

Client#: 25548

MONITINT

941 1782

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/31/2016

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 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).

PRODUCER USI Southwest Dallas /CL 2711 N. Haskell Ave., Suite 2000 Dallas, TX 75204 214 443-3100	CONTACT NAME: PHONE (A/C, No, Ext): 214 443-3100 FAX (A/C, No): 214 443-3900 E-MAIL ADDRESS: <table border="1"> <thead> <tr> <th data-bbox="803 665 1404 700">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1404 665 1539 700">NAIC #</th> </tr> </thead> <tbody> <tr> <td data-bbox="803 700 1404 723">INSURER A : Allied World Surplus Lines Insu</td> <td data-bbox="1404 700 1539 723">24319</td> </tr> <tr> <td data-bbox="803 723 1404 746">INSURER B : Liberty Mutual Ins Companies</td> <td data-bbox="1404 723 1539 746">65315</td> </tr> <tr> <td data-bbox="803 746 1404 769">INSURER C : Zurich American Insurance Compa</td> <td data-bbox="1404 746 1539 769">16535</td> </tr> <tr> <td data-bbox="803 769 1404 792">INSURER D : North American Capacity Insuran</td> <td data-bbox="1404 769 1539 792">25038</td> </tr> <tr> <td data-bbox="803 792 1404 815">INSURER E :</td> <td data-bbox="1404 792 1539 815"></td> </tr> <tr> <td data-bbox="803 815 1404 838">INSURER F :</td> <td data-bbox="1404 815 1539 838"></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Allied World Surplus Lines Insu	24319	INSURER B : Liberty Mutual Ins Companies	65315	INSURER C : Zurich American Insurance Compa	16535	INSURER D : North American Capacity Insuran	25038	INSURER E :		INSURER F :	
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INSURED Monitronics International, Inc. Attn: David Verret P.O. Box 814530 Dallas, TX 75381-4530															

COVERAGES **CERTIFICATE NUMBER:** **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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BI/PD Ded:50000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		5200078303	08/31/2016	08/31/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/OP AGG \$5,000,000 \$
C	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		PRA018290801	08/31/2016	08/31/2017	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"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		100022660301	08/31/2016	08/31/2017	EACH OCCURRENCE \$25,000,000 AGGREGATE \$25,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	WC018290701	08/31/2016	08/31/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$5,000,000
D	Occupational Accident		EEG000523603 (Texas Only)	08/31/2016	08/31/2017	Limit - \$25,000,000 \$600 max per Week Maximum - 156 Weeks

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Named Insureds - Monitronics International, Inc., Monitronics Canada, Inc., Monitronics Security LP, Monitronics Funding LP, MIBU Servicer Inc., MI Servicer HC, LLC, MI Servicer GP, LLC, MI Servicer LP, LLC, MI Funding HC, LLC, MI Funding GP, LLC, MI Funding LP, LLC, Platinum Security Solutions, Inc, Ascent Capital Group, Inc, Ascent Media Property Holdings, LLC, Ascent Media Systems Integration, LLC, Ascent Media Holdings, LTD, Ascent Media, LTD, Soho Group, LTD, Rushes Television SA DE CV, PCP SN Holdings, Inc., (See Attached Descriptions)

CERTIFICATE HOLDER Secretary of State 148 W River St. Providence, RI 02904	CANCELLATION 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 <i>J.W. Wagner</i>
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DESCRIPTIONS (Continued from Page 1)

Studio Film and Video Holdings Ltd (UK), OHCP SN A, Inc., OHCP SN B, Inc., OHCP Ultimate Security Holdings LLC, OHCP Intermediate Security Holdings, Inc., OHCP Security Networks Holdings LLC, Security Networks LLC, SN Puerto Rico, Inc., Security Networks Acceptance LLC, SNMCM LP, SNCA LLC, LiveWatch Security LLC, LiveWatch Security LLC dba Able Security System, Inc., LiveWatch Security LLC dba SafeMart, LiveWatch Security LLC dba Bolster LLC, LiveWatch Security LLC dba Ocusafe LLC, LiveWatch Security LLC dba LiveWatch
Re: ID - 000556073, CID:HP8NJ3, Pin:3717