

DATE (MM/DD/YYYY) 4/27/2018

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	- (04/40)	·
Corpus Christi TX 78408	INSURER F:	
	INSURER E :	
5729 Leopard St., Building 1A	INSURER D:	
Sec-Ops, Inc.	INSURER C:Texas Mutual Insurance Company	22945
INSURED	INSURER B:Allied World National Assurance	
Houston TX 77266	INSURER A: Allied World Surplus Lines	24319
PO Box 66571	INSURER(S) AFFORDING COVERAGE	NAIC #
El Dorado Sec Srvs Ins Agy	E-MAIL ADDRESS: certificates@eldoradoinsurance.com	
El Dorado Insurance Agency, Inc.	PHONE (A/C, No, Ext): (713)521-9251 FAX (A/C, No): (713)52	21-0125
PRODUCER	CONTACT NAME: Certificate Department	
certificate floider in fied of such endorsement(s).		

COVERAGES CERTIFICATE NUMBER: BLANKET AI (04/18) 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.

E	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
INSR LTR		TYPE OF INSURANCE	ADI INS	DL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3
A	х	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR						DAMAGE TO RENTED	\$ 1,000,000 \$ 100,000
	x	Errors & Omissions	x		5200-2231-00	4/27/2018	4/27/2019	MED EXP (Any one person)	\$ 5,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
		OTHER:							\$
	ΑU	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
В	Х	ANY AUTO						BODILY INJURY (Per person)	\$
-		ALL OWNED SCHEDULED AUTOS			5202-0046-00	4/27/2018	4/27/2019	BODILY INJURY (Per accident)	\$
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 1,000,000
A	х	EXCESS LIAB CLAIMS-N	ADE					AGGREGATE	\$ 1,000,000
		DED RETENTION \$	Х		5201-0798-00	4/27/2018	4/27/2019		\$
		RKERS COMPENSATION DEMPLOYERS' LIABILITY						X PER X OTH-	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	Y/N N/	Δ				E.L. EACH ACCIDENT	\$ 1,000,000
C	(Mai	ndatory in NH)	``		0001226244	7/13/2017	7/13/2018	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If ye	s, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The Certificate Holder is named as Additional Insured on the General Liability policy only as required by Written Contract. *10 day notice of cancellation applies for non-payment of premium.

CERTIFICATE HOLDER		CANCELLATION				
(307)638-4340 City of Cheye: 2101 O'Neil A: Cheyenne, WY	ve, Room 1	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
3 3 3		AUTHORIZED REPRESENTATIVE				
		R.L. Ring, Jr./YCASH				



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Corpus Christi TX 78408	INSURER F:	
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5729 Leopard St., Building 1A	INSURER D:	
Sec-Ops, Inc.	INSURER C:Texas Mutual Insurance Company	22945
INSURED	INSURER B:Allied World National Assurance	
Houston TX 77266	INSURER A: Allied World Surplus Lines	24319
PO Box 66571	INSURER(S) AFFORDING COVERAGE	NAIC #
El Dorado Sec Srvs Ins Agy	E-MAIL ADDRESS: certificates@eldoradoinsurance.com	
El Dorado Insurance Agency, Inc.	PHONE (A/C, No, Ext): (713)521-9251 FAX (A/C, No): (713)52	21-0125
PRODUCER	CONTACT NAME: Certificate Department	
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INSR LTR		TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	х	COMMERCIAL GENERAL LIABILITY	IIIOD	1112		(11111)	(,	EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	х	Errors & Omissions	x		5200-2231-00	4/27/2018	4/27/2019	MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	L'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	3,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
l _B	x	ANY AUTO						BODILY INJURY (Per person)	\$	
-		ALL OWNED SCHEDULED AUTOS			5202-0046-00	4/27/2018	4/27/2019	BODILY INJURY (Per accident)	\$	
1	X	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	1,000,000
A	х	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	1,000,000
		DED RETENTION \$			5201-0798-00	4/27/2018	4/27/2019		\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER X OTH- STATUTE X OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	1,000,000
C	(Man	datory in NH)	,,		0001226244	7/13/2017	7/13/2018	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DES	i, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
$ldsymbol{le}}}}}}}}$										

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The General Liability policy includes a blanket automatic additional insured endorsement that provides additional insured status to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status.

CERTIFICATE HOLDER	CANCELLATION
Corpus Christi Pistol and Rifle Club 2832 FM 763 Corpus Christi, TX 78415	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Colpub Children, in ,C115	AUTHORIZED REPRESENTATIVE
	R.L. Ring, Jr./YCASH



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5729 Leopard St., Building 1A	INSURER D:	
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INSURED	INSURER B:Allied World National Assurance	
Houston TX 77266	INSURER A: Allied World Surplus Lines	24319
PO Box 66571	INSURER(S) AFFORDING COVERAGE	NAIC #
El Dorado Sec Srvs Ins Agy	E-MAIL ADDRESS: certificates@eldoradoinsurance.com	
El Dorado Insurance Agency, Inc.	PHONE (A/C, No, Ext): (713)521-9251 FAX (A/C, No): (713)52	21-0125
PRODUCER	CONTACT NAME: Certificate Department	
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INSR LTR		TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	х	COMMERCIAL GENERAL LIABILITY					,	EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	х	Errors & Omissions			5200-2231-00	4/27/2018	4/27/2019	MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,000
1	x	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	3,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
lв	х	ANY AUTO						BODILY INJURY (Per person)	\$	
~		ALL OWNED SCHEDULED AUTOS			5202-0046-00	4/27/2018	4/27/2019	BODILY INJURY (Per accident)	\$	
1	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	1,000,000
A	х	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	1,000,000
		DED RETENTION \$			5201-0798-00	4/27/2018	4/27/2019		\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER X OTH- STATUTE X OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	1,000,000
C	(Man	datory in NH)	,,,		0001226244	7/13/2017	7/13/2018	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

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CERTIFICATE HOLDER	CANCELLATION
operations@nesctc.com NESCTC Security Agency 46 Molter Street Cranston, RI 02910	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
	R.L. Ring, Jr./YCASH



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	х	COMMERCIAL GENERAL LIABILITY					,	EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	х	Errors & Omissions			5200-2231-00	4/27/2018	4/27/2019	MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,000
1	x	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	3,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
lв	х	ANY AUTO						BODILY INJURY (Per person)	\$	
~		ALL OWNED SCHEDULED AUTOS			5202-0046-00	4/27/2018	4/27/2019	BODILY INJURY (Per accident)	\$	
1	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	1,000,000
A	х	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	1,000,000
		DED RETENTION \$			5201-0798-00	4/27/2018	4/27/2019		\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER X OTH- STATUTE X OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	1,000,000
C	(Man	datory in NH)	,,,		0001226244	7/13/2017	7/13/2018	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

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CERTIFICATE HOLDER	CANCELLATION
Retail Security Services 3249 Route 112, Building 4 Suite 2	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Medford, NY 11763	AUTHORIZED REPRESENTATIVE
	R.L. Ring, Jr./YCASH



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_		ADDL SUBR		POLICY EFF	POLICY EXP	LIMIT	·e
		INSD WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIII	
X	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
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						PERSONAL & ADV INJURY	\$ 1,000,000
GEN	N'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 3,000,000
X	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						\$
AUT	OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
х	ANY AUTO					BODILY INJURY (Per person)	\$
			5202-0046-00	4/27/2018	4/27/2019	BODILY INJURY (Per accident)	\$
Х	HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 1,000,000
х	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$ 1,000,000
	DED RETENTION \$		5201-0798-00	4/27/2018	4/27/2019		\$
	EMBL OVEROULLA BULLEY					X PER X OTH-	
ANY	PROPRIETOR/PARTNER/EXECUTIVE	N / A				E.L. EACH ACCIDENT	\$ 1,000,000
(Man	ndatory in NH)	N/A	0001226244	7/13/2017	7/13/2018	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
If yes	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
	X GEN X AUT X X WORD ANY OFF (Marin	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Errors & Omissions GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X NON-OWNED AUTOS X HIRED AUTOS X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND PROPRIETOR/PRATINER/EXECUTIVE	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Errors & Omissions GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS AUTOS HIRED AUTOS X NON-OWNED AUTOS X HIRED AUTOS X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, despribe under	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Errors & Omissions GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PROJECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X NON-OWNED AUTOS VORKERS COMPENSATION AND EMPLOYERS' LIABILITY X EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETTOR/PARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) INSD WVD POLICY NUMBER 15200-2231-00 5200-2231-00 5200-2231-00 5200-2231-00 5200-2231-00 5200-2231-00 5200-2231-00 5200-2231-00 5200-2231-00	TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY) X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Errors & Omissions GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS AUTOS AUTOS AUTOS AUTOS Y HIRED AUTOS UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR PRO- LOC DETECTION \$ SCHEDULED AUTOS Y NO-OWNED AUTOS SCHEDULED AUTOS 5202-0046-00 4/27/2018 5201-0798-00 4/27/2018 N/A OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X ETTOTS & Omissions SCHEDULES PER: X POLICY PROJECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X NON-OWNED AUTOS X HIRED AUTOS X NON-OWNED AUTOS X HIRED AUTOS X NON-OWNED AUTOS X EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY N/A NYA PROPRIETOR PARTNER EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE NSD WVD POLICY NUMBER (MM/DD/YYYY) X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Errors & Omissions 5200-2231-00 4/27/2018 4/27/2018 4/27/2019 MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE LIMIT APPLIES PER: X POLICY PRO JECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X HIRED AUTOS X AUTOS UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTIONS DED RETENTIONS SOLICY PRO JECT LOC DAMAGE TO RENTED PREMISES (Ea occurrence) 4/27/2018 4/27/2019 MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT EGA accident) PROPERTY DAMAGE (Per accident) PROPERTY DAMAGE (Per accident) PROPERTY DAMAGE (Per accident) PROPERTY DAMAGE (Per accident) PROPERTY DAMAGE AGGREGATE X PER STATUTE X OTH- EL EACH ACCIDENT CFFICER/MEMBER EXCLUDED? (Mandatory in NH) It ves, describe under

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The General Liability policy includes a blanket automatic additional insured endorsement that provides additional insured status to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status.

CERTIFICATE HOLDER	CANCELLATION
ssinve@swbell.net S & S Investigations & Security P O Box 767 La Porte, TX 77572	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
	R.L. Ring, Jr./YCASH



DATE (MM/DD/YYYY) 4/27/2018

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commonto nondo minos en cuen en un comentación (e).						
PRODUCER	CONTACT Certificate Department					
El Dorado Insurance Agency, Inc.	PHONE (A/C, No, Ext): (713)521-9251 FAX (A/C, No): (713)521-0125				
El Dorado Sec Srvs Ins Agy	E-MAIL ADDRESS: certificates@eldoradoinsurance.com					
PO Box 66571	INSURER(S) AFFORDING COVERAGE	NAIC #				
Houston TX 77266	INSURER A: Allied World Surplus Lines	24319				
INSURED	INSURER B:Allied World National Assurance					
Sec-Ops, Inc.	INSURER C: Texas Mutual Insurance Company	22945				
5729 Leopard St., Building 1A	INSURER D:					
	INSURER E :					
Corpus Christi TX 78408	INSURER F:					
OCCUPATION OF THE PROPERTY OF	T (04/10)					

COVERAGES CERTIFICATE NUMBER:BLANKET AI (04/18) 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.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
_	х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
A	x	CLAIMS-MADE X OCCUR			5200-2231-00	4/27/2018	4/27/2019	PREMISES (Ea occurrence) MED EXP (Any one person)	\$	5,000
	^	EITOIS & OMISSIONS			3200 2231 00	1,2,,2010	1,2,,2013	PERSONAL & ADV INJURY	\$ \$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,000
	х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	3,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	x	ANY AUTO						BODILY INJURY (Per person)	\$	
_		ALL OWNED SCHEDULED AUTOS			5202-0046-00	4/27/2018	4/27/2019	BODILY INJURY (Per accident)	\$	
	x	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	1,000,000
A	х	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	1,000,000
		DED RETENTION \$			5201-0798-00	4/27/2018	4/27/2019		\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY Y/N						X PER X OTH- STATUTE X OTH- ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	1,000,000
C	(Man	datory in NH)			0001226244	7/13/2017	7/13/2018	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
l										
l										
l										

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The General Liability policy includes a blanket automatic additional insured endorsement that provides additional insured status to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status.

CERTIFICATE HOLDER	CANCELLATION
	•

St. Moritz Sercurity Services, Inc. a Pennsylvania Corporation 4600 Clairton Blvd Pittsburgh, PA 15236

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

R.L. Ring, Jr./YCASH



DATE (MM/DD/YYYY) 4/27/2018

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Corpus Christi TX 78408	INSURER F:				
	INSURER E :				
5729 Leopard St., Building 1A	INSURER D:				
Sec-Ops, Inc.	INSURER C:Texas Mutual Insurance Company	22945			
INSURED	INSURER B:Allied World National Assurance				
Houston TX 77266	INSURER A: Allied World Surplus Lines	24319			
PO Box 66571	INSURER(S) AFFORDING COVERAGE	NAIC #			
El Dorado Sec Srvs Ins Agy	E-MAIL ADDRESS: certificates@eldoradoinsurance.com				
El Dorado Insurance Agency, Inc.	PHONE (A/C, No, Ext): (713)521-9251 FAX (A/C, No): (713)52	21-0125			
PRODUCER	CONTACT NAME: Certificate Department				
certificate floider in fied of such endorsement(s).					

COVERAGES CERTIFICATE NUMBER: BLANKET AI (04/18) 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		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	х	COMMERCIAL GENERAL LIABILITY				,, <u>-</u>	, ,	EACH OCCURRENCE	\$	1,000,000	
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
	х	Errors & Omissions			5200-2231-00	4/27/2018	4/27/2019	MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,000	
	х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	3,000,000	
		OTHER:							\$		
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
l _B	X	ANY AUTO						BODILY INJURY (Per person)	\$		
-		ALL OWNED SCHEDULED AUTOS			5202-0046-00	4/27/2018	4/27/2019	BODILY INJURY (Per accident)	\$		
	X	HIRED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
									\$		
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	1,000,000	
A	х	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	1,000,000	
		DED RETENTION \$			5201-0798-00	4/27/2018	4/27/2019		\$		
		RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER X OTH- STATUTE X OTH-			
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	1,000,000	
C	(Man	idatory in NH)	,,,		0001226244	7/13/2017	7/13/2018	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The General Liability policy includes a blanket automatic additional insured endorsement that provides additional insured status to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status.

CERTIFICATE HOLDER	CANCELLATION
Stanley Security 6699 Port West Dr #100 Houston, TX 77024	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
110455611, 111 7.7521	AUTHORIZED REPRESENTATIVE
	R.L. Ring, Jr./YCASH

CANCELLATION

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CERTIFICATE HOLDER



DATE (MM/DD/YYYY) 4/27/2018

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certificate florder in fled of such endorsement(s).				
PRODUCER	CONTACT Certificate Department			
El Dorado Insurance Agency, Inc.	PHONE (A/C, No, Ext): (713)521-9251 FAX (A/C, No): (713)521-02			
El Dorado Sec Srvs Ins Agy	E-MAIL ADDRESS: certificates@eldoradoinsurance.com			
PO Box 66571	INSURER(S) AFFORDING COVERAGE	NAIC #		
Houston TX 77266	INSURER A: Allied World Surplus Lines	24319		
INSURED	INSURER B:Allied World National Assurance			
Sec-Ops, Inc.	INSURER C: Texas Mutual Insurance Company	22945		
5729 Leopard St., Building 1A	INSURER D:			
	INSURER E:			
Corpus Christi TX 78408	INSURER F:			

COVERAGES CERTIFICATE NUMBER: BLANKET AI (04/18) REVISION NUMBER:

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INSR LTR		TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	х	COMMERCIAL GENERAL LIABILITY					,	EACH OCCURRENCE	\$	1,000,000	
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
	х	Errors & Omissions			5200-2231-00	4/27/2018	4/27/2019	MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN	L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,000	
1	x	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	3,000,000	
		OTHER:							\$		
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
lв	х	ANY AUTO						BODILY INJURY (Per person)	\$		
~		ALL OWNED SCHEDULED AUTOS			5202-0046-00	4/27/2018	4/27/2019	BODILY INJURY (Per accident)	\$		
1	х	HIRED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
									\$		
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	1,000,000	
A	х	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	1,000,000	
		DED RETENTION \$			5201-0798-00	4/27/2018	4/27/2019		\$		
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER X OTH- STATUTE X OTH-			
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	1,000,000	
C	(Man	datory in NH)	,,,		0001226244	7/13/2017	7/13/2018	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	If yes	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000	

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CENTIFICATE HOLDEN	CANCELLATION					
STATE OF WYOMING 700 WEST 21st Street CHEYENNE, WY 82002-0060	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					
	R.L. Ring, Jr./YCASH					

CANCELLATION

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CERTIFICATE HOLDER



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certificate florder in fled of such endorsement(s).				
PRODUCER	CONTACT Certificate Department			
El Dorado Insurance Agency, Inc.	PHONE (A/C, No, Ext): (713)521-9251 FAX (A/C, No): (713)5	FAX (A/C, No): (713)521-0125		
El Dorado Sec Srvs Ins Agy	E-MAIL ADDRESS: certificates@eldoradoinsurance.com			
PO Box 66571	INSURER(S) AFFORDING COVERAGE	NAIC #		
Houston TX 77266	INSURER A: Allied World Surplus Lines	24319		
INSURED	INSURER B:Allied World National Assurance			
Sec-Ops, Inc.	INSURER C: Texas Mutual Insurance Company	22945		
5729 Leopard St., Building 1A	INSURER D:			
	INSURER E:			
Corpus Christi TX 78408	INSURER F:			

COVERAGES CERTIFICATE NUMBER: BLANKET AI (04/18) REVISION NUMBER:

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INSR LTR		TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	х	COMMERCIAL GENERAL LIABILITY				,,	, , ,	EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	х	Errors & Omissions			5200-2231-00	4/27/2018	4/27/2019	MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,000
	х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	3,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	X	ANY AUTO						BODILY INJURY (Per person)	\$	
-		ALL OWNED SCHEDULED AUTOS			5202-0046-00	4/27/2018	4/27/2019	BODILY INJURY (Per accident)	\$	
1	X	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	1,000,000
A	х	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	1,000,000
		DED RETENTION \$			5201-0798-00	4/27/2018	4/27/2019		\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER X OTH- STATUTE X OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	1,000,000
C	(Man	idatory in NH)	,,		0001226244	7/13/2017	7/13/2018	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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CERTIFICATE HOLDER	CANCELLATION			
sharon.perkins@uas.com Universal Atlantic Systems. Inc. 45 West Industrial Blvd Paoli, PA 19301	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			
	R.L. Ring, Jr./YCASH			



DATE (MM/DD/YYYY) 4/27/2018

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	- (04/40)	·
Corpus Christi TX 78408	INSURER F:	
	INSURER E :	
5729 Leopard St., Building 1A	INSURER D:	
Sec-Ops, Inc.	INSURER C:Texas Mutual Insurance Company	22945
INSURED	INSURER B:Allied World National Assurance	
Houston TX 77266	INSURER A: Allied World Surplus Lines	24319
PO Box 66571	INSURER(S) AFFORDING COVERAGE	NAIC #
El Dorado Sec Srvs Ins Agy	E-MAIL ADDRESS: certificates@eldoradoinsurance.com	
El Dorado Insurance Agency, Inc.	PHONE (A/C, No, Ext): (713)521-9251 FAX (A/C, No): (713)52	21-0125
PRODUCER	CONTACT NAME: Certificate Department	
certificate floider in fied of such endorsement(s).		

COVERAGES CERTIFICATE NUMBER: BLANKET AI (04/18) 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		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	х	COMMERCIAL GENERAL LIABILITY				,,	, , ,	EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	х	Errors & Omissions			5200-2231-00	4/27/2018	4/27/2019	MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,000
	х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	3,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	X	ANY AUTO						BODILY INJURY (Per person)	\$	
-		ALL OWNED SCHEDULED AUTOS			5202-0046-00	4/27/2018	4/27/2019	BODILY INJURY (Per accident)	\$	
1	X	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	1,000,000
A	х	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	1,000,000
		DED RETENTION \$			5201-0798-00	4/27/2018	4/27/2019		\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER X OTH- STATUTE X OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	1,000,000
C	(Man	idatory in NH)	,,		0001226244	7/13/2017	7/13/2018	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The General Liability policy includes a blanket automatic additional insured endorsement that provides additional insured status to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status.

CERTIFICATE HOLDER	CANCELLATION			
Workforce Solutions of Coastal Bend 520 N. Staples St. Corpus Christi, TX 78401	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
001F40 0111101, 111 /0101	AUTHORIZED REPRESENTATIVE			
	R.L. Ring, Jr./YCASH			