



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
10/02/2019

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.

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

PRODUCER Aon Risk Services Central, Inc. Philadelphia PA Office One Liberty Place 1650 Market Street Suite 1000 Philadelphia PA 19103 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105		
	E-MAIL ADDRESS:		
INSURED SAP America Inc Attn: Benjamin Gibbons 3999 West Chester Pike Newtown Square PA 19073 USA	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: AXA Insurance Company		33022
	INSURER B: National Union Fire Ins Co of Pittsburgh		19445
	INSURER C: New Hampshire Insurance Company		23841
	INSURER D: Illinois National Insurance Co		23817
	INSURER E: American Home Assurance Co.		19380
	INSURER F: AIU Insurance Company		19399

Holder Identifier :

COVERAGES **CERTIFICATE NUMBER: 570078680518** **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. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	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:			PCS00183519 SIR applies per policy terms & conditions	04/01/2019	04/01/2020	EACH OCCURRENCE	\$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
							MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
							PRODUCTS - COMP/OP AGG	\$3,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			CA 1722333	09/30/2019	09/30/2020	COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION			XS00183619 SIR applies per policy terms & conditions	04/01/2019	04/01/2020	EACH OCCURRENCE	\$5,000,000
							AGGREGATE	\$5,000,000
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WC014022258 WC AOS WC014022260 WC CA	09/30/2019	09/30/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
E					09/30/2019	09/30/2020	E.L. EACH ACCIDENT	\$1,000,000
							E.L. DISEASE-EA EMPLOYEE	\$1,000,000
							E.L. DISEASE-POLICY LIMIT	\$1,000,000

Certificate No : 570078680518

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
See Addendum
CERTIFICATE HOLDER**CANCELLATION**

SAP America Inc. Attn: Benjamin Gibbons 3999 West Chester Pike Newtown Square PA 19073 USA	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 <i>Aon Risk Services Central, Inc.</i>

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ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED SAP America Inc	
POLICY NUMBER See Certificate Number: 570078680518			
CARRIER See Certificate Number: 570078680518	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**

Description

The Named Insured includes SAP America, Inc. and its subsidiaries and affiliates including, but is not limited to the following:

- SAP America, Inc.
- SAP Global Marketing Inc.
- SAP National Security Services, Inc.
- SAP Industries, Inc.
- SAP International, Inc.
- SAP Labs, LLC
- SAP Public Services, Inc.
- TomorrowNow, Inc.
- iAnywhere Solutions, Inc.
- Sybase 365, LLC
- Sybase, Inc.
- Ariba, Inc.
- SmartOps, Inc.
- KXEN, Inc.
- SuccessFactors, Inc.
- hybris (US) Corporation
- Plateau Systems, Inc.
- Fieldglass, Inc.
- Seewhy, Inc.
- Concur Technologies, Inc.
- TRX, Inc.
- Altiscale, Inc.
- Hipmunk, Inc.
- Gigya, Inc.
- Callidus Software, Inc.
- Technology Management Associates, Inc.
- Apex Expert Solutions, LLC
- Qualtrics International, Inc.

Commercial General Liability:

Additional Insured is included when required by written contract and in accordance with the policy provisions of the Commercial General Liability policy.

waiver of Subrogation is granted when required by written contract (except where not permitted by law), in accordance with the policy provisions of the Commercial General Liability.

Primary and non contributing status shall apply when required by written contract and in accordance with the policy provisions of the Commercial General Liability policy.

Notice of Cancellation under the General Liability policy is per the attached endorsement.

Automobile Liability:

Additional Insured is included when required by written contract and in accordance with the policy provisions of the Automobile Liability policy.

waiver of Subrogation is granted when required by written contract (except where not permitted by law), in accordance with the policy provisions of the Automobile Liability policy.

Auto Liability Coverage is primary for any liability assumed when required by written contract.



ADDITIONAL REMARKS SCHEDULE

<small>AGENCY</small> Aon Risk Services Central, Inc.		<small>NAMED INSURED</small> SAP America Inc	
<small>POLICY NUMBER</small> See Certificate Number: 570078680518			
<small>CARRIER</small> See Certificate Number: 570078680518	<small>NAIC CODE</small>	<small>EFFECTIVE DATE:</small>	

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**

Description

Workers' Compensation:

Workers' Compensation Policy #WC014022259 includes employer's liability for monopolistic states of Washington, Wyoming, Ohio.

Waiver of Subrogation is granted when required by written contract (except where not permitted by law), in accordance with the policy provisions of the workers' Compensation policy.

Umbrella/Excess Liability:

Please note that because the Umbrella/Excess policy terms follow the underlying policies, there are no separate additional insured, waiver of subrogation and primary and non-contributory endorsements applicable to this policy.