

# MARSH

# CERTIFICATE OF INSURANCE

CERTIFICATE NUMBER  
NYC-001183736-07

**PRODUCER**  
MARSH USA, INC.  
1166 AVENUE OF THE AMERICAS  
42ND FLOOR  
NEW YORK, NY 10036  
Attn: NewYork.certs@Marsh.Com Fax: 212-948-0500

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN.

### COMPANIES AFFORDING COVERAGE

- COMPANY  
**A** AMERICAN HOME ASSURANCE COMPANY
- COMPANY  
**B**
- COMPANY  
**C**
- COMPANY  
**D**

845277-ALL-CAS-06-07

**INSURED**  
AVAYA INC.  
211 MT. AIRY ROAD  
BASKING RIDGE, NJ 07920

### COVERAGES

This certificate supersedes and replaces any previously issued certificate for the policy period noted below. 3

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE DESCRIBED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF SUCH POLICIES. AGGREGATE 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	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	RMGL 575-92-58	09/30/06	09/30/07	GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000 PERSONAL & ADV INJURY \$ 2,500,000 EACH OCCURRENCE \$ 2,500,000 FIRE DAMAGE (Any one fire) \$ 2,500,000 MED EXP (Any one person) \$ 10,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> PHYSICAL DAMAGE <input checked="" type="checkbox"/> SELF INSURED	RMCA 583-65-06 (AOS) RMCA 583-65-07 (TX) RMCA 583-65-08 (MA) RMCA 583-65-09 (VA)	09/30/06 09/30/06 09/30/06 09/30/06	09/30/07 09/30/07 09/30/07 09/30/07	COMBINED SINGLE LIMIT \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE:	RMWC 292-02-14 (AOS) RMWC 292-02-15 (CA) RMWC 292-02-17 (ME,MO,NC,NJ,NV)	09/30/06 09/30/06 09/30/06	09/30/07 09/30/07 09/30/07	<input checked="" type="checkbox"/> WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER EL EACH ACCIDENT \$ 2,500,000 EL DISEASE-POLICY LIMIT \$ 2,500,000 EL DISEASE-EACH EMPLOYEE \$ 2,500,000
	<b>OTHER</b>				

### DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

EL DORADO COUNTY IS INCLUDED AS ADDITIONAL INSURED (EXCEPT WORKERS' COMPENSATION) AS THEIR INTERESTS MAY APPEAR.

### CERTIFICATE HOLDER

EL DORADO COUNTY  
GENERAL SERVICES DEPT  
ATTN: DUSTINE BAILEY  
330 FAIR LANE  
PLACERVILLE, CA 95667

### CANCELLATION

SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES, OR THE ISSUER OF THIS CERTIFICATE

MARSH USA INC.

BY: Richard R. Ries

*Richard R. Ries*

MM1(3/02)

VALID AS OF: 02/27/07

# ADDITIONAL INFORMATION

NYC-001183736-07 02/27/07

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## COMPANIES AFFORDING COVERAGE

COMPANY

E

COMPANY

F

COMPANY

G

COMPANY

H

## TEXT

### WORKERS COMPENSATION:

CARRIER:	POLICY NUMBER:	POLICY TERM:	LIMITS:
ILLINOIS NATIONAL INSURANCE COMPANY ACCIDENT: \$2,500,000.	RMWC 292-02-23 (IL,MI,OH,WI) EL DISEASE-POLICY LIMIT: \$2,500,000.	POL EFF: 09/30/06 - POL EXP: 09/30/07 EL DISEASE-EACH EMPLOYEE: \$2,500,000.	EL EACH
ILLINOIS NATIONAL INSURANCE COMPANY ACCIDENT: \$2,500,000.	RMWC 292-02-24 (NY) EL DISEASE-POLICY LIMIT: \$2,500,000.	POL EFF: 09/30/06 - POL EXP: 09/30/07 EL DISEASE-EACH EMPLOYEE: \$2,500,000.	EL EACH
INS. CO. OF THE STATE OF PENNSYLVANIA ACCIDENT: \$2,500,000.	RMWC 292-02-22 (MA,TN,VA) EL DISEASE-POLICY LIMIT: \$2,500,000.	POL EFF: 09/30/06 - POL EXP: 09/30/07 EL DISEASE-EACH EMPLOYEE: \$2,500,000.	EL EACH
INS. CO. OF THE STATE OF PENNSYLVANIA ACCIDENT: \$2,500,000.	RMWC 292-02-21 (FL) EL DISEASE-POLICY LIMIT: \$2,500,000.	POL EFF: 09/30/06 - POL EXP: 09/30/07 EL DISEASE-EACH EMPLOYEE: \$2,500,000.	EL EACH
INS. CO. OF THE STATE OF PENNSYLVANIA ACCIDENT: \$2,500,000.	RMWC 292-02-19 (AR) EL DISEASE-POLICY LIMIT: \$2,500,000.	POL EFF: 09/30/06 - POL EXP: 09/30/07 EL DISEASE-EACH EMPLOYEE: \$2,500,000.	EL EACH
INS. CO. OF THE STATE OF PENNSYLVANIA ACCIDENT: \$2,500,000.	RMWC 292-02-20 (OR) EL DISEASE-POLICY LIMIT: \$2,500,000.	POL EFF: 09/30/06 - POL EXP: 09/30/07 EL DISEASE-EACH EMPLOYEE: \$2,500,000.	EL EACH
AI SOUTH INSURANCE COMPANY ACCIDENT: \$2,500,000.	RMWC 292-02-16 (GA) EL DISEASE-POLICY LIMIT: \$2,500,000.	POL EFF: 09/30/06 - POL EXP: 09/30/07 EL DISEASE-EACH EMPLOYEE: \$2,500,000.	EL EACH
NATIONAL UNION FIRE INS. CO. ACCIDENT: \$2,500,000.	RMWC 292-02-18 (LA) EL DISEASE-POLICY LIMIT: \$2,500,000.	POL EFF: 09/30/06 - POL EXP: 09/30/07 EL DISEASE-EACH EMPLOYEE: \$2,500,000.	EL EACH

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