



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/29/2013

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).

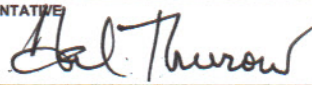
PRODUCER Roy Bingham Insurance 2108 W. Pioneer Parkway #101 Arlington TX 76013		CONTACT NAME: Hal Thurow PHONE (A/C, No, Ext): 682-367-1551 FAX (A/C, No): 682-367-1555 E-MAIL ADDRESS: hal@rbidfw.com															
INSURED FANTASTIC SYSTEMS, INC 600 N DICK PRICE RD KENNEDALE TX 76060		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: SCOTTSDALE INSURANCE CO</td> <td></td> </tr> <tr> <td>INSURER B: PROGRESSIVE INSURANCE CO</td> <td></td> </tr> <tr> <td>INSURER C: SCOTTSDALE INSURANCE CO</td> <td></td> </tr> <tr> <td>INSURER D: TRAVELERS INSURANCE CO</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: SCOTTSDALE INSURANCE CO		INSURER B: PROGRESSIVE INSURANCE CO		INSURER C: SCOTTSDALE INSURANCE CO		INSURER D: TRAVELERS INSURANCE CO		INSURER E:		INSURER F:	
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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	ADDITIONAL SUBROGATION WAIVER	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY						
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ 1000000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100000	
	<input checked="" type="checkbox"/> Primary	Y	Y	CPS1778876	05/06/13	05/06/14	MED EXP (Any one person) \$ 5000
	<input checked="" type="checkbox"/> Non-Contributory					PERSONAL & ADV INJURY \$ 1000000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 2000000	
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$ 2000000	
B	AUTOMOBILE LIABILITY						
	<input checked="" type="checkbox"/> ANY AUTO					COMBINED SINGLE LIMIT (Ea accident) \$ 1000000	
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per person) \$	
	<input checked="" type="checkbox"/> HIRED AUTOS	Y	Y	07967756-2	05/06/13	05/06/14	BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident) \$	
	<input checked="" type="checkbox"/> NON-OWNED AUTOS					\$	
C	<input checked="" type="checkbox"/> UMBRELLA LIAB					EACH OCCURRENCE \$ 2000000	
	<input type="checkbox"/> EXCESS LIAB	Y	Y	XBS0030173	05/06/13	05/06/14	AGGREGATE \$ 2000000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A	IOUBB-2791X89-4-13	05/06/13	05/06/14	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER \$ 500000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$ 500000
							E.L. DISEASE - EA EMPLOYEE \$ 500000
						E.L. DISEASE - POLICY LIMIT \$ 500000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 FIRE ALARM AND VIDEO SURVEILLANCE SYSTEM INSTALLATION, REPAIR SERVICE, AND CONTRACTED MONITORING.
 ADDITIONAL INSURED FOR CERTIFICATE HOLDER WHEN REQUIRED BY CONTRACT
 WAIVER OF SUBROGATION FOR CERTIFICATE HOLDER WHEN REQUIRED BY CONTRACT

CERTIFICATE HOLDER STATE FIRE MARSHALL'S OFFICE MC-122-FM PO BOX 149221 AUSTIN TX 78714-9221	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 
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