





## ADDITIONAL REMARKS SCHEDULE

AGENCY <b>Brand &amp; Britt Insurance Agency</b>		NAMED INSURED <b>Alliance Fire Protection Services, Inc. 6100 Highway 20 Loganville, GA 30052 Walton</b>	
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

## Description of Operations/Locations/Vehicles:

- CG2001 (04/13) GL Blanket Primary & Noncontributory
- CG 2010 (04/13)- GL Blanket Additional Insured for Ongoing Operations
- CG 2037 (04/13)- GL Blanket Additional Insured for Completed Operations
- CG2404 (05/09) - GL Blanket Waiver of Subrogation
- CG0224 (10/93) Blanket 30 Day Notice of Cancellation
- GL-0010 (11/15) Designated Locations Aggregate Limit
  
- CA-500 (7-09) - BA Premier Endorsement, which Includes:
  - B.g. Auto Blanket Additional Insured
  - D.5. Auto Blanket Waiver of Subrogation
- CA 04 49 11 16 - Auto Primary Noncontributory
  
- WC 00 03 13 - WC Blanket Waiver of Subrogation

**Umbrella Policy is Follow Form over Underlying Policies.**

**Cont. Certificate Holder and Additional Insured: Dekalb County School District and The Dekalb County Board of Education**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
Blanket as required by written contract.	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations;  
whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

### SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
<p>As required by written, and properly executed, contract prior to loss, if required by your written contract or written agreement with such Additional Insured, If anyone, other than the Additional Insured, provides similar insurance for the Additional Insured, then this insurance will apply as outlined in <b>SECTION IV - COMMERCIAL LIABILITY CONDITIONS</b>, paragraph <b>4. Other Insurance</b>, subparagraph <b>c. Method of Sharing</b>.</p> <p>The inclusion of one or more Insured(s) under the terms of this endorsement does not increase our limits of liability.</p> <p>Additional Insureds shown in a written contract, or written agreement that includes primary and non-Contributory wording where required. All other terms and conditions remain unchanged.</p>	<p>As per written, and properly executed, contract prior to loss, if required by your agreement with such Additional Insured,</p>
<p>Information required to complete this Schedule if not shown above, will be shown in the Declarations.</p>	

**A. Section II – Who Is An Insured** is amended to as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for “bodily injury” or “property damage” caused in whole or in part, by “your work” at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the “products-completed operations hazard”.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- B.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY  
AGAINST OTHERS TO US**

**This endorsement modifies insurance provided under the following:**

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

**SCHEDULE**

**Name of Person or Organization:**

As required in a written contract, or written agreement. the inclusion of one or more insured under the terms of this agreement does not increase our limits of liability. All other terms and conditions remain unchanged.

Information required to complete this Schedule, in not shown above, will be shown in the Declarations.

- A. The following is added to Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us** of **Section IV – Conditions:**

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or “your work” done under the contract with that person or organization and included in the “products-completed operations hazard”. This waiver applies only to the person or organization shown in the Schedule above.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

### **Primary And Noncontributory Insurance**

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

(1) The additional insured is a Named Insured under such other insurance; and

(2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **BUSINESS AUTO PREMIER ENDORSEMENT**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

### **A. COVERED AUTOS**

**SECTION I – COVERED AUTOS**, Paragraph **C. Certain Trailers, Mobile Equipment And Temporary Substitute Autos** is amended by adding the following:

If Physical Damage Coverage is provided under this Coverage form for an “auto” you own, the Physical Damage coverages provided for that owned “auto” are extended to any “auto” you do not own while used with the permission of its owner as a temporary substitute for the covered “auto” you own that is out of service because of its breakdown, repair, servicing, “loss”, or destruction.

### **B. LIABILITY COVERAGES**

**SECTION II – LIABILITY COVERAGE** in Paragraph **A. Coverage, 1. Who Is An Insured** is amended to include the following:

- d. Any legally incorporated subsidiary in which you own more than 50% of the voting stock on the effective date of the Coverage Form. However, the Named Insured does not include any subsidiary that is an “insured” under any other automobile policy or would be an “insured” under such a policy but for its termination or the exhaustion of its Limit of Insurance.
- e. Any organization that is acquired or formed by you, during the term of this policy and over which you maintain majority ownership. However, the Named Insured does not include any newly formed or acquired organization:
  - (1) That is a joint venture or partnership,
  - (2) That is an “insured” under any other policy,
  - (3) That has exhausted its Limit of Insurance under any other policy, or
  - (4) 180 days or more after its acquisition or formation by you, unless you have given us notice of the acquisition or formation.

Coverage does not apply to “bodily injury” or “property damage” that results from an accident that occurred before you formed or acquired the organization.

- f. Any employee of yours while acting in the course of your business or your personal affairs while using a covered “auto” you do not own, hire or borrow.

- g. Any person or organization whom you are required to add as an additional insured on this policy under a written contract or agreement; but the written contract or agreement must be:
- (1) Currently in effect or becoming effective during the term of this policy; and
  - (2) Executed prior to the “bodily injury” or “property damage”.

The additional insured status will apply only with respect to your liability for “bodily injury” or “property damage” which may be imputed to that person(s) or organization(s) directly arising out of the ownership, maintenance or use of the covered “autos” at the location(s) designated, if any.

Coverage provided by this endorsement will not exceed the limits of liability required by the written contract or written agreement even if the limits of liability stated in the policy exceed those limits. This endorsement shall not increase the limits stated in **Section II. C. Limit of Insurance**.

For any covered “auto” you own, this Coverage Form provides primary coverage.

**SECTION II – LIABILITY COVERAGE** in Paragraph **A. Coverage, 2. Coverage Extensions, a. Supplementary Payments** is amended to replace the following:

- (2) We will pay up to \$2,500 for the cost of bail bonds (including bonds for related traffic law violations) required because of an “accident” we cover. We do not have to furnish these bonds.
- (4) We will pay all reasonable expenses incurred by the “insured” at our request, including actual loss of earnings up to \$500 a day, because of time off from work.

**SECTION II – LIABILITY COVERAGE** in Paragraph **B. Exclusions, 6. Care, Custody Or Control** is amended by adding the following:

This Care, Custody Or Control exclusion does not apply to property not owned by any “insured”, subject to the following:

- a. The most we will pay under this exception for any one “accident” is \$1,000; and
- b. A deductible of \$500 per “accident” applies to this exception.

## C. PHYSICAL DAMAGE COVERAGES

### SECTION III – PHYSICAL DAMAGE COVERAGE

Coverage is amended as follows:

Paragraph **2. Towing** under **A. Coverage** is replaced with:

#### 2. Towing and Labor

We will pay towing and labor costs incurred, up to the limits shown below, each time a covered “auto” classified and rated as a private passenger type, “light truck” or “medium truck” is disabled.

- (a) For private passenger type vehicles or "light trucks", we will pay up to \$75 per disablement. "Light trucks" have a gross vehicle weight (GVW) of 10,000 pounds or less.
- (b) For "medium trucks", we will pay up to \$150 per disablement. "Medium trucks" have a gross vehicle weight (GVW) of 10,001 lbs. to 20,000 pounds.

However, the labor must be performed at the place of disablement.

Paragraph **4. Coverage Extensions, a. Transportation Expenses** under **A. Coverage** is amended to provide the following limits:

We will pay up to \$50 per day to a maximum of \$1,500. All other terms and provisions of this section remain applicable.

The following is added to **4. Coverage Extensions**:

**c. Theft Recovery Expense**

If you have purchased Comprehensive Coverage on an "auto" that is stolen, we will pay the expense of returning that stolen auto to you. The limit for this coverage extension is \$5,000.

**d. Rental Reimbursement**

We will provide Rental Reimbursement and Additional Expense coverage only for those Physical Damage coverages for which a premium is shown in the Declarations or schedule pages. Coverage applies only to a covered "auto" of the private passenger or light truck (10,000 lbs. or less gross vehicle weight) type for which Physical Damage coverages apply.

- (1) We will pay for auto rental expense and the expense incurred by you because of "loss" to remove and transfer your materials and equipment from a covered "auto" to a covered "auto". Payment applies in addition to the otherwise applicable coverage you have on a covered "auto". No deductible applies to this coverage.
- (2) We will pay only for expenses incurred during the policy period and beginning 24 hours after the "loss" and ending, regardless of the policy's expiration, with the lesser of the following number of days:
  - (a) The number of days reasonably required to repair or replace the covered "auto". If "loss" is caused by theft, this number of days is added to the number of days it takes to locate the covered "auto" and return it to you, or
  - (b) 30 days.

(3) Our payment is limited to the lesser of the following amounts:

- (a) Necessary and actual expenses incurred; or
- (b) \$35 per day.
- (c) This coverage does not apply while there are spare or reserve "autos" available to you for your operations.
- (d) If "loss" results from the total theft of a covered "auto" of the private passenger or light truck type, we will pay under this coverage only that amount of your rental reimbursement expense which is not already provided for under the **SECTION III – PHYSICAL DAMAGE COVERAGE, A. Coverage, 4. Coverage Extensions, a. Transportation Expenses.**

**e. Personal Effects**

If you have purchased Comprehensive Coverage on this policy for an "auto" you own and that "auto" is stolen, we will pay, without application of a deductible, up to \$500 for Personal Effects stolen with the "auto". The insurance provided under this provision is excess over any other collectible insurance. For this coverage extension, Personal Effects means tangible property that is worn or carried by an "insured". Personal Effects does not include tools, jewelry, guns, musical instruments, money or securities.

**f. Audio, Visual and Data Electronic Equipment Coverage**

We will pay for "loss" to any electronic equipment that receives or transmits audio, visual or data signals and that is not designed solely for the reproduction of sound. This coverage applies only if the equipment is permanently installed in a covered "auto" at the time of the "loss" or the equipment is removable from a housing unit which is permanently installed in a covered "auto" at the time of the "loss", and such equipment is designed to be solely operated by use of the power from the "auto's" electrical system, in or upon the covered "auto".

- (1) We will pay with respect to a covered "auto" for "loss" to any accessories used with the electronic equipment described above. However, this does not include tapes, records or discs.
- (2) In addition to the exclusions that apply to Physical Damage Coverage, with exception of the exclusion relating to audio, visual and data electronic equipment, the following exclusion applies:

We will not pay for any electronic equipment or accessories used with such electronic equipment that are:

- (a) Necessary for the normal operation of the covered "auto" for the monitoring of the covered "auto's" operating system; or

**(b)** Both:

An integral part of the same unit housing any sound reproducing equipment designed solely for the reproducing of sound if the sound reproducing equipment is permanently installed in the covered "auto"; and

Permanently installed in the opening of the dash or console normally used by the manufacturer for the installation of a radio.

**(3)** With respect to this coverage, the most we will pay for all "loss" of audio, visual or data electronic equipment and any accessories used with this equipment as a result of any one "accident" is the lesser of:

**(a)** The actual cash value of the damaged or stolen property as of the time of the "loss";

**(b)** The cost of repairing or replacing the damaged or stolen property with other property of like kind and quality; or \$1,000;

minus a deductible of \$100.

An adjustment for depreciation and physical condition will be made in determining actual cash value at the time of loss. If a repair or replacement results in better than like kind or quality, we will not pay for the amount of the betterment.

If there is other coverage provided for audio, visual and data electronic equipment, the coverage provided herein is excess over any other collectible insurance.

Paragraph **3.** under **B. Exclusions** is amended by adding the following language:

If you have purchased Comprehensive or Collision Coverage under this policy, this exclusion does not apply to mechanical breakdown relating to the accidental discharge of an air bag. This coverage applies only to a covered auto you own and is excess of any other collectible insurance or warranty. No deductible applies to this coverage.

Paragraph **C. Limit of Insurance** is amended by adding the following language:

- 4.** In the event of a total "loss" to a covered "auto" shown in the Schedule pages, subject at the time of the "loss" to a loan or lease, we will pay any unpaid amount due on the lease or loan for a covered "auto" less:
  - a.** The amount paid under the Physical Damage Coverage Section of the policy; and
  - b.** Any:
    - (1)** Overdue lease / loan payments at the time of the "loss";
    - (2)** Financial penalties imposed under a lease for excessive use, abnormal wear and tear or high mileage;
    - (3)** Security deposits not returned by the lessor;

- (4) Costs for extended warranties, Credit Life Insurance, Health, Accident or Disability Insurance purchased with the loan or lease; and
- (5) Carry-over balances from previous loans or leases.

Paragraph **D. Deductible** is amended by adding the following:

Any deductible shown in the Declarations as applicable to the covered "auto" will not apply to glass breakage if the damaged glass is repaired, rather than replaced.

## **D. CONDITIONS**

### **SECTION IV – BUSINESS AUTO CONDITIONS, Subsection A., Loss Conditions**

Coverage is amended as follows:

The following is added to paragraph **2. Duties In The Event of Accident, Suit or Loss**:

- d. Knowledge of any "accident", "claim", "suit" or "loss" will be deemed knowledge by you when notice of such "accident", "claim", "suit" or "loss" has been received by:
  - (1) You, if you are an individual;
  - (2) Any partner or insurance manager if you are a partnership
  - (3) An executive officer or insurance manager, if you are a corporation;
  - (4) Your members, managers or insurance manager, if you are a limited liability company; or
  - (5) Your officials, trustees, board members or insurance manager, if you are a not-for-profit organization.

The following language is added to **5. Transfer of Rights of Recovery Against Others to Us**:

However, we waive any rights of recovery we may have against the person or organization with whom you have agreed in writing in a contract, agreement or permit, to provide insurance such as is afforded under the policy to which this endorsement is attached. This provision does not apply unless the written contract or written agreement has been executed, or permit has been issued, prior to the "bodily injury" or "property damage".

### **SECTION IV – BUSINESS AUTO CONDITIONS, Subsection B. General Conditions**

Coverage is amended as follows:

The following is added to **2. Concealment Misrepresentation or Fraud**:

Your unintentional error is disclosing or failing to disclose any material fact existing at the effective date of this Coverage Form, or during the policy period in connection with any additional hazards, will not prejudice your rights under this Coverage Form.

Paragraph **5.b.** of **5. Other Insurance** is replaced by the following:

- b. (1)** For “Comprehensive” and “Collision” Auto Physical Damage provided by this endorsement, the following are deemed to be covered “autos” you own:
  - (a)** Any covered “auto” you lease, hire, rent or borrow; and
  - (b)** Any covered “auto” hired or rented by your “employee” under a contract in that individual “employee’s” name, with your permission, while performing duties related to the conduct of your business.

However, any “auto” that is leased, hired, rented or borrowed with a driver is not a covered “auto”.

**(2) Limit of Insurance For This Section**

The most we will pay for any one “loss” is the lesser of the following:

- (a)** \$50,000 per accident, or
- (b)** actual cash value at the time of loss, or
- (c)** cost of repair.

minus a \$500 deductible. An adjustment for depreciation and physical condition will be made in determining actual cash value in the event of a total loss. No deductible applies to “loss” caused by fire or lightning.

- (3)** This Hired Auto Physical Damage coverage is excess over any other collectible insurance.

**(4) Definitions For This Section**

- (a)** Comprehensive Coverage: from any cause except the covered “auto’s” collision with another object or the covered “auto’s” overturn. We will pay glass breakage, “loss” caused by hitting a bird or animal and “loss” caused by falling objects or missiles.
- (b)** Collision Coverage: caused by the covered “auto’s” collision with another object or by the covered “auto’s” overturn.

**E. DEFINITIONS**

**SECTION V – DEFINITIONS**, Paragraph **C.** is replaced by the following:

“Bodily injury” means bodily injury, sickness or disease sustained by a person including death resulting from any of these. The definition of “bodily injury” is amended to include mental anguish resulting from any bodily injury, sickness or disease sustained by a person.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION**

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM  
BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

- A.** The following is added to the **Other Insurance Condition** in the Business Auto Coverage Form and the **Other Insurance – Primary And Excess Insurance Provisions** in the Motor Carrier Coverage Form and supersedes any provision to the contrary:
- This Coverage Form's Covered Autos Liability Coverage is primary to and will not seek contribution from any other insurance available to an "insured" under your policy provided that:
1. Such "insured" is a Named Insured under such other insurance; and
  2. You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to such "insured".
- B.** The following is added to the **Other Insurance Condition** in the Auto Dealers Coverage Form and supersedes any provision to the contrary:
- This Coverage Form's Covered Autos Liability Coverage and General Liability Coverages are primary to and will not seek contribution from any other insurance available to an "insured" under your policy provided that:
1. Such "insured" is a Named Insured under such other insurance; and
  2. You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to such "insured".

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**DESIGNATED LOCATION(S)  
GENERAL AGGREGATE LIMIT WITH AGGREGATE CAP**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

Designated Location(s):
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.
<b>Designated Location(s): Aggregate Cap For All Locations Combined: \$5,000,000</b>
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. For all sums which the insured becomes legally obligated to pay as damages caused by "occurrences" under Section I - Coverage A, and for all medical expenses caused by accidents under Section I - Coverage C, which can be attributed only to operations at a single designated "location" shown in the Schedule above:
1. A separate Designated Location General Aggregate Limit applies to each designated "location", and that limit is equal to the amount of the General Aggregate Limit shown in the Declarations. However, the separate Designated Location General Aggregate Limits are subject to a Designated Location General Aggregate Cap For All Locations Combined in the amount shown in the schedule of this endorsement. The Designated Location General Aggregate Cap For All Locations Combined is the maximum amount we will pay under the General Aggregate Limit for all claims arising from all Designated Locations combined.
  2. The Designated Location General Aggregate Limit is the most we will pay for the sum of all damages under Coverage A, except damages because of "bodily injury" or "property damage" included in the "products-completed operations hazard", and for medical expenses under Coverage C regardless of the number of:
    - a. Insureds;
    - b. Claims made or "suits" brought; or
    - c. Persons or organizations making claims or bringing "suits".
  3. Any payments made under Coverage A for damages or under Coverage C for medical expenses shall reduce the Designated Location General Aggregate Limit for that designated "location" and the Designated Location General Aggregate Cap For All Locations. Such payments shall not reduce the General Aggregate Limit shown in the Declarations nor shall they reduce any other Designated Location General Aggregate Limit for any other designated "location" shown in the Schedule above. However, such payments for damages and medical expenses included in the Designated Location General Aggregate Limit for all designated locations combined will reduce the Designated Location General Aggregate Cap For All Locations.
  4. The limits shown in the Declarations for Each Occurrence, Damage To Premises Rented To You and Medical Expense continue to apply. However, instead of being subject to the General Aggregate Limit shown in the Declarations, such limits will be subject to the applicable Designated Location General Aggregate Limit.

POLICY NUMBER: ~~SP220078~~ SP2240831

COMMERCIAL GENERAL LIABILITY  
CG 02 24 10 93

THIS ENDORSEMENT MODIFIES YOUR POLICY. PLEASE READ IT CAREFULLY.

**EARLIER NOTICE OF CANCELLATION  
PROVIDED BY US**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
LIQUOR LIABILITY COVERAGE PART  
POLLUTION LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Number of Day's Notice: 30 BLANKET AS REQUIRED

(If no entry appears above, information required to complete this Schedule will be shown in the Declarations as applicable to this endorsement.)

For any statutorily permitted reason other than nonpayment of premium, the number of days required for notice of cancellation, as provided in paragraph 2. of either the CANCELLATION Common Policy Condition or as amended by an applicable state cancellation endorsement, is increased to the number of days shown in the Schedule above.

**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT**

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

\*Blanket Waiver of Subrogation Applies\*

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

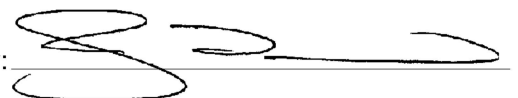
Date Prepared: November 7, 2024

Carrier: Bridgefield Casualty Insurance Company

Effective Date of Endorsement: January 1, 2025

Policy Number: 196-59622

Countersigned by:

A handwritten signature in black ink, consisting of a large, stylized 'S' followed by a horizontal line and a small flourish at the end.

Insured: Alliance Fire Protection Services, Inc.

**WC 00 03 13** (Ed. 4-84)

## COMMERCIAL EXCESS LIABILITY COVERAGE PART DECLARATIONS

POLICY NUMBER: SP2X240831

EFFECTIVE DATE: 12/31/2024  
12:01 A.M. STANDARD TIME

<b>COMMERCIAL EXCESS LIABILITY – LIMITS OF INSURANCE</b>	
Each Occurrence Limit	\$ <u>2,000,000</u>
Aggregate Limit	\$ <u>2,000,000</u>
Retained Limit / Each Occurrence	\$ <u>NOT APPLICABLE</u>
<b>SCHEDULE OF UNDERLYING INSURANCE</b>	
Type of Policy / Carrier	Limits of Insurance
<b>COMMERCIAL GENERAL LIABILITY</b>	
CARRIER: CERTAIN UNDERWRITERS AT LLOYDS OF LONDON <span style="float: right;">POLICY #: SP2240831</span>	
EFFECTIVE DATE: 12/31/2024	\$ 1,000,000 PER OCCURRENCE
EXPIRATION DATE: 12/31/2025	\$ 2,000,000 GENERAL AGGREGATE
	\$ 2,000,000 PRODUCTS/COMPLETED OPERATIONS AGGREGATE
	\$ 1,000,000 PERSONAL & ADVERTISING INJURY LIMIT
<b>COMMERCIAL AUTO LIABILITY</b>	
CARRIER: COLUMBIA MUTUAL INSURANCE COMPANY <span style="float: right;">POLICY #: CAPGA0000031605</span>	
EFFECTIVE DATE: 12/31/2024	
EXPIRATION DATE: 12/31/2025	
\$ 1,000,000	BODILY INJURY / PROPERTY DAMAGE COMBINED SINGLE LIMIT
<b>EMPLOYERS LIABILITY</b>	
CARRIER: BRIDGEFIELD CASUALTY INSURANCE COMPANY <span style="float: right;">POLICY #: 196-59622</span>	
EFFECTIVE DATE: 01/01/2025	
EXPIRATION DATE: 01/01/2026	
\$ 1,000,000	EACH ACCIDENT
\$ 1,000,000	DISEASE EACH EMPLOYEE
\$ 1,000,000	DISEASE POLICY LIMIT
<b>POLLUTION LIABILITY</b>	
CARRIER: CERTAIN UNDERWRITERS AT LLOYDS OF LONDON <span style="float: right;">POLICY #: SP2240831</span>	
EFFECTIVE DATE: 12/31/2024	
EXPIRATION DATE: 12/31/2025	
\$ 1,000,000	LIMIT OF LIABILITY OCCURRENCE
\$ 1,000,000	LIMIT OF LIABILITY PER CLAIM - MOLD
<b>FORMS AND ENDORSEMENTS</b>	
Forms and Endorsements applying to this coverage part and made part of policy at time of issue: See Schedule of Forms and Endorsements	

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME  
OF THE INSURED AND THE POLICY PERIOD.

SPX232 (05/15)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****DESIGNATED CONSTRUCTION PROJECT(S)  
GENERAL AGGREGATE LIMIT**

This endorsement modified insurance coverage under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Designated Construction Projects:

EACH OF YOUR CONSTRUCTION PROJECTS LOCATED AWAY FROM PREMISES OWNED BY OR RENTED TO YOU

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

- A. For all sums which this insured becomes legally obligated to pay as damages caused by "occurrences" under COVERAGE A (SECTION I), and for all medical expenses caused by accidents under COVERAGE C (SECTION I), which can be attributed only to ongoing operations at a single designated construction project shown in the Schedule above:
1. A separate Designated Construction Project General Aggregate Limit applies to each designated construction project, and that limit is equal to the amount of the General Aggregate Limit shown in the Declarations.
2. The Designated Construction Project General Aggregate Limit is the most we will pay for the sum of all damages under COVERAGE A, except damages because of "bodily injury" or "property damage" included in the "products-completed operations hazard"; and for medical expenses under COVERAGE C regardless of the number of:
- Insureds;
  - Claims made or "suits" brought; or
  - Persons or organizations making claims or bringing "suits".
3. Any payment made under the COVERAGE A for damages or under COVERAGE C for medical expenses shall reduce the Designated Construction Project General Aggregate Limit for that designated construction project. Such payments shall not reduce the General Aggregate Limit shown in the Declarations nor shall they reduce any other Designated Construction Project General Aggregate Limit for any other designated construction project shown in the Schedule above.
4. The limits shown in the Declarations for Each Occurrence, Fire Damage and Medical Expense continue to apply. However, instead of being subject to the General Aggregate Limit shown in the Declarations, such limited will be subject to the applicable Designated Construction Project General Aggregate Limit.
- B. For all sums which the insured becomes legally obligated to pay as damages caused by "occurrences" under COVERAGE A (SECTION I), and for all medical expenses caused by accidents under COVERAGE C (SECTION I), which cannot be attributed to ongoing operations at a single designated construction project shown in the Schedule above:
- Any payments mad under COVERAGE A for damages or under COVERAGE C for medical expenses shall reduce the amount available under the General Aggregate Limit or the Products-Completed Operations Aggregate Limit, whichever is applicable; and
  - Such payments shall not reduce any Designated Construction Project General Aggregate Limit.
- C. When coverage for liability arising out of the "products-completed operations hazard" is provided, any payments for damages because of "bodily injury" or "property damage" included in the "products-completed operations hazard" will reduce the Products-Completed Operations General Aggregate limit, and not reduce the General Aggregate Limit nor the Designated Construction Project General Aggregate Limit.
- D. If the applicable designated construction project has been abandoned, delayed, or abandoned and then restarted, or if the authorized contracting parties deviate from plan, blueprints, designs specifications or timetables, the project will still be deemed to be the same construction project.
- E. The provisions of Limits of Insurance (SECTION III) not otherwise modified by this endorsement shall continue to apply as stipulated.