

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/22/2023

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.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights							require an endorsement. A	statement on	
PRODUCER						CONTACT Paychex Insurance Agency, Inc.				
PAYCHEX INSURANCE AGENCY, INC.						NAME: 1 dys. 16x 116x 116x 116x 116x 116x 116x 116x				
225 KENNETH DRIVE ROCHESTER, NY 14623						(A/C, No, Ext): 077-200-0030 (A/C, No): E-MAIL ADDRESS: FlexCerts@paychex.com				
						INSURER(S) AFFORDING COVERAGE			NAIC #	
MOURED						INSURER A: NorGUARD Insurance Company			31470	
INSURED DE A CECURITY CYCTEMS COUNC					INSURER B:					
DEA SECURITY SYSTEMS CO INC 870 OLD COUNTY ROAD					INSURER C:					
BELMONT, CA 94002					INSURER D:					
						INSURER E :				
						INSURER F:				
COVERAGES CERTIFICATE NUMBER:								REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIE: DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER I	DOCUMENT WITH RESPECT T D HEREIN IS SUBJECT TO AL	O WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$		
								MED EXP (Any one person) \$		
								PERSONAL & ADV INJURY \$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$		
								\$		
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT &		
	ANY AUTO							(Ea accident) BODILY INJURY (Per person) \$		
	OWNED SCHEDULED							BODILY INJURY (Per accident) \$		
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE &		
	AUTOS ONLY AUTOS ONLY							(Per accident) \$		
	UMBRELLA LIAB OCCUB									
	EXOCOLUED OCCUR							EACH OCCURRENCE \$		
	CLAIWS-WADE	:						AGGREGATE \$		
	DED RETENTION \$ WORKERS COMPENSATION							\$ PER OTH- STATUTE ER		
Α	AND EMPLOYERS' LIABILITY					06/01/2023	06/01/2024		200000	
	ANYPROPRIETOR/PARTNER/EXECUTIVE Y	NA	N	DEWC432663				EIEI EROTTROOIBETT	000000	
	(Mandatory in NH) If yes, describe under								000000	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$ 1	000000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORE	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)		
CERTIFICATE HOLDER						CANCELLATION				
D E A Security Systems Co., Inc. 870 Old County Road PO BOX 828 Belmont, CA 94002						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 May P. Storki				