

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YY)
01/25/06

PRODUCER
Aon Risk Services, Inc. of Pennsylvania
22 Northeast Drive
PO Box 455
Hershey PA 17033-0455

PHONE - (717) 533-3371 FAX - (717) 533-8514

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

COMPANIES AFFORDING COVERAGE

COMPANY A	St Paul Fire & Marine Insurance Co.
COMPANY B	Federal Insurance Company
COMPANY C	
COMPANY D	

INSURED
CompuCom Systems, Inc.
7171 Forest Lane
Dallas TX 75230-2306 USA

COVERAGES SIR May Apply

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	TE06400307	01/01/06	01/01/07	GENERAL AGGREGATE \$2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$2,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$1,000,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> Aggregate per project				FIRE DAMAGE(Any one fire) \$250,000
					MED EXP (Any one person) \$10,000
A A A	AUTOMOBILE LIABILITY	TE06400307	01/01/06	01/01/07	COMBINED SINGLE LIMIT \$1,000,000
	<input checked="" type="checkbox"/> ANY AUTO	TE06401558	01/01/06	01/01/07	
	<input type="checkbox"/> ALL OWNED AUTOS	060MA3942	01/01/06	01/01/07	BODILY INJURY (Per person)
	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident)
	<input type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:
					EACH ACCIDENT
					AGGREGATE
A	EXCESS LIABILITY	TE06400307	01/01/06	01/01/07	EACH OCCURRENCE \$5,000,000
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE \$5,000,000
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				Retained Limit Amoun \$10,000
B	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	71644425	01/01/06	01/01/07	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL EACH ACCIDENT \$500,000
					EL DISEASE-POLICY LIMIT \$500,000
					EL DISEASE-EA EMPLOYEE \$500,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
Workers compensation included except for Monopolistic states of ND, OH, WA, WV and WY.

CERTIFICATE HOLDER

COUNTY OF SAN MATEO
INFORMATION SERVICES DEPARTMENT
ATTN: MARYANNE CARBONI
455 COUNTY CENTER
REDWOOD CITY CA 94063 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE *Aon Risk Services Inc., of Pennsylvania*

Holder Identifier: Certificate No: 570016464616

