

Client#: 25548

MONITINT

391060

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	<table border="1"> <tr> <td colspan="2">CONTACT NAME:</td> </tr> <tr> <td>PHONE (A/C, No, Ext): 214 443-3100</td> <td>FAX (A/C, No): 214 443-3900</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS:</td> </tr> <tr> <td colspan="2">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A: Allied World Surplus Lines Insu</td> <td>NAIC # 24319</td> </tr> <tr> <td>INSURER B: Liberty Mutual Ins Companies</td> <td>65315</td> </tr> <tr> <td>INSURER C: Zurich American Insurance Compa</td> <td>16535</td> </tr> <tr> <td>INSURER D: North American Capacity Insuran</td> <td>25038</td> </tr> <tr> <td colspan="2">INSURER E:</td> </tr> <tr> <td colspan="2">INSURER F:</td> </tr> </table>	CONTACT NAME:		PHONE (A/C, No, Ext): 214 443-3100	FAX (A/C, No): 214 443-3900	E-MAIL ADDRESS:		INSURER(S) AFFORDING COVERAGE		INSURER A: Allied World Surplus Lines Insu	NAIC # 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 ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS 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? <input checked="" type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	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

CANCELLATION

Secretary of State
 148 W River St.
 Providence, RI 02904

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

J.W. Wagner

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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