



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/23/2024

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).

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| PRODUCER<br>MARSH RISK & INSURANCE SERVICES<br>FOUR EMBARCADERO CENTER, SUITE 1100<br>CALIFORNIA LICENSE NO. 0437153<br>SAN FRANCISCO, CA 94111<br><br>CN134017657--GAUWE-24-25 | CONTACT<br>NAME:<br>PHONE (A/C, No. Ext):<br>E-MAIL ADDRESS:   |
|   | INSURER(S) AFFORDING COVERAGE<br>INSURER A: Travelers Property Casualty Company of America<br>INSURER B: The Charter Oak Fire Insurance Company<br>INSURER C: Homeland Insurance Company Of New York<br>INSURER D:<br>INSURER E:<br>INSURER F: |

**COVERAGES** **CERTIFICATE NUMBER:** SEA-003920730-05 **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        | X COMMERCIAL GENERAL LIABILITY<br><br>CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  |                | X        | H-630-9W194831-TIL-24            | 08/23/2024              | 08/23/2025              | 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  |           |
|          |  |                |          |                                  |                         |                         |   | \$            |           |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:<br><br>X POLICY <input checked="" type="checkbox"/> PRO-<br>JECT <input type="checkbox"/> LOC<br><br>OTHER:   |                |          |                                  |                         |                         |   |               |           |
| B        | AUTOMOBILE LIABILITY<br><br>X ANY AUTO<br><br>OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br>HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                  |                | X        | 810-6T343696-TIL-24              | 08/23/2024              | 08/23/2025              | COMBINED SINGLE LIMIT (Ea accident)       | \$ 1,000,000  |           |
|          |  |                |          |                                  |                         |                         | BODILY INJURY (Per person)                | \$            |           |
|          |  |                |          |                                  |                         |                         | BODILY INJURY (Per accident)              | \$            |           |
|          |  |                |          |                                  |                         |                         | PROPERTY DAMAGE (Per accident)            | \$            |           |
|          |  |                |          |                                  |                         |                         |   | \$            |           |
| A        | X UMBRELLA LIAB<br><br>EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE  | X              | X        | CUP-6T386924-TIL-24              | 08/23/2024              | 08/23/2025              | EACH OCCURRENCE                           | \$ 10,000,000 |           |
|          |  |                |          |                                  |                         |                         | AGGREGATE                                 | \$ 10,000,000 |           |
|          |  |                |          |                                  |                         |                         |   | \$            |           |
| A        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | Y / N<br><br>N | N / A    | X UB-6T346569-TIL-24             | 08/23/2024              | 08/23/2025              | X PER STATUTE                             | OTHE-         |           |
|          |  |                |          |                                  |                         |                         | E.L. EACH ACCIDENT                        | \$ 1,000,000  |           |
|          |  |                |          |                                  |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$ 1,000,000  |           |
|          |  |                |          |                                  |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$ 1,000,000  |           |
| C        | Errors & Omissions / Cyber   |                |          | 730000029-0000<br>SIR: \$100,000 | 08/23/2024              | 08/23/2025              | Limit:                                    |               | 5,000,000 |

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

Evidence of insurance.

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| CERTIFICATE HOLDER<br><br>Flock Group<br>DBA Flock Safety<br>1170 Howell Mill Rd NW<br>Atlanta, GA 30318 | CANCELLATION<br><br>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<br><br><i>Marsh Risk &amp; Insurance Services</i>  |

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## ADDITIONAL REMARKS SCHEDULE

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|   |           |   |
|---|-----------|---|
| AGENCY<br>MARSH RISK & INSURANCE SERVICES |           | NAMED INSURED<br>Flock Group Inc<br>DBA Flock Safety<br>1170 Howell Mill Rd NW<br>Atlanta, GA 30318 |
| POLICY NUMBER                             |           |   |
| CARRIER                                   | NAIC CODE | EFFECTIVE DATE:   |

### ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance**

Carrier will provide notice of cancellation or nonrenewal per below if required by a written contract.

Cancellation For Other Than Nonpayment: Number of Days Notice: 30 days

Cancellation For Nonpayment: Number of Days Notice: 10 days

(Nonrenewal): Number of Days Notice: 10 days