

Bidder Application Forms

Appendix B

Appendix A: Bidder Application forms

Each applicant should submit the following information:

- Organization Fact Sheet
- Assurances and Certifications forms
- Non-collusion Statement—Must include an authorized representative's signature and accompany each bid proposal.
- Project experience with appropriate Resumes of key personnel
- Project Cost Sheet (and supporting documentation)
- Project Deliverables and timelines
- Responses to Scope of Services and specific items/questions as identified in Section V, Scope of Services
- Tax Clearance Certificate—Provide a Tax Clearance Certificate obtainable through the Corporate Income Taxes Section, Delaware Division of Revenue, 820 North French Street, Wilmington, DE 19801. This clearance will assure that there are no outstanding tax liabilities for the corporation, business, association or individual with which the State of Delaware intends to do business.
- Professional Liability Insurance

Failure to provide this information seriously affects the ability of the review panel to evaluate the applicant's proposal and may be a factor in proposal rejections.

In compliance with the RFP requirements, please find our response to Appendix A requirements herein.

Organization Fact Sheet

Appendix A: Bidder Application forms

Each applicant should submit the following information:

- Organization Fact Sheet

ORGANIZATION FACT SHEET

RFP Title: FACTS II Quality Assurance (QA)

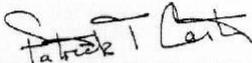
Corporate Information	
Corporation Name:	Deloitte Consulting LLP
Home Office Address:	1633 Broadway New York, New York 10019-6754
Contact Person:	Lee Wasserman
Home Office Phone #:	(212) 492-4000
Fax Number:	+ 1 212 492 2662
E-mail Address:	lwasserman@deloitte.com

Bidding Office Information (if different)	
Name:	Deloitte Consulting LLP
Address:	2601 Market Place, 2 nd Floor Harrisburg, PA 17110
Contact Person:	Nicole Fuller
Contact Phone #:	717 651 6404
Fax Number:	717 433 9954
E-mail Address:	nfuller@deloitte.com

Vendor EI#: 06-1454513 Delaware Business License #: _____
 (Not required to bid but required by signature of contract)

If you do not have a Delaware Business License, please attach a copy of your filed application.

The Delaware Business License for Deloitte Consulting LLP is attached on the following page. We have applied for a 2011 License and are awaiting its issuance.

LICENSE NO. 2010103836	STATE OF DELAWARE	VALID
POST CONSPICUOUSLY	DIVISION OF REVENUE	01/01/2010 - 12/31/2010
BUSINESS CODE 7	LICENSED ACTIVITY PROFESSIONAL AND/OR PERSONAL SERVICES	NOT TRANSFERABLE
DLN: 10-92181-05-000		
DATE ISSUED: 07/01/2010		2010
LICENSE FEE: \$ 75.00	**VALIDATED**	
#BWNKHPS	BUSINESS LICENSE	BUSINESS LOCATION
#110L 6LTO 1LM2 5PF1#		DELOITTE CONSULTING LLP
DELOITTE CONSULTING LLP		4022 SELLS DR
4022 SELLS DR		HERMITAGE TN 37076-2903
HERMITAGE TN 37076-2903		
IS HEREBY LICENSED TO PRACTICE, CONDUCT OR ENGAGE IN THE OCCUPATION OR BUSINESS ACTIVITY INDICATED ABOVE IN ACCORDANCE WITH THE LICENSE APPLICATION DULY FILED PURSUANT TO TITLE 30, DEL. CODE.	 DIRECTOR OF REVENUE	925183

IMPORTANT - TEAR AT ABOVE PERFORATION AND DISPLAY IN A PUBLIC LOCATION

Federal E.I. No. or Social Security Number 06-145-4513 001 Business Code 7 Group Code Licensed Activity PROFESSIONAL AND/OR PERSONAL SERVICES

***Please disregard the sentence below that refers to the mailing of coupon booklets. We will no longer print and mail gross receipts coupon booklets effective tax year 2010.**

The State of Delaware Business License printed above must be posted in a public area at the location address listed. If you have any questions regarding this license, please call (302) 577-8778.

REPLACEMENT LICENSES

Keep this portion of your license separate, in case you need a replacement for any lost, stolen or destroyed license. A \$15 fee will be charged for the replacement of a license. Send the \$15 along with a copy of this form or provide your Federal Employer Identification Number, or Social Security Number, suffix, Business Code, Business Name and address to Delaware Division of Revenue, Attn.: Business Master File, PO Box 8750, Wilmington, DE 19899-8750. You will receive your replacement license within three to four weeks.

OTHER IMPORTANT INFORMATION

Most licensees are also required to pay either gross receipts or excise taxes in addition to the license fee. The coupon booklets you must use to pay these taxes are mailed December through January from our annual mailing, or six weeks after you have applied for a business license. You must **submit all business tax returns** filed with the Division of Revenue **under the same identification number**. If you are a sole-proprietor, and have a federal employer identification number, use the employer identification number, not your social security number. Only sole proprietors with no employees are allowed to file under their social security number. Inquiries regarding your coupon booklets to pay gross receipts, excise tax, withholding, corporate tentative and Sub Chapter "S" estimated taxes; or to make changes to your name, address or identification number should be directed to the Business Master File Unit at **(302) 577-8778**.

INTERNET SITE

The Division of Revenue web address is: www.revenue.delaware.gov. Visit our web site for tax tips, links to telephone numbers, forms that you can download, links to other State agencies, the Delaware Code, the publication "Delaware Guide for Small Business" and lots more. Internet filing of personal income tax returns via the Division of Revenue's website is available. Internet filing for Withholding, Gross Receipts and Corporate Tentative payments is also available.

cc: CB00-E8

Assurances and Certifications

Appendix A: Bidder Application forms

Each applicant should submit the following information:

- Assurances and Certifications forms

PLEASE SIGN THIS AND SUBMIT WITH THE PROPOSAL

ASSURANCES

The bidder represents and certifies as a part of this offer that:

The organization will maintain records, documents, and other required evidence to adequately reflect services rendered under this contract.

The organization agrees to maintain or to make available at a location within the State, such records as are necessary or deemed necessary by the Department to fully disclose and substantiate the nature of services rendered to the Department, including all records necessary to verify the usual and customary charges for such items and services. Organizations that show cause may be exempted from maintaining records or from making such records available within the State.

The organization will maintain accurate accounts, books, documents, and other evidentiary, accounting, and fiscal records in accordance with established methods of accounting.

In the event that the Contract with the organization is terminated, the organization's records shall remain subject to the Department's regulations.

The organization will physically secure and safeguard all sensitive and confidential information related to services rendered.

The organization shall comply with the requirements for client confidentiality in accordance with 42 U.S.C. 290 and/or 290 cc-3.

The organization will cooperate with designated contract monitors, consultants, or auditors from the State of Delaware and/or the Department of Services for Children, Youth and Their Families in connection with reviewing services rendered under this contract.

The organization will not let subcontracts without prior approval from the DSCYF contract manager for this contract.

The organization will attempt to obtain all supplies and materials at the lowest practicable cost and to contain its total cost where possible by competitive bidding whenever feasible.

The organization will, upon signature of the contract, provide written assurance to the Department from its corporate counsel that the organization is qualified to do business in Delaware.

The organization agrees to comply with all requirements and provisions of the Civil Rights Act of 1964, the Rehabilitation Act of 1973, the Federal Equal Employment Opportunity and Non-Discrimination regulations, and any other federal, state, or local anti-discriminatory act, law, statute, regulation, or policy along with all amendments and revisions of these laws, in the performance of the contract. It will not discriminate against any applicant or employee

or service recipient because of race, creed or religion, age, sex, color, national or ethnic origin, handicap, or any other discriminatory basis or criteria.

The organization shall comply with the Drug Free Work Place Act of 1988.

The organization agrees that it is operating as an independent contractor and as such, it agrees to save and hold harmless the State from any liability which may arise as a result of the organization's negligence.

The organization will abide by the policies and procedures of the Department and will comply with all of the terms, conditions, and requirements as set forth in the contract. The organization understands that failure to comply with any of the terms, conditions, and provisions of the contract may result in delay, reduction, or denial of payment or in sanctions against the organization.

Nicole Fuller, Principal

Name of Organization's Authorized Administrator

Nicole C. Fuller

Signature of Authorized Administrator

February 15, 2010

Date

PLEASE SIGN THIS AND SUBMIT WITH THE PROPOSAL

CERTIFICATION, REPRESENTATION, AND ACKNOWLEDGEMENTS

By signing below, bidding contractors certify that:

- They are an established vendor in the services being procured
- They have the ability to fulfill all requirements specified for development within this RFP
- They have independently determined their prices
- They are accurately representing their type of business and affiliations
- They have included in their quotation all costs necessary for or incidental to their total performance under contract
- They are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal Department or agency

The following conditions are understood and agreed to:

- No charges, other than those shown in the proposal, are to be levied upon the State as a result of a contract.
- The State will have exclusive ownership of all products of this contract unless mutually agreed to in writing at the time a binding contract is executed.

Nicole Fuller, Principal

Name of Organization's Authorized Administrator

Nicole C Fuller

Signature of Authorized Administrator

February 15, 2011

Date

NON-COLLUSION STATEMENT

This is to certify that the undersigned bidder has neither directly nor indirectly entered into an agreement, participated in any collusion, or otherwise taken any action in restraint of free competitive bidding in connection with this proposal submitted this date to the UCP Committee .

All terms and conditions of this Request for Proposal have been thoroughly examined and are understood.

NAME OF BIDDER: Deloitte Consulting LLP

AUTHORIZED REPRESENTATIVE: Nicole Fuller

Title: Principal

ADDRESS: 2601 Market Place, 2nd Floor

Harrisburg, PA 17110

DATE: February 15, 2011

PHONE NUMBER: +1 717 651 6404

If successful, Purchase Order should be addressed as follows:

COMPANY NAME: Deloitte Consulting LLP

ADDRESS: 4638 Collections Center Drive

Chicago, IL 60693

ATTENTION: Nicole Fuller

PHONE NUMBER: +1 717 651 6404

FAX NUMBER: +1 717 433 9954

E-MAIL ADDRESS: nfuller@deloitte.com

Project Experience

Appendix A: Bidder Application forms

Each applicant should submit the following information:

- Project experience with appropriate Resumes of key personnel

PROJECT EXPERIENCE - Completed Projects

Please complete a separate form for each similar project on which your organization has worked. Submit only those projects that reflect experience by the local office submitting the bid. Work done in other areas of the country or world, unless done by people who now work out of the local office are not to be submitted. Our interest is in understanding the skill set of those who will be working directly with us.

I. Project Information:

Project Title: DC FACES

Start Date	<u>10/2004</u>	End Date	<u>Current</u>	Contact Amount	Initial Contract: <u>\$15,457,443</u>
Contact Person	<u>Brady Birdsong, Chief Information Officer for Child and Family Services Agency</u>			Contact Phone #	<u>(202) 434-0012</u>
Corporation / Gov. or Agency Name:	<u>District of Columbia Child and Family Services Agency</u>				
Your Contract Manager's Name:	<u>Kevin Bell</u>				

II. Type of Contract:

Federal State Local Non-Profit Corporate

Were you the Primary Contractor? Y Yes/No Subcontractor? Yes/No

What percent of the dollar value of the project were you directly responsible for completing? n/a %

If you were a Subcontractor:

Prime Contractor Name: _____

Contact Person _____ Contact Phone #: _____

I. Project Information:

Project Title: Alabama FACTS

Start Date	<u>10/2004</u>	End Date	<u>02/2011</u>	Contact Amount	<u>\$22.4 Million</u>
Contact Person	<u>Carolyn Lapsley , Deputy Commissioner for Child & Family Services Division</u>			Contact Phone #	<u>(334) 242-9300</u>
Corporation / Gov. or Agency Name:	<u>State of Alabama, Department of Human Resources</u>				
Your Contract Manager's Name:	<u>Nicole Fuller</u>				

II. Type of Contract:

Federal State Local Non-Profit Corporate

Were you the Primary Contractor? Y Yes/No Subcontractor? Yes/No

What percent of the dollar value of the project were you directly responsible for completing? n/a %

If you were a Subcontractor:

Prime Contractor Name: _____

Contact Person _____ Contact Phone #: _____

I. Project Information:

Project Title: Allegheny KIDS

Start Date 06/2007 End Date Current Contact Amount \$11.7 Million

Contact Person Lisa Caldwell Contact Phone # (412) 350-7152

Corporation / Gov. or Agency Name: Allegheny County, Department of Human Services (DHS)

Your Contract Manager's Name: Nagen Suriya

II. Type of Contract:

Federal State Local Non-Profit Corporate

Were you the Primary Contractor? Y Yes/No Subcontractor? Yes/No

What percent of the dollar value of the project were you directly responsible for completing? n/a %

If you were a Subcontractor:

Prime Contractor Name: _____

Contact Person _____ Contact Phone #: _____

III. Type of Work: (Check all that apply)

The bidder must provide three customer references for which work of the nature described in this RFP has been completed. Include the name, address, e-mail address and telephone and fax numbers of the contact person that has used similar services of the bidder.

Provide a list of all State of Delaware work within the past ten years.

- Basic information from this form may be confirmed. False information will be cause for the proposal to be disqualified.
- Please attach a one page summary of the contract Scope of Services for which your company was responsible.

Reference and Summary information can be found on the following three pages. For a detailed response of our extensive project experience, please see proposal response Section 9, Bidder's Qualifications and Credentials as Related to the Proposal, per RFP Section 7.1, Proposal Content.

Deloitte Experience 1, Reference

District of Columbia (DC) FACES.NET

DC FACES.NET			
DC FACES.NET	District of Columbia Child and Family Services Agency	Dates of Project	October 2004— Current
Project Leader, Contact Information	Brady Birdsong Chief Information Officer for Child and Family Services Agency (202) 434-0012 brady.birdsong@dc.gov	Name of subcontractor (if applicable)	NA

Relevance to Delaware:

Similar to Delaware's requirements, Deloitte worked closely with the District of Columbia to implement a SACWIS system in .NET. Three years of experience using proposed development framework, DC FACES.NET is the federally approved SACWIS for the Child Family Services Agency of the District of Columbia. Delaware FACTS II requirements ask for modules that Deloitte's DC FACES.NET solution has such as a central case management system for the District's child welfare business processes across the Intake/Investigation Management, Service Management, Financial Management (including Title IV-E Eligibility), Provider Management (including provider self service), Human Resource Management, and Quality Assurance Management functional areas.

The DC FACES.NET system is currently online and available to more than 1,400 District and private agency workers who serve approximately 4,200 active child welfare clients. Deloitte worked collaboratively with the District of Columbia Child and Family Services Agency to design, develop and **implement a Web-based Statewide Automated Child Welfare Information System (SACWIS) within 16 months.**

DC FACES.NET features:

- DC FACES.NET is the first Web system for child welfare application in United States to be **federally mandated – it is SACWIS compliant.**
- DC FACES.NET is **easily accessible** and has enabled the client to collect and disseminate information to diverse audiences including the Mayor's Office, The Washington Post, and Federal oversight agencies.
- DC FACES.NET eased the challenges of transition from a client/server application to a Web-based application by designing an **intuitive user interface** that helped in **faster orientation of the users with the Web-based application.**
- We took great care in designing the GUI to promote **ease of use.** In polls of users taken at the time of implementation, more than 70 percent expected that the new GUI would improve their daily productivity.
- DC FACES.NET, through its online screens, batch processes and interfaces, provides a comprehensive set of SACWIS functionalities including **ICPC, Home Removal, Placement Tracking, Visitation Logs, Resource Directory, Title IV-E, Adoption and Guardianship Subsidy,** etc.
- Configurable **role based security** model.

As pertinent to Delaware's SDLC experience requirement, Deloitte was contracted for DC FACES.NET to provide full system design, development, and implementation services, including all aspects of the Systems Development Life Cycle including but not limited to: Hardware & Software Plan and Delivery; Conceptual Design and Architecture for Web-based system; Security Architecture – including Disaster Recovery Planning; Business Change Management; Detail Design; Development; Conversion & Data Migration; Testing: System, Integration, and User Acceptance Testing (UAT); UAT support; Pilot Implementation & Readiness - production rollout

In addition to the general SDLC experience and support, Deloitte also provided guidance and support in End User Training support; Technical Training support; Help Desk support; Transition such as maintenance of

DC FACES.NET

Management Statistical Reports; Ongoing Maintenance; Federal Review support.

Deloitte upgraded DC FACES.NET to a newer version of NET framework – v3.0. DC FACES.NET 3.0 was implemented in March 2008. The upgraded solution incorporates the ability to consume third-party Web services like DC Address while incorporating an inbuilt business process workflow, custom controls, and AJAX technology to further enhance the overall user experience.

In April 2009, Structured Decision Making® tools (SDM) developed by the Children Research Center (CRC) were integrated into DC FACES.NET. The tools allow the District to better identify the warning signs that signal risk of harm to children; and as a result improve child safety and permanency for children in foster care, as well as promote the well-being of the children and families being served. A tool like this can also be implemented in Delaware to help improve child safety across the state.

Deloitte Experience 2, Reference

Alabama FACTS

Alabama Family, Adult and Children Tracking System (FACTS)

Alabama FACTS	State of Alabama Department of Human Resources	Dates of Project	January 2007— February 2011
Project Leader, Contact Information	Carolyn Lapsley Deputy Commissioner for Child & Family Services Division (334) 242-9329 Carolyn.Lapsley@dhr.alabama.gov	Name of subcontractor (if applicable)	NA

Relevance to Delaware:

Deloitte’s experience in the State of Alabama exceeds Delaware’s goal to have a bidder with at least three years of experience in Health and Human Services applications development, with an emphasis on SACWIS. The State of Alabama’s Department of Human Resources’ Family, Adult and Children Tracking System (FACTS) project involves tracking child welfare and adult protective services clients across the State of Alabama. FACTS automates, in an integrated fashion, the State of Alabama’s child welfare and adult protective services.

The FACTS system is currently available statewide to more than 2,300 state employees who serve approximately 47,200+ active child welfare and adult protective services clients. In January 2007, DHR engaged Deloitte to design, develop, and implement a SACWIS system, known as Alabama FACTS, to automate and support agency case practices from client intake through case closure, final payments, 13 external interfaces, and more than 200 management statistical reports. Deloitte’s experience in implementing a system that can handle several interfaces and associated management reports is exactly the valuable talent that Delaware needs in implementing their FACTS II solution.

Delaware can also count on the various additional characteristics of Deloitte’s work on Alabama FACTS such as a configurable **role-based security** model, implemented to restrict unauthorized users to access data, identification and capturing of **AFCARS and NCANDS requirements**, and **Intuitive navigation** and ability to move from one point to another within the system without losing any data.

Delaware will need to turn around the implementation of Delaware FACTS II quickly to meet the federal standards. Deloitte’s experience with Alabama is hugely beneficial to Delaware as **with Deloitte’s help, the Alabama FACTS system has recently undergone a successful federal review.**

Deloitte Experience 3, Reference

Allegheny KIDS

Allegheny Key Information and Demographics System (KIDS)			
Allegheny KIDS	Allegheny County Department of Human Services (DHS)	Dates of Project	June 2007—Current
Project Leader, Contact Information	Lisa Caldwell Administrator Bureau Eval/RES (412)-350-7152 lcaldwell@alleghenycounty.us	Name of subcontractor (if applicable)	NA

Relevance to Delaware:

Just as Delaware is seeking to develop a web-based SACWIS system that supports multiple children service programs, Allegheny County of Pennsylvania partnered with Deloitte to begin providing services for the Department of Human Services’ Office of Information Management (OIM) and their child welfare system. The result was a fully automated SACWIS system called Key Information and Demographics System (KIDS).

KIDS received recognition in Policy & Practice magazine as a “completely rebuilt system that allows managers to conduct research, provides caseworkers with detailed background information on their clients and helps the agency to be more accountable.” KIDS has tied together 96 disparate applications and has centralized that information into one easily-accessible application.

Since the initial engagement, the scope of technology services provided by Deloitte has expanded to include Technology Strategy and Architecture, Information Management, Systems Integration, and Application Management Services. Deloitte provides the same breadth of services to Delaware as they prepare to implement FACTS II.

Allegheny KIDS also has an integrated Data Warehouse that facilitates and supports an endeavor to provide a true snapshot of the client and their family/community’s involvement across DHS. Bringing this experience to Delaware, Deloitte helps DSCYF organize data in such a manner that future implementations of a Data Warehouse will be seamless. Having a Data Warehouse is pivotal in indentifying trends and analyzing areas that can benefit from process improvement, making the overall department more efficient in delivering services to those in need.

Project personnel

- Attach a current resume and references for all proposed project personnel.
- Basic information from this form may be confirmed. False information will be cause for the proposal to be disqualified.

The following pages contain the resumes of our key staff, including references. As required by RFP Section 7.1, Proposal Content, resumes can also be found in proposal response *Section 10, Resumes of the Bidder's Proposed Staff*.

Staff resumes redacted

Project Cost Sheet

Appendix A: Bidder Application forms

Each applicant should submit the following information:

- Project Cost Sheet (and supporting documentation)

As required by RFP Section 1.3.6, Proposal Instructions, our Project Cost Sheet can be found in a separately sealed package marked, Business Proposal – Cost and Pricing Analysis.

Project Deliverables and timelines

Appendix A: Bidder Application forms

Each applicant should submit the following information:

- Project Deliverables and timelines

As required by RFP Section 7.1, Proposal Content, our Project Deliverables and timelines can be found in proposal response *Section 8, Project Work Plan*.

Response to Scope of Services

Appendix A: Bidder Application forms

Each applicant should submit the following information:

- Responses to Scope of Services and specific items/questions as identified in Section VI, Scope of Services

As required by RFP Section 7.1, Proposal Content, our Project Deliverables and timelines can be found in proposal response *Section 4, Bidder's Products, Methodology, and Approach to the Project*.

Tax Clearance Certificate

Appendix A: Bidder Application forms

Each applicant should submit the following information:

- Tax Clearance Certificate—Provide a Tax Clearance Certificate obtainable through the Corporate Income Taxes Section, Delaware Division of Revenue, 820 North French Street, Wilmington, DE 19801. This clearance will assure that there are no outstanding tax liabilities for the corporation, business, association or individual with which the State of Delaware intends to do business.

The certificate is attached on the following page.

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DELOITTE CONSULTING LLP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF JANUARY, A.D. 2011.



2598031 8300

110065452

You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8509247

DATE: 01-21-11

Professional Liability Insurance

Appendix A: Bidder Application forms

Each applicant should submit the following information:

- Professional Liability Insurance

Deloitte maintains the insurances required by federal, state, or local statutes, including worker's compensation and employer's liability coverage. We also maintain commercial general liability and automobile liability in amounts sufficient to protect the US firms, as well as the interests of our clients, where appropriate. The attached sample certificate of insurance provides evidence of the minimum limits the US firms maintain for each of these coverages.

Deloitte maintains professional liability coverage believed to be similar to the programs of other large professional services organizations in the United States. We believe our insurance coverage is adequate to sufficiently cover the services detailed in this request for proposal. The second attached sample certificate of insurance provides evidence of the minimum limits the US firms maintain for this coverage.

If Deloitte is awarded the work, the insurance requirements will be negotiated in good faith as part of the overall contract negotiation process.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/28/2010

PRODUCER Marsh USA, Inc. 1166 Avenue of the Americas New York, NY 10036		THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
709965-DT/C-MSTR-10-11		INSURERS AFFORDING COVERAGE	NAIC #
INSURED Deloitte LLP & Deloitte Consulting LLP and all other firms, entities and persons owned, controlled by or associated with the foregoing as more fully described in the Policy.		INSURER A: INSURER B: North American Capacity Ins Co INSURER C: INSURER D: INSURER E:	25038

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENERAL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPIOP AGG \$
	AUTOMOBILE LIABILITY <input 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				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> N (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS OTHER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	OTHER Professional Indemnity	ZZL0000098-03	06/01/2010	06/01/2011	\$1,000,000 per claim and in the aggregate

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

- This policy is non-cancellable during the period shown.
 - The issuance of this certificate of insurance does not make the person or organization to whom it is issued an additional insured, nor does it modify in any manner the contract of insurance between the insured and the insurer.
- This policy extends to territories and possessions of the United States, including Puerto Rico.

CERTIFICATE HOLDER NYC-003514321-23 Deloitte Consulting LLP	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 0 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Stan Hauff
--	--

ACORD 25 (2009/01)

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IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

Acord 25 (2009/01)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/27/2010

PRODUCER Marsh USA, Inc. 1166 Avenue of the Americas New York, NY 10036 709965-\$25M--10-11	THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Deloitte LLP Deloitte Consulting LLP	INSURER A: National Union Fire Ins Co Pittsburgh PA	19445
	INSURER B: Insurance Company Of The State Of PA	19429
	INSURER C: N/A	N/A
	INSURER D: Illinois National Ins Co	23817
	INSURER E:	1

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR GENERAL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC	GL 2264682	06/01/2010	06/01/2011	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 - COM/POP AGG	\$ 2,000,000
A	AUTOMOBILE LIABILITY <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"/> AUTO PHYSICAL DAMAGE	CA 3372765	06/01/2010	06/01/2011	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		\$500 DEDUCTIBLE COMP/COLL			BODILY INJURY (Per person)	\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN EA ACC	\$
					AUTO ONLY: AGG	\$
					EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC 024549391 (AOS)	06/01/2010	06/01/2011	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	
B	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N	WC 024549392 (CA)	06/01/2010	06/01/2011	<input type="checkbox"/> OTH-FR	
D		024549396 (MA,ND,NY,OH,WA,WI)	06/01/2010	06/01/2011	E.L. EACH ACCIDENT	\$ 1,000,000
D	(Mandatory in NH) if yes, describe under SPECIAL PROVISIONS below	WC 024549394 (OR)	06/01/2010	06/01/2011	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
D	OTHER WC continued...	WC 024549393 (FL)	06/01/2010	06/01/2011	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D		WC 024549395 (TX)	06/01/2010	06/01/2011		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER NYC-004194183-23 Deloitte Consulting LLP	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Nancy Bartolino <i>Nancy Bartolino</i>
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ACORD 25 (2009/01)

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IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

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