



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/1/2023

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. 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 License # 0L72977 Legacy Risk & Insurance Services 1850 Mt. Diablo Blvd., Suite 400 Walnut Creek, CA 94596 CONTACT NAME: PHONE (A/C, No, Ext): (925) 482-1000 FAX (A/C, No): (925) 482-1001 E-MAIL ADDRESS: certificates@legacyrisk.net INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : National Union Fire Ins Co PA 19445 INSURER B : Liberty Mutual Fire Ins. Co. 23035 INSURER C : INSURER D : INSURER E : INSURER F :

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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liab, Excess Liab, Workers Compensation and Employers' Liability, Property.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Please refer to pages 2, 3 of this document.

Evidence of Coverage in place

CERTIFICATE HOLDER Evidence of Coverage in Place 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 [Signature]



## ADDITIONAL REMARKS SCHEDULE

AGENCY <b>Legacy Risk &amp; Insurance Services</b>		License # 0L72977	NAMED INSURED <b>Bay Alarm Company</b> 5130 Commercial Circle Concord, CA 94520
POLICY NUMBER <b>SEE PAGE 1</b>			
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

**Notepad**  
**BAY ALARM COMPANY**  
**Additional Insured Amendment**

User has requested and Bay has agreed to cause User to be named as additional insured to Bay's commercial general liability insurance coverage (the "Coverage") solely in accordance with the terms, covenants, limitations and conditions set forth in both this amendment and Bay's commercial general liability insurance policy including any endorsements thereto (the "Policy"). User acknowledges and agrees that Bay would not agree to name User as an additional insured unless User agrees to be bound by the terms, covenants, limitations and conditions contained herein.

**1. User Name as Additional Insured.**

As soon as reasonably possible after execution of this amendment, Bay will request its liability insurance provider to name User as an Additional insured on the Coverage and will provide User with a certificate of liability insurance issued by Bay general liability insurance producer evidencing the same (the "Certificate").

**2. Extent of Coverage.**

User acknowledges and agrees that being named as an additional insured on the Coverage is limited as follows:

- a. The terms and conditions set forth in the Additional Insured Endorsement to the Policy and the Certificate are incorporated by reference herein.
- b. User is an additional insured under the Coverage but only with respect to claims, losses or liability asserted by third parties (and not User, its owners, including without limitation, its parent shareholders, members or partners, its agents, employees, successors and assigns) arising out of ongoing installation and service work caused solely by Bay while working onsite, but excluding monitoring, equipment failure, alarm response service, alarm losses or claims for any reason whatsoever including a negligence claim performed by Bay during the term of the Agreement for alarm system(s) and service(s) between Bay and User (the "Agreement") and not work performed by User or anyone else or the operations of User or anyone else.
- c. User is not an additional insured under the Coverage for claims for injury, loss, liability or damage to User, its agents, employees, successors or assigns (as opposed to claims asserted against User by (third parties) that may be asserted by User against Bay.
- d. This amendment shall terminate concurrently with the termination of the Agreement for any reason, and thereafter shall be of no further force and effect/ or upon completion of Installation.

**3. Ratification of Agreement.**

Except as expressly set forth herein, the terms, covenants and conditions set forth in the Agreement remain unchanged and are hereby ratified and affirmed. User acknowledges and agrees that naming User as an



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additional insured under the Coverage does not, in any way, alter, amend, limit or mitigate: (i) the limitation of Bay's liability; (ii) Bay's right to indemnification for third party claims; or (iii) User's waiver of subrogation, set forth in the Agreement.

[contracts/amendment 9/2012]

\*\*\*THE FOLLOWING ENDORSEMENTS APPLY ONLY AS INDICATED IN THE DESCRIPTION OF OPERATIONS\*\*\*

## GENERAL LIABILITY:

- \* Per attached Form CG2033 04/13, (SEE CERTIFICATE) is/are named as Additional Insured(s) as respects General Liability as required by written contract regarding the Ongoing Operations for Installation & Service Work performed exclusively by Bay Alarm Co. but excluding monitoring & Alarm Response Service.
- \* Coverage is primary if required by written contract per form CG2001 0413
- \* Waiver of Subrogation if required by written contract per Form CG 2404 0509

## AUTOMOBILE LIABILITY:

- \* Additional Insured if required by written contract per form 87950 1005
- \* Coverage is Primary if required by written contract per form 74445 1099
- \* Waiver of Subrogation if required by written contract per form 62897 0695

## WORKERS' COMPENSATION:

- \* Waiver of Subrogation if required by written contract per Form WC 040361 (California Only)
- \* Waiver of Subrogation if required by written contract per Form WC000313 0484 (Arizona Only)

\*10 Days notice of cancellation for non-payment of premium