ACORD [®] CER	ΓIFIC	ATE OF LIA	BIL		SURA			(MM/DD/YYYY)	
CERTIFICATE OF LIABILITY INSURANCE									
REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.									
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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	NAME:								
SilverStone Group 11516 Miracle Hills Drive	PHONE (A/C, No, Ext):402.964.5567 FAX (A/C, No):402.557.6322 E-MAIL ADDRESS:mwhitley@ssgi.com								
Omaha NE 68154				INSURER(S) AFFORDING COVERAGE NAIC #					
				INSURER A :Phoenix Insurance Company 25623					
INSURED WESTT-1				INSURER B :Travelers Property & Cas Of Am 36161					
West Interactive Services Corporation dba SchoolMessenger				INSURER C :Continental Casualty Company 20443 INSURER D :Travelers Indemnity Co. 25658					
f/k/a Reliance Communications LLC 100 Enterprise Way, Suite A-300				INSURER E :					
Scotts Valley CA 95066	Scotts Valley CA 95066			INSURER F :					
		E NUMBER: 489377280 RANCE LISTED BELOW HA	VE BEEI	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 SUBR INSR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	гѕ		
A GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY			1/1/201	1/1/2016	1/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	ED		
CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$10,000		
				PERSONAL & ADV INJURY GENERAL AGGREGATE		\$1,000,000 \$5,000.000			
GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG		,	
A POLICY JECT LOC D AUTOMOBILE LIABILITY		Y-810-9361A259-TIA-16		1/1/2016	1/1/2017	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
					BODILY INJURY (Per person)	on) \$			
ALL OWNED SCHEDULED AUTOS AUTOS X NON-OWNED					BODILY INJURY (Per accident) PROPERTY DAMAGE	ent) \$ \$			
AUTOS						(Per accident)	\$		
B X UMBRELLA LIAB OCCUR		YSM-CUP-9361A260-TIL-16 FXX 4024292072		1/1/2016 1/1/2016	1/1/2017 1/1/2017	EACH OCCURRENCE \$10,000,000		0,000	
EXCESS LIAB CLAIMS-MADI		1 /// 4024232072			., ., 2011	AGGREGATE	\$10,000,000		
A WORKERS COMPENSATION		TC2N-UB-117D538-7-16		1/1/2016	1/1/2017		\$ ОТН-		
B AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	TRJUB-117D498-1-16		1/1/2016	1/1/2017	E.L. EACH ACCIDENT			
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEI			
A Property-Special Cause		V 620 42700665 DUV 46		1/1/2016	4/4/2017	E.L. DISEASE - POLICY LIMIT			
A Property-Special Cause		Y-630-1379C665-PHX-16		1/1/2016	1/1/2017	Bikt Bikd/I&B/BPP \$250,000,000 Repl Cost/AV \$100,000 ded			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)									
Crime Coverage: Carrier: Great American Insurance Company (NAIC#16691) Policy #: SAA 066-06-13 Policy Term: 1-1-16 to 1-1-17 Limits of Coverage: Employee Theft: \$5,000,000 See Attached									
CERTIFICATE HOLDER CANCELLATI									
BJC Health System dba BJC HealthCare 8300 Eager Road, Suite 600E Mailstop 92-92-286 St. Louis MO 63144				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	Jeffrey E Bane of								

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AGENCY CUSTOMER ID: WESTT-1

LOC #:



ADDITIONAL REMARKS SCHEDULE

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AGENCY SilverStone Group		NAMED INSURED West Interactive Services Corporation							
POLICY NUMBER		dba SchoolMessenger f/k/a Reliance Communications LLC 100 Enterprise Way, Suite A-300							
CARRIER	NAIC CODE	Scotts Valley CA 95066							
		EFFECTIVE DATE:							
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE									
Forgery or Alteration: \$5,000,000 Computer Fraud: \$5,000,000 3rd Party/Client Coverage: \$25,000,000									
Technology Services & Miscellaneous Professional Liability: Carrier: Hiscox Insurance Company (Lloyds of London) Policy Period: 12-16-15 to 11-30-16 Policy Number: USC271276915 Limit of Liability: \$5,000,000 Each Claim and Annual Aggregate (Technology Damage/Cyber Business Interruption/Cyber Extortion) \$2,500,000 sub-limit for all Privacy Notifications and Compu \$2,500,000 sub-limit for all Regulatory Action	Protection/E	Breach Costs/Privacy Protection/Multimedia Protection/Hacker							
Professional Liability Excess: Carrier: Lloyds of London Policy Period: 12-16-15 to 11-30-16 Policy Number: AB1503790 Limit of Liability: \$10,000,000 excess \$5,000,000 \$5,000,000 excess \$2,500,000 for all Privacy Notifications \$5,000,000 excess \$2,500,000 for all Regulatory Actions									