Client#: 25548

MONITINT

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/30/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ON	LY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS
CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND	D, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, th	e policy(les) must have ADDITIONAL INSURED provisions or be endorsed.
this certificate does not confer any rights to the certificate holder in	ned of such endorsement(s).
USI Southwest Dallas /CL	NAME: Kara Kennady
14241 Dallas Pkwy STE 700	PHONE (A/C, No, Ext) 214 443-3100 FAX (A/C, No): 214 443-3900
Dallas, TX 75254	ADDRESS kara.kennady@usi.com
214 443-3100	INCLIDED(S) ACCORDING CONFERENCE
∤	INSURER A Twin City Fire Insurance Company 129459
INSURED	
LiveWatch Security, LLC	
P.O. Box 814530	
Dallas, TX 75381-4530	
	
COVERAGES CERTIFICATE NUMBER:	INSURER F:
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW	REVISION NUMBER:
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PORIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REQUIRED BY CHIEF IS SUBJECT TOTAL THE TERMS.	
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY	RDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TOTAL THE FERMS.
INSR TYPE OF INSTIRANCE ADOLISUBRI	TAVE BEEN REDUCED BY PAID CLAIMS
[1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	08/31/2022 08/31/2023 EACH OCCURRENCE \$1,000,000
C!A MS-MADE X OCCUR	DAMAGE TO RENTED PREMISES [Ea occurrence] \$ 100,000
X Including E&O	MED EXP (Any one person) SExcluded
	PERSONAL & ADV INJURY \$1,000,000
GENTLAGGREGATE LIMIT APPLIES PER	GENERAL AGGREGATE \$2,000,000
POLICY X, JECT LOC	PRODUCTS - COMPIOP AGG \$2,000,000
	_ = ; ;
D AUTOMOBILE LIABILITY 46UENIB9810	08/31/2022 08/31/2023 COMBINED SINGLE LIMIT \$1,000,000
! XI ANY AUTO	BODIL Y INJURY (Per person) \$ 1
OWNED SCHEDULED AUTOS ONLY AUTOS	BODILY INJURY (Per accident) \$
L X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY	PROPERTY DAMAGE →
B X UMBRELLA LIAB X OCCUR 46HHUOM2200	08/31/2022 08/31/2023 FACH OCCURRENCE \$15,000,000
EXCESS LIAB CLAIMS MADE	_ <u> </u>
DEDRETENTION\$	AGGREGATE <u>s1</u> 5,00 <u>0</u> ,000
C WORKERS COMPENSATION 46WBAEOFGC	
ANY PROPRIETOR/PARTNER/EXECUTIVE	15:AIUTE IER
(Mandatory in NH)	EL EACH ACCIDENT
1 yes describe under DESCRIPTION OF OPERATIONS below	F L DISEASE - FA EMPLOYEE \$1,000,000
' !	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Sc	
Named Insureds include:	nedule, may be attached if more space is required)
LiveWatch Security, LLC dba Able Security Systems, Inc.	
LiveWatch Security, LLC dba Bolster Investments	
LiveWatch Security, LLC dba SafeMart	
•	1
Re: ID - 000556073, CID:HP8NJ3, Pin:3717	
CERTIFICATE HOLDER	CANCELLATION
Secretary of State - RI	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE
148 W River St.	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Providence, RI 02904	The state of the s
	AUTHORIZED REPRESENTATIVE
1	Both as Some Samine