Client#: 753617 PAYMENTUS

## $ACORD_{+}$

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/16/2022

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).

th	IS C	this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).												
PRODUCER								CONTACT William A. Cilente - For MMA-NE						
Marsh & McLennan Agency LLC								PHONE (A/C, No, Ext): 201 845-6600 FAX (A/C, No):						
Park 80 West, Plaza Two								E-MAIL ADDRESS: William.Cilente@MarshMMA.com						
250 Pehle Avenue, Suite 400								INSURER(S) AFFORDING COVERAGE NAIC #						
Saddle Brook, NJ 07663								INSURER A : AIG Specialty Insurance Company					26883	
INSURED								INSURER B:						
Paymentus Holdings, Inc									INSURER C:					
18390 NE 68th Street					l									
Redmond, WA 98052									INSURER D:					
	,								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.													IICH THIS	
INSR ADDL SUBR							POLICY EFF (MM/DD/YYYY)		LIMIT:	2				
LIR		COMMERCIAL GENE			INSR	WVD	POLICY NUMBER		(MIM/UU/YYYY)	(IMM/DD/YYYY)				
=	CLAIMS-MADE OCCUR									DAMAGE TO RENTED PREMISES (Ea occurrence)	\$			
											MED EXP (Any one person)	\$		
											PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:									GENERAL AGGREGATE	\$			
		POLICY PRO- JECT	LOC							İ	PRODUCTS - COMP/OP AGG	\$		
		OTHER:										\$		
	AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$				
	ANY AUTO									BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED									BODILY INJURY (Per accident)	\$			
l t		HIRED NON-OWNED								PROPERTY DAMAGE	\$			
		AUTOS ONLY	AUTOS ONL	_Y							(Per accident)	\$		
		UMBRELLA LIAB OCCUR									EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE									AGGREGATE	\$			
		DED RETENT	TION \$									\$		
		RKERS COMPENSATION									PER OTH- STATUTE ER			
	ANY	PROPRIETOR/PARTN	IER/EXECUTIVE	Y/N							E.L. EACH ACCIDENT	\$		
		ICER/MEMBER EXCLU ndatory in NH)	JUED?		N/A						E.L. DISEASE - EA EMPLOYEE			
	If ves	s, describe under CRIPTION OF OPERA	TIONS below								E.L. DISEASE - POLICY LIMIT	\$		
Α		ofessional and					014508765		08/09/2022	08/09/2023	\$10,000,000			
		ber Liability												
					•		D 101, Additional Remarks Sched	ule, may	be attached if mo	ore space is requ	red)			
		Professional a	-											
		ve Date: 08/09/												
Policy: #: Various See Below, Limits: Various See Below, Carrier: Various See Below														
1st	Exc	cess -												
(Se	e At	ttached Descri	ptions)											
CER	TIE	ICATE HOLDED	-					CANO	ELLATION					
CER	H	ICATE HOLDER						CANC	ELLATION				1	

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SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE

THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

The City of Fort Worth

Fort Worth, TX 76102

200 Texas St.

AUTHORIZED REPRESENTATIVE

## **DESCRIPTIONS (Continued from Page 1)**

**Carrier: Continental Casualty Company** 

Policy # 652024674 Limits: \$10M xs \$10M

2nd Excess -

Carrier: Crum & Forster Specialty Insurance Company

**Policy # EOL238128** 

Limits: \$5M po \$20M xs \$20M

**Carrier: Indian Harbor Insurance Company** 

Policy # MTE004184209 Limits: \$5M po \$20M xs \$20M

**Carrier: Starr Surplus Lines Insurance Company** 

Policy # 1000635302221 Limits: \$5M po \$20M xs \$20M

Carrier: Lloyd's Syn 457 (Munich Re Spec Gr Ltd)

Policy # 01MRCT000015600 Limits: \$5M po \$20M xs \$20M

3rd Excess -

Carrier: Allied World Surplus Lines Ins Co

Policy # 03124681 Limits: \$5M xs \$40M

4th Excess -

**Carrier: Evanston Insurance Company** 

Policy # MKLV1XEO000350

Limits: \$5M xs \$45M

5th Excess -

**Carrier: Sompo America Insurance Company** 

Policy # MCX30023773000 Limits: \$5M xs \$50M

6th Excess -

Carrier: Certain Underwriters at Lloyd's

Policy # B6044000RURS05022

Limits: \$5M xs \$55M

7th Excess -

**Carrier: Hudson Excess Insurance Company** 

Policy # EEU1265108 Limits: \$5M xs \$60M

8th Excess -

**Carrier: Everest National Insurance Company** 

Policy # CY5EX00479221 Limits: \$2.5M po \$5M xs \$65M

**Carrier: Ascot Specialty Insurance Company** 

Policy # EOXS221000152801 Limits: \$2.5M po \$5M xs \$65M Evidence of Insurance