



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/09/2022

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER <b>USI Insurance Services, LLC</b> 2502 N Rocky Point Drive Suite 400 Tampa, FL 33607	CONTACT NAME: <b>Debra Parra</b>
	PHONE (A/C, No, Ext): <b>813 321-7500</b> FAX (A/C, No): <b>813 321-7525</b> E-MAIL ADDRESS: <b>debra.parra@usi.com</b>
INSURED  <b>Paymentus Corporation</b> 18390 NE 68th Street Redmond, WA 98052	INSURER(S) AFFORDING COVERAGE      NAIC #
	INSURER A : <b>Great Northern Insurance Company</b> <b>20303</b>
	INSURER B : <b>Federal Insurance Company</b> <b>20281</b>
	INSURER C : <b>Chubb Indemnity Insurance Company</b> <b>12777</b>
	INSURER D : <b>Great American Insurance Company</b> <b>16691</b>
	INSURER E : INSURER F :

COVERAGES      CERTIFICATE NUMBER:      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
A	<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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			36069362	08/09/2022	08/09/2023	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b> MED EXP (Any one person) \$ <b>15,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			73623356	08/09/2022	08/09/2023	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$			78194620	08/09/2022	08/09/2023	EACH OCCURRENCE \$ <b>25,000,000</b> AGGREGATE \$ <b>25,000,000</b> \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	71832927	08/09/2022	08/09/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
B	Crime			82622249	08/09/2022	08/09/2023	\$ <b>10,000,000*</b>
D	Excess Crime			SAAE6066710200	08/09/2022	08/09/2023	\$ <b>20,000,000*</b>

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

**Primary Crime Coverage:**  
**Carrier: Federal Insurance Company**  
**Policy #8262-2249**  
**Effective: 8/09/2022 - 8/09/2023**  
**Employee Theft - \$10,000,000 Limit / \$100,000 Retention**  
**(See Attached Descriptions)**

CERTIFICATE HOLDER

CANCELLATION

The City of Fort Worth  
 200 Texas St.  
 Fort Worth, TX 76102

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

## DESCRIPTIONS (Continued from Page 1)

Premises - \$10,000,000 Limit / \$100,000 Retention  
In Transit - \$10,000,000 Limit / \$100,000 Retention  
Forgery - \$10,000,000 Limit / \$100,000 Retention  
Computer Fraud - \$10,000,000 Limit / \$100,000 Retention  
Funds Transfer Fraud - \$10,000,000 Limit / \$100,000 Retention  
Money Orders & Counterfeit Fraud - \$10,000,000 Limit / \$100,000 Retention  
Credit Card Fraud - \$10,000,000 Limit / \$100,000 Retention  
Client - \$10,000,000 Limit / \$100,000 Retention  
Expense - \$250,000 Limit / NA  
Social Engineering Fraud Coverage - \$250,000 Limit / \$100,000 Retention

**Excess Crime Coverage:**

**Carrier: Great American Insurance Company**

**Policy #SAAE6066710200**

**Effective: 8/09/2022 - 8/09/2023**

**\$20,000,000 excess of \$10,000,000**

**Sub-Limit Social Engineering Fraud: \$250,000 excess of \$250,000 with \$100,000 Retention**