

## CERTIFICATE OF LIABILITY INSURANCE

SECU-19 OP ID: PJ

DATE (MM/DD/YYYY)

05/24/16 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 THE MAHONEY GROUP - TUCSON 5330 N. La Cholla Blvd Tucson, AZ 85741-3815 David Perks		Phone: 520-795-8511 Fax: 520-795-8542	Wallet				
			INSURER(S) AFFORDING COVERAGE		NAIC #		
			INSURER A: Cincinnati Insurance Company		10677		
INSURED	Security Fence of Arizona Inc.		INSURER B: Wesco Insurance Company		25011		
	Attn: Tim Carolan 9297 E. Old Vail Road		INSURER C:				
	Tucson, AZ 85747		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. ADDL SUBR POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER LIMITS

FILE		11VOIN	VVVD	1 OLIO I HOMBER	(MININDDITTITI	(WINNIED DITTITI		
A	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY	х	v	EPP0080172	06/01/16	06/01/17	EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000 500,000
^	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR	^	^	211 0000172	00/01/10	00/01/17	PREMISES (Ea occurrence)  MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	POLICY PRO- JECT LOC						Emp Ben.	\$ 1,000,000
	AUTOMOBILE LIABILITY  X ANY AUTO		х	EBA0080172	06/01/16	06/01/17	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
Α							BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
А	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 2,000,000
	EXCESS LIAB CLAIMS-MADE			EPP0080172	06/01/16	06/01/17	AGGREGATE	\$ 2,000,000
	DED X RETENTION\$ 0							\$
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			( WWC3204972	06/01/16	06/01/17	WC STATU- TORY LIMITS ER	
			Χ				E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
Α				EPP0080172	06/01/16	06/01/17	Per Loc.	300,000
Floater							Per Loss	900,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Certificate holder is additional insured per attached forms GA233AZ(0909), GA4316AZ(0909), GA4094(1001), AA4171(1105), AA4172(0909) and WC000313(4-84).

CERTIFICATE HOLDER	CANCELLATION					
SAMPLE ONLY	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Evidence Bid Purposes Only	AUTHORIZED REPRESENTATIVE					
	Dalku					