



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
04/15/2019

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.

PRODUCER Aon Risk Services Central, Inc. Omaha NE Office 11213 Davenport Suite 201 Omaha NE 68154 USA	CONTACT NAME: PHONE (A/C. No. Ext): (402) 697-1400 FAX (A/C. No.): (402) 697-0017		
	E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: 570000031281		
INSURED West Corporation 11808 Miracle Hills Drive Omaha NE 68154 USA	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: North American Elite Insurance Company		29700
	INSURER B: Great American Insurance Co.		16691
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

Holder Identifier :

COVERAGES	CERTIFICATE NUMBER: 570075937533	REVISION NUMBER:
LOCATION OF PREMISES/ DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Property Loss Limit includes Business Income.		

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		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS	
A	X	PROPERTY	NAP200315000	01/01/2019	01/01/2020	BUILDING		
		CAUSES OF LOSS				DEDUCTIBLES	PERSONAL PROPERTY	
		BASIC				BUILDING	BUSINESS INCOME	
		BROAD				CONTENTS	EXTRA EXPENSE	
		SPECIAL					RENTAL VALUE	
		EARTHQUAKE				BLANKET BUILDING		
		WIND				BLANKET PERS PROP		
		FLOOD				X BLANKET BLDG & PP	\$250,000,000	
		X ALL RISK-Subject to Exclusions				X Loss Limit	\$250,000,000	
		Blkt B&PP Ded				X Equipment Breakdown	\$250,000,000	
	INLAND MARINE	TYPE OF POLICY						
	CAUSES OF LOSS	POLICY NUMBER						
	NAMED PERILS							
B	X	CRIME	SAA06606110600	01/01/2019	01/01/2020	X Employee Dishonesty	\$5,000,000	
		TYPE OF POLICY Crime - Primary				X Deductible	\$250,000	
		BOILER & MACHINERY / EQUIPMENT BREAKDOWN						

CERTIFICATE NUMBER: 570075937533

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
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CERTIFICATE HOLDER Mt. Diablo Unified School District Attn: Joseph Estrada 1936 Carlotta Drive Concord CA 94519 USA	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
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ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED West Corporation	
POLICY NUMBER See Certificate Number: 570075937533			
CARRIER See Certificate Number: 570075937533	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 24 FORM TITLE: Certificate of Property Insurance**

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	PROPERTY	NAP200315000	01/01/2019	01/01/2020	Loss Limit	\$100,000



ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED West Corporation	
POLICY NUMBER See Certificate Number: 570075937533			
CARRIER See Certificate Number: 570075937533	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 24 **FORM TITLE:** Certificate of Property Insurance

Schedule of Named Insureds

West Corporation
 Callpointe.com, Inc.
 Clienttell Lab, LLC
 Clienttell, Inc.
 Flowroute CLEC, Inc.
 Flowroute, Inc.
 Health Advocate West, Inc.
 Health Champion, LLC
 INXPO, Inc.
 Marketwire, Inc.
 MeetingConnect, LLC
 Mirage Technology Holdings Limited
 MW Holdco, Inc.
 Twenty First Century Communications of Canada, Inc.
 West Claims Recovery Services, LLC
 West Cloud Contact Solutions Limited
 West Command Systems, Inc.
 West Facilities, LLC
 West Government Systems, LLC
 West Health Advocate Solutions, Inc.
 West Interactive Corporation
 West Interactive Services Corporation
 West International Corporation
 West IP Communications, Inc.
 West LLC
 West Professional Services, Inc.
 West Receivable Services, Inc.
 West Receivables Holdings, LLC
 West Revenue Generation Services, LLC
 West Safety Communications of Virginia, Inc.
 West Safety Services, Inc.
 West Safety Solutions Corp.
 West Telecom Services Holdings, LLC
 West Telecom Services, LLC
 West Unified Communications Services, Inc.
 West Safety Communications, Inc.
 Zferral, Inc. dba Ambassador Software