDING COVERAGE**

**NAIC #**

**INSURER A:** ACE American Insurance Company

22667

**INSURER B:**

**INSURER C:**

**INSURER D:**

**INSURER E:**

**INSURER F:**

**INSURED**  
TriNet Group, Inc. L/C/F Deckard Technologies, Inc  
1 Park Place, Suite 600  
Dublin, CA 94568-7983

## COVERAGES

**CERTIFICATE NUMBER:** 15712774

**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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |   |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|---|---|
|          | COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br><input type="checkbox"/> OTHER |           |          |               |                         |                         | EACH OCCURRENCE                           | \$  |
|          |  |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$  |
|          |  |           |          |               |                         |                         | MED EXP (Any one person)                  | \$  |
|          |  |           |          |               |                         |                         | PERSONAL & ADV INJURY                     | \$  |
|          |  |           |          |               |                         |                         | GENERAL AGGREGATE                         | \$  |
|          |  |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$  |
|          |  |           |          |               |                         |                         |   | \$  |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS ONLY  |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident)       | \$  |
|          |  |           |          |               |                         |                         | BODILY INJURY (Per person)                | \$  |
|          |  |           |          |               |                         |                         | BODILY INJURY (Per accident)              | \$  |
|          |  |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$  |
|          |  |           |          |               |                         |                         |   | \$  |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DEC    RETENTION \$  |           |          |               |                         |                         | EACH OCCURRENCE                           | \$  |
|          |  |           |          |               |                         |                         | AGGREGATE                                 | \$  |
|          |  |           |          |               |                         |                         |   | \$  |
| A        | <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      | X             | WLR_C53239766           | 07/01/2023              | 07/01/2024                                | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT    \$    2,000,000<br>E.L. DISEASE - EA EMPLOYEE    \$    2,000,000<br>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)**  
 Workers Compensation coverage is limited to worksite employees of Deckard Technologies, Inc through a co-employment agreement with TriNet HR III, Inc..  
 Waiver of subrogation in favor of the Village of Orland Park as required by written contract.

## CERTIFICATE HOLDER

Village of Orland Park  
14700 Ravinia Ave  
Orland Park IL 60462

## CANCELLATION

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

*Aon Risk Services South Inc*

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## Workers' Compensation and Employers' Liability Policy

|  |   |
|--|---|
| Named Insured<br>TriNet Group, Inc. L/C/F Deckard Technologies, Inc<br>1 Park Place, Suite 600<br>Dublin, CA 94568-7983  | Endorsement Number  |
|  | Policy Number<br>Symbol: WLR                      Number: C53239766 |
| Policy Period<br>07/01/2023 <b>TO</b> 07/01/2024   | Effective Date of Endorsement<br>07/01/2023                         |
| Issued By (Name of Insurance Company)<br>ACE American Insurance Company  |   |
| 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 to which it is attached and is effective on the date issued unless otherwise stated. |   |

### 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

1.  Specific Waiver

Name of person or organization:

Village of Orland Park  
14700 Ravinia Ave  
Orland Park IL 60462

Blanket Waiver

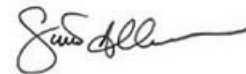
Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.

2. Operations:

3. Premium:

The premium charge for this endorsement shall be INCLUDED 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: INCLUDED



\_\_\_\_\_  
Authorized Representative