

ROCKY J. FLUHART
CHIEF ADMINISTRATIVE OFFICER

SALT LAKE CITY CORPORATION
DEPARTMENT OF MANAGEMENT SERVICES
PURCHASING, CONTRACTS AND PROPERTY MANAGEMENT DIVISION

ROSS C. "ROCKY" ANDERSON
MAYOR

RETURN BY:
June 22, 2001

June 8, 2001

Utah Interactive, Inc.
Attn: Amy Sawyer
68 So. Main Ste. 200
Salt Lake City, UT 84101-1525

RE: WEB DESIGN SERVICES - CONTRACT #65-1-01-8576

Dear Ms. Sawyer:

Enclosed are two copies of the above referenced contract. Please sign and notarize these contracts and return both to my office. **PLEASE NOTE:** If you feel it is necessary to modify the agreement in any way please contact this office prior to doing so. **Modifications made without notification to this office, and without the required initials, may void the agreement.**

By the response date entered above please:

- Have the contracts returned to this office
- OR--
- Call me at 535-7954 if you are unable to meet this signing date deadline.

We look forward to working with you.

Sincerely,

Maggie Tow

Maggie Tow
Administrative Specialist/Insurance
801-535-7954

451 SOUTH STATE STREET, ROOM 235, SALT LAKE CITY, UTAH 84111-3104

TELEPHONE: 801-535-7661 FAX: 801-535-6190

WWW.SLCPURCHASING.COM



**Facsimile
Transmittal
Sheet**

Marsh USA Inc.
11516 Nicholas Street, Suite 301
Omaha, NE. 68154
402 965-2207 Fax: 402 965-2299
Caroline F.Krueger@marsh.com



Date: June 8, 2001 **Pages, with cover:** 4

To: Amy Sawyer **Fax:** 801-983-0282

Company: Utah Interactive

From: Caroline Krueger

Subject: Salt Lake City Corporation Certificate Issues

Amy,

Attached is a copy of the e-mail that I sent Susan Wells of The Hartford regarding the captioned subject matter. I will follow up on Monday.

Thank you for your patience. Have a great weekend!

The information contained in this facsimile message is confidential, may be privileged, and is intended for the use of the individual or entity named above. If you, the reader of this message, are not the intended recipient, the agent, or employee responsible for delivering this transmission to the intended recipient, you are expressly prohibited from copying, disseminating, distributing, or in any other way using any of the information contained in this facsimile message.

 From Caroline F Krueger on 8 Jun 2001, 14:09 Friday

From: Caroline F Krueger on 06/08/2001 14:09

Please respond by 11 Jun 2001, Monday

To: swells
cc: Jacki S Monico
Subject: Re: National Information Consortium 

Susan,

We submitted the 30 day Notice of Cancellation wording you provided as outlined below, with the Certificate of Insurance issued to Salt Lake City Corporation. Salt Lake City Corporation has refused to accept the wording and will not proceed with their contract with NIC until a certificate is issued with the following verbiage listed on the certificate:

RE: Web Design Services Contract #65-1-01-8576 between Utah Interactive, Inc. (A National Information Consortium, Inc. subsidiary) and Salt Lake City Corporation. Certificate holder is named as an additional insured (with the exception of workers compensation coverage) with respect to the referenced contract.

Should any of the policies described herein be cancelled before the expiration thereof, the insurer affording coverage will mail 30 day written notice of cancellation to the certificate holder named herein.

They have also requested that the 30 day notice wording on certificate be initialed by someone with authorization or the party issuing the certificate.

Since this request is beyond our scope of authority on behalf of The Hartford, we are requesting that you issue a new certificate with the applicable wording as listed above to:

Salt Lake City Corporation
Department of Management Services
451 South State Street, Room 235
Salt Lake City, UT 84111-3104

I realize that your office is closed today, Friday June 8th. However, since NIC's contract is currently being held up until completion of this matter, I am requesting that the new certificate be completed and faxed first thing Monday, June 11th to each of the following contacts:

- Fax No: 801-535-6190

Maggie Tow - Salt Lake City Corporation

Fax No: 801-983-0282

Amy Sawyer - Utah Interactive -

No: 402-965-2299

Caroline Krueger - Marsh - Fax

Should you have any questions or problems with this request, please contact me immediately at 402-965-2207. Thank you very much for your assistance.

<<< Memo from swells@thehartford.com on 01 June, 2001, 09:13 Friday >>>
swells@thehartford.com on 1 Jun 2001, 09:13 Friday



From swells@thehartford.com on 08/01/2001 09:12
To: Caroline F Krueger
cc:
Subject: National Information Consortium

Caroline,

We are willing to offer 30 days notice of cancellation to The Salt Lake City Corporation for the above insured. We are not willing to remove the wording on the certificate referencing "endeavor to".

Please let me know if you need anything further.

Susan

Susan Wells
Commercial Underwriter
17855 Dallas Parkway, Suite 300
Dallas, TX 75287
Telephone 972-807-4452
Facsimile 972-807-4739
Toll Free 800-873-8212 Ext. 4452
swells@thehartford.com

This communication, including attachments, is for the exclusive use of addressee and may contain proprietary, confidential or privileged information. If you are not the intended recipient, any use, copying, disclosure, dissemination or distribution is strictly prohibited. If you are not the intended recipient, please notify the sender immediately by return email and delete this communication and destroy all copies.

All Recipients

To: Caroline F Krueger/OMH-NE/US/Marsh/MMC@MMC
cc:
From: swells@thehartford.com

All Recipients

To: swells@thehartford.com @ Internet
cc: Jacki S Monico/OMH-NE/US/Marsh/MMC@MMC
From: Caroline F Krueger/OMH-NE/US/Marsh/MMC

**Facsimile
Transmittal
Sheet**

Marsh USA Inc.
11516 Nicholas Street, Suite 301
Omaha, NE. 68154
402 965-2207 Fax: 402 965-2299
Caroline.F.Krueger@marsh.com



Date: June 7, 2001 **Pages, with cover:**

To: Amy Sawyer **Fax:** 801-983-0282

Company: Utah Interactive

From: Caroline Krueger

Subject: Salt Lake City Corporation

Amy, attached is the information that we discussed. Should you have any questions or if I can be of further assistance, please let me know. Thanks.

The information contained in this facsimile message is confidential, may be privileged, and is intended for the use of the individual or entity named above. If you, the reader of this message, are not the intended recipient, the agent, or employee responsible for delivering this transmission to the intended recipient, you are expressly prohibited from copying, disseminating, distributing, or in any other way using any of the information contained in this facsimile message.

**Facsimile
Transmittal
Sheet**

Marsh USA Inc.
11516 Nicholas Street, Suite 301
Omaha, NE. 68154
402 965-2207 Fax: 402 965-2299
Caroline.F.Krueger@marsh.com



RECEIVED
June 1, 2001

Date: June 1, 2001 **Pages, with cover:**
To: Maggie Tow **Fax:** 801-535-6190
Company: Salt Lake City Corporation
From: Caroline Krueger
Subject: National Information Consortium, Inc. - Certificate of Insurance

Ms. Tow:

Pursuant to your conversation with Jacki Monico, attached please find a revised certificate of insurance correcting the certificate holder zip code. I am also attaching a copy of e-mail correspondence from The Hartford underwriter verifying that they have agreed to provide a 30 day notice of cancellation to Salt Lake City Corporation and will be endorsing the policy to reflect this.

Should you have any questions or wish to discuss, please feel free to contact me. Thank you.

The information contained in this facsimile message is confidential, may be privileged, and is intended for the use of the individual or entity named above. If you, the reader of this message, are not the intended recipient, the agent, or employee responsible for delivering this transmission to the intended recipient, you are expressly prohibited from copying, disseminating, distributing, or in any other way using any of the information contained in this facsimile message.

MARSH USA INC.

CERTIFICATE OF INSURANCE

CERTIFICATE NUMBER
CHI-000643500-00

PRODUCER

Marsh USA Inc.
11516 Nicolas Street, Ste 301
Omaha, NE 68154
Attn: Jacki Monica (402) 965-2210

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 HARTFORD CASUALTY INS CO
- COMPANY
B
- COMPANY
C
- COMPANY
D

602009-CAS-

INSURED

National Information Consortium USA, Inc
10975 Benson St Ste 390
Shawnee Mission, KS 66210

COVERAGES

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

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 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	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONTRACTOR'S PROT	46JUNIP7431	10/20/00	10/20/01	<table border="1"> <tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td>\$ 2,000,000</td></tr> <tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr> <tr><td>FIRE DAMAGE (Any one fire)</td><td>\$ 300,000</td></tr> <tr><td>MED EXP (Any one person)</td><td>\$ 10,000</td></tr> </table>	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000	PERSONAL & ADV INJURY	\$ 2,000,000	EACH OCCURRENCE	\$ 1,000,000	FIRE DAMAGE (Any one fire)	\$ 300,000	MED EXP (Any one person)	\$ 10,000
GENERAL AGGREGATE	\$ 2,000,000																
PRODUCTS - COMP/OP AGG	\$ 2,000,000																
PERSONAL & ADV INJURY	\$ 2,000,000																
EACH OCCURRENCE	\$ 1,000,000																
FIRE DAMAGE (Any one fire)	\$ 300,000																
MED EXP (Any one person)	\$ 10,000																
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	46JUNIP7491	10/20/00	10/20/01	<table border="1"> <tr><td>COMBINED SINGLE LIMIT</td><td>\$ 1,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr> <tr><td>PROPERTY DAMAGE</td><td>\$</td></tr> </table>	COMBINED SINGLE LIMIT	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE	\$				
COMBINED SINGLE LIMIT	\$ 1,000,000																
BODILY INJURY (Per person)	\$																
BODILY INJURY (Per accident)	\$																
PROPERTY DAMAGE	\$																
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				<table border="1"> <tr><td>AUTO ONLY - EA ACCIDENT</td><td>\$</td></tr> <tr><td>OTHER THAN AUTO ONLY</td><td>\$</td></tr> <tr><td>EACH ACCIDENT</td><td>\$</td></tr> <tr><td>AGGREGATE</td><td>\$</td></tr> </table>	AUTO ONLY - EA ACCIDENT	\$	OTHER THAN AUTO ONLY	\$	EACH ACCIDENT	\$	AGGREGATE	\$				
AUTO ONLY - EA ACCIDENT	\$																
OTHER THAN AUTO ONLY	\$																
EACH ACCIDENT	\$																
AGGREGATE	\$																
A	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	46JUNIP7491	10/20/00	10/20/01	<table border="1"> <tr><td>EACH OCCURRENCE</td><td>\$ 4,000,000</td></tr> <tr><td>AGGREGATE</td><td>\$ 4,000,000</td></tr> </table>	EACH OCCURRENCE	\$ 4,000,000	AGGREGATE	\$ 4,000,000								
EACH OCCURRENCE	\$ 4,000,000																
AGGREGATE	\$ 4,000,000																
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL OTHER	46WBEX7231	10/20/00	10/20/01	<table border="1"> <tr><td><input checked="" type="checkbox"/> WC STATUTORY LIMITS</td><td><input type="checkbox"/> OTHER</td></tr> <tr><td>EL EACH ACCIDENT</td><td>\$ 500,000</td></tr> <tr><td>EL DISEASE-POLICY LIMIT</td><td>\$ 500,000</td></tr> <tr><td>EL DISEASE-EACH EMPLOYEE</td><td>\$ 500,000</td></tr> </table>	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER	EL EACH ACCIDENT	\$ 500,000	EL DISEASE-POLICY LIMIT	\$ 500,000	EL DISEASE-EACH EMPLOYEE	\$ 500,000				
<input checked="" type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER																
EL EACH ACCIDENT	\$ 500,000																
EL DISEASE-POLICY LIMIT	\$ 500,000																
EL DISEASE-EACH EMPLOYEE	\$ 500,000																

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO DEDUCTIBLES OR RETENTIONS)

RE: Web Design Services Contract #65-1-01-8576 between Utah Interactive, Inc. (A National Information Consortium, Inc subsidiary) and Salt Lake City Corporation. Certificate holder is named as an additional insured (with the exception of work comp) with respect to the referenced contract.

CERTIFICATE HOLDER

Salt Lake City Corporation
Department of Management Services
451 South State Street
Room 235
Salt Lake City, UT 84111-3104

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.

MARSH USA INC

BY: T. Patrick Ryan

T. Patrick Ryan

MM1 (9/89)

VALID AS OF: 05/30/01



swells@thehartford.com on 1 Jun 2001, 09:13 Friday

From swells@thehartford.com on 06/01/2001 09:12

To: Caroline F Krueger
cc:
Subject: National Information Consortium

Caroline,

We are willing to offer 30 days notice of cancellation to The Salt Lake City Corporation for the above insured. We are not willing to remove the wording on the certificate referencing "endeavor to".

Please let me know if you need anything further.

Susan

Susan Wells
Commercial Underwriter
17855 Dallas Parkway, Suite 300
Dallas, TX 75287
Telephone 972-807-4452
Facsimile 972-807-4738
Toll Free 800-873-8212 Ext. 4452
swells@thehartford.com

This communication, including attachments, is for the exclusive use of addressee and may contain proprietary, confidential or privileged information. If you are not the intended recipient, any use, copying, disclosure, dissemination or distribution is strictly prohibited. If you are not the intended recipient, please notify the sender immediately by return email and delete this communication and destroy all copies.

All Recipients

To: Caroline F Krueger/OMH-NE/US/Marsh/MMC@MMC
cc:
From: swells@thehartford.com

**Facsimile
Transmittal
Sheet**

Marsh USA Inc.
11516 Nicholas Street
Suite 301
Omaha, NE 68154
402 965 2207 Fax: 402 965 2299

MARSH
An **AIAA** Company

FAXED
May 15, 200

Date: **Pages, with cover:**

To: Rick Brown **Fax:** (801) 983-0282

Company: Utah Interactive, Inc.

From: Caroline Krueger

Subject: Certificate of Insurance – Contract #65-1-01-8576 Salt Lake City Corporation

The attached certificate of insurance was issued pursuant to the direction of the Salt Lake City Corporation with the exception of the changes to the cancellation provision which cannot be done. Should you have any questions or wish to discuss, please feel free to contact me.

The information contained in this facsimile message is confidential, may be privileged, and is intended for the use of the individual or entity named above. If you, the reader of this message, are not the intended recipient, the agent, or employee responsible for delivering this transmission to the intended recipient, you are expressly prohibited from copying, disseminating, distributing, or in any other way using any of the information contained in this facsimile message.

MARSH USA INC.

CERTIFICATE OF INSURANCE

CERTIFICATE NUMBER
CHI-000643500-00

PRODUCER

Marsh USA Inc.
11516 Nicholas Street, Ste 301
Omaha, NE 68154
Attn: Jacki Monica (402) 965-2210

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 HARTFORD CASUALTY INS CO
- COMPANY
B
- COMPANY
C
- COMPANY
D

50Z009--CAS-

INSURED

National Information Consortium USA, Inc
10975 Benson St, Ste 390
Shawnee Mission, KS 66210

COVERAGES

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

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. 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	GENERAL LIABILITY <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	46UUNIP7491	10/20/00	10/20/01	<table border="1"> <tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr> <tr><td>PRODUCTS - COMPROP AGG</td><td>\$ 2,000,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td>\$ 2,000,000</td></tr> <tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr> <tr><td>FIRE DAMAGE (Any one fire)</td><td>\$ 300,000</td></tr> <tr><td>MED EXP (Any one person)</td><td>\$ 10,000</td></tr> </table>	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMPROP AGG	\$ 2,000,000	PERSONAL & ADV INJURY	\$ 2,000,000	EACH OCCURRENCE	\$ 1,000,000	FIRE DAMAGE (Any one fire)	\$ 300,000	MED EXP (Any one person)	\$ 10,000
GENERAL AGGREGATE	\$ 2,000,000																
PRODUCTS - COMPROP AGG	\$ 2,000,000																
PERSONAL & ADV INJURY	\$ 2,000,000																
EACH OCCURRENCE	\$ 1,000,000																
FIRE DAMAGE (Any one fire)	\$ 300,000																
MED EXP (Any one person)	\$ 10,000																
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	46UUNIP7491	10/20/00	10/20/01	<table border="1"> <tr><td>COMBINED SINGLE LIMIT</td><td>\$ 1,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr> <tr><td>PROPERTY DAMAGE</td><td>\$</td></tr> </table>	COMBINED SINGLE LIMIT	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE	\$				
COMBINED SINGLE LIMIT	\$ 1,000,000																
BODILY INJURY (Per person)	\$																
BODILY INJURY (Per accident)	\$																
PROPERTY DAMAGE	\$																
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				<table border="1"> <tr><td>AUTO ONLY - EA ACCIDENT</td><td>\$</td></tr> <tr><td>OTHER THAN AUTO ONLY</td><td>\$</td></tr> <tr><td>EACH ACCIDENT</td><td>\$</td></tr> <tr><td>AGGREGATE</td><td>\$</td></tr> </table>	AUTO ONLY - EA ACCIDENT	\$	OTHER THAN AUTO ONLY	\$	EACH ACCIDENT	\$	AGGREGATE	\$				
AUTO ONLY - EA ACCIDENT	\$																
OTHER THAN AUTO ONLY	\$																
EACH ACCIDENT	\$																
AGGREGATE	\$																
A	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	46UUNIP7491	10/20/00	10/20/01	<table border="1"> <tr><td>EACH OCCURRENCE</td><td>\$ 4,000,000</td></tr> <tr><td>AGGREGATE</td><td>\$ 4,000,000</td></tr> </table>	EACH OCCURRENCE	\$ 4,000,000	AGGREGATE	\$ 4,000,000								
EACH OCCURRENCE	\$ 4,000,000																
AGGREGATE	\$ 4,000,000																
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE INCL <input type="checkbox"/> EXCL OTHER	46WBEX7231	10/20/00	10/20/01	<table border="1"> <tr><td>EL EACH ACCIDENT</td><td>\$ 500,000</td></tr> <tr><td>EL DISEASE POLICY LIMIT</td><td>\$ 500,000</td></tr> <tr><td>EL DISEASE-EACH EMPLOYEE</td><td>\$ 500,000</td></tr> </table>	EL EACH ACCIDENT	\$ 500,000	EL DISEASE POLICY LIMIT	\$ 500,000	EL DISEASE-EACH EMPLOYEE	\$ 500,000						
EL EACH ACCIDENT	\$ 500,000																
EL DISEASE POLICY LIMIT	\$ 500,000																
EL DISEASE-EACH EMPLOYEE	\$ 500,000																

DESCRIPTION OF OPERATIONS/LOCATION(S)/VEHICLE(S)/SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO DEDUCTIBLES OR RETENTIONS)

RE: Web Design Services Contract #85-1-01-8576 between Utah Interactive, Inc. (A National Information Consortium, Inc subsidiary) and Salt Lake City Corporation. Certificate holder is named as an additional insured (with the exception of work comp) with respect to the referenced contract.

CERTIFICATE HOLDER

Salt Lake City Corporation
Department of Management Services
451 South State Street
Room 235
Salt Lake City, UT 84111-3104

*Re-issued
correcting
ZUP + amount
3/5/30/01*

CANCELLATION

SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 10 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.

MARSH USA INC.
BY: T. Patrick Ryan

T. Patrick Ryan

MM1(3/99)

VALID AS OF: 05/15/01

MARSH USA INC.

CERTIFICATE OF INSURANCE

CERTIFICATE NUMBER
CHI-000643500-00

PRODUCER

Marsh USA Inc.
11515 Nicholas Street, Ste 301
Omaha, NE 68154
Attn: Jack Monaco (402) 955-2210

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 HARTFORD CASUALTY INS CO
- COMPANY
B
- COMPANY
C
- COMPANY
D

INSURED

National Information Consortium USA, Inc
10375 Berson St, Ste 390
Shawnee Mission, KS 66210

COVERAGES

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

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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO L'R	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <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	48UUNIP7491	10/20/00	10/20/01	GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000 PERSONAL & ADV INJURY \$ 2,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 300,000 MED EXP (Any one person) \$ 10,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	45UUNIP7491	10/20/00	10/20/01	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY \$ EACH ACCIDENT \$ AGGREGATE \$
A	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	46UUNIP7491	10/20/00	10/20/01	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL OTHER	46WBEX7231	10/20/00	10/20/01	<input checked="" type="checkbox"/> NO STATUTORY LIMITS EL EACH ACCIDENT \$ 500,000 EL DISEASE-POLICY LIMIT \$ 500,000 EL DISEASE-EACH EMPLOYEE \$ 500,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO DEDUCTIBLES OR RETENTIONS):
 RE: Web Design Services Contract #65-1-01-8576 between Utah Interactive, Inc. (A National Information Consortium Inc. subsidiary) and Salt Lake City Corporation. Certificate holder is named as an additional insured (with the exception of work comp) with respect to the referenced contract.

CERTIFICATE HOLDER

Salt Lake City Corporation
Department of Management Services
451 South State Street
Room 235
Salt Lake City, UT 84111-3104

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.

MARSH USA INC.
By: T. Patrick Ryan *T. Patrick Ryan*

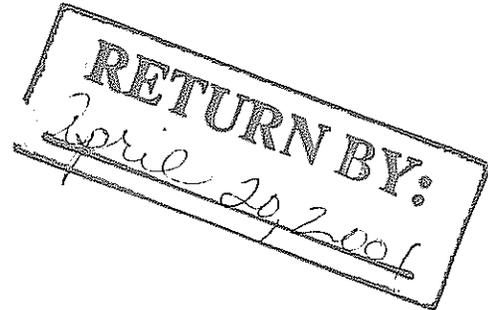
MM (9/89) VALID AS OF: 05/15/01

ROCKY J. FLUHART
CHIEF ADMINISTRATIVE OFFICER

SALT LAKE CITY CORPORATION
DEPARTMENT OF MANAGEMENT SERVICES
PURCHASING, CONTRACTS AND PROPERTY MANAGEMENT DIVISION

ROSS G. "ROCKY" ANDERSON
MAYOR

April 11, 2001



Utah Interactive, Inc.
Attn: Richard Brown
68 So. Main Street, Ste. 200
Salt Lake City, UT 84101-1525

RE: WEB DESIGN SERVICES - CONTRACT #65-1-01-8576

Dear Mr. Brown:

We are happy to award the above referenced contract to Utah Interactive, Inc. conditional upon your signing the contract when completed and **providing required insurance.**

In order to execute the contract we need the **Certificates of Insurance**, as required by the contract (see attached instruction sheet). Please have your insurance agent follow the instructions, on a timely basis and exactly as listed, to avoid delays.

Enclosed are two copies of the above referenced contract. Please sign and notarize these contracts and return both to my office. **PLEASE NOTE:** If you feel it is necessary to modify the agreement in any way please contact this office prior to doing so. **Modifications made without notification to this office, and without the required initials, may void the agreement.**

By the response date entered above please:

- Have the contracts returned to this office
- OR--**
- Call me at 535-7954 if you are unable to meet this signing date deadline.

We look forward to doing business with you.

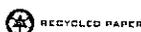
Sincerely,

Maggie Tow
Maggie Tow
Administrative Specialist/Insurance
801-535-7954

451 SOUTH STATE STREET, ROOM 235, SALT LAKE CITY, UTAH 84111-3104

TELEPHONE: 801-535-7661 FAX: 801-535-6190

WWW.SLCPURCHASING.COM



TO: Richard Brown

**CERTIFICATE OF INSURANCE
INSTRUCTION SHEET**

Worker's Compensation sufficient to cover all Contractor's employees pursuant to Utah State statutes. **This requirement includes contractors who are doing business as an individual and/or as a sole proprietor as well as corporations and partner-ships.** The certificate and policy shall provide that coverage thereunder shall not be canceled or reduced without at least thirty (30) days prior written notice to the City.

Commercial General Liability insurance with the City named as an additional insured, in the minimum amount of \$1,000,000 per occurrence with a \$2,000,000 aggregate. The certificate and policy shall provide that coverage thereunder shall not be canceled or modified without at least thirty (30) days prior written notice to the City.

Comprehensive Automobile Liability Insurance including owned, hired and non-owned automobiles, with the City named as an additional insured, in the minimum amount of \$1,000,000 per occurrence. The certificate and policy shall provide that coverage thereunder shall not be canceled or modified without at least thirty (30) days written notice to the City. Contractor shall furnish Certificates of Insurance, acceptable to the City, verifying the foregoing concurrent with the execution hereof and thereafter as required.

All policies of insurance provided shall be issued by insurance companies licensed to do business in the State of Utah and shall be either:

- (1) Listed in the *Federal Register*, "Companies Holding Certificates of Authority as Acceptable Sureties on Federal Bonds";
- OR--
- (2) Rated with an A- or better rating in the most current edition of *Best's Key Rating Guide—Property-Casualty United States*.

The "Cancellation Clause" on each Certificate of Insurance **MUST BE MODIFIED AND INITIALED** as shown below.

Should any of the above described policies be canceled before the expiration date thereof, the issuing company will ~~endeavor to mail 30~~ days written notice to the certificate holder named to the left, ~~but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.~~ (PUT INITIALS ANYWHERE IN THE CANCELLATION CLAUSE.)



FACSIMILE TRANSMITTAL SHEET

TO: <i>Jacque Monico</i>	FROM: <i>Jacque</i>	
COMPANY: <i>Marsh</i>	DATE:	
FAX NUMBER: <i>402-965-8299</i>	TOTAL NO. OF PAGES: <i>3</i>	COVER:
PHONE NUMBER: <i>402-965-2210</i>	SENDER'S REFERENCE:	
RE:	YOUR REFERENCE:	

- URGENT FOR REVIEW PLEASE COMMENT PLEASE RECYCLE

NOTES/COMMENTS:

Jacque, please let me know if you have questions. Thanks so much for your help.

