



Pricing Proposal  
Quotation #: 20470258  
Created On: 5/12/2021  
Valid Until: 6/4/2021

## City of Alameda

### Demetrius Cagampan

2263 Santa Clara Avenue  
Alameda, CA 94501  
United States  
Phone: (510) 747-7493  
Fax:  
Email: Dcagampan@alamedaca.gov

## Inside Account Executive

### Michael Klotz

300 Davidson Ave  
Somerset, NJ 08873  
Phone: 732-652-7670  
Fax: 732-652-3099  
Email: Michael\_Klotz@shi.com

All Prices are in US Dollar (USD)

Product	Qty	Your Price	Total
1 Add On - Large File Send Mimecast - Part#: M_LFS_A Coverage Term: 4/30/2021 – 4/29/2024	500	\$20.19	\$10,095.00
2 Add On - Secure Messaging Mimecast - Part#: M_SM_A Coverage Term: 4/30/2021 – 4/29/2024	500	\$16.15	\$8,075.00
3 Mimecast M3RA Mimecast - Part#: M_M3RA_250_A Coverage Term: 4/30/2021 – 4/29/2024	500	\$193.85	\$96,925.00
4 LCS - Silver Mimecast - Part#: M_LCS_SL_A Coverage Term: 4/30/2021 – 4/29/2024	1	\$5,302.27	\$5,302.27
Total			\$120,397.27

## Additional Comments

Mimecast has a no returns policy.

Please Note: all MIMECAST maintenance/subscriptions are auto-renewed and require cancellation prior to 30 days of the executed renewal date.

Hardware items on this quote may be updated to reflect changes due to industry wide constraints and fluctuations.

The Products offered under this proposal are resold in accordance with the [SHI Online Customer Resale Terms and Conditions](#), unless a separate resale agreement exists between SHI and the Customer.

Carolyn Hogg  
Director of IT

DocuSigned by:  
Alan M Cohen

1548E053B24E49E...  
Alan Cohen  
Assistant City Attorney

Eric J. Levitt  
City Manager



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/16/2021

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).

<b>PRODUCER</b> HUB International Midwest Limited 55 East Jackson Boulevard Chicago IL 60604		<b>CONTACT NAME:</b> CSU Chicago <b>PHONE (A/C, No, Ext):</b> 312-922-5000 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> CSUChicago@hubinternational.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Great Northern Insurance Company	
		<b>INSURER B:</b> Federal Insurance Company	
		<b>INSURER C:</b> Continental Casualty Company	
		<b>INSURER D:</b> Lloyd's of London	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES****CERTIFICATE NUMBER:** 1042076576**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y		36012304	12/1/2020	12/1/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y		73586257	12/1/2020	12/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			79883812	12/1/2020	12/1/2021	EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ 25,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C D	Primary Professional Excess Errors & Omissions			596847423 FN2001173	12/21/2020 12/21/2020	12/1/2021 12/1/2021	See description See description

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

Continental Casualty Company Limits are as follows:

Primary Policy - Continental Casualty Company  
Policy #596847423  
Aggregate Limit: \$10,000,000  
Retention: \$100,000

Excess Errors & Omissions  
See Attached...

**CERTIFICATE HOLDER****CANCELLATION**

Evidence of Coverage

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**Page 1 of 1

<b>AGENCY</b> HUB International Midwest Limited		<b>NAMED INSURED</b> MIMECAST LIMITED and its subsidiaries 22 Grenville Street St Helier, Jersey, JE4 8PX
<b>POLICY NUMBER</b>		
<b>CARRIER</b>	<b>NAIC CODE</b>	<b>EFFECTIVE DATE:</b>

**ADDITIONAL REMARKS****THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

## Layer 1:

Lloyd's of London

Policy #FN2001173

50% of \$10,000,000 in excess of \$10,000,000

Freedom Specialty Insurance Company

Policy #XMF2009926

50% of \$10,000,000 in excess of \$10,000,000

## Layer 2:

Homeland Insurance Company of New York

Policy #711-01-73-56-0000

\$10,000,000 in excess of \$20,000,000

\*\*Limit Values in USD\*\*