



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/19/2024

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).

<b>PRODUCER</b> Hub International Mid Atlantic 1445 Research Blvd Suite 210 Rockville, MD 20850	<b>CONTACT NAME:</b> WHA.Nikki Fischer <b>PHONE (A/C, No, Ext):</b> _____ <b>FAX (A/C, No):</b> _____ <b>E-MAIL ADDRESS:</b> WHA.Nikki.Fischer@hubinternational.com
	<b>INSURER(S) AFFORDING COVERAGE</b>
<b>INSURED</b>  Pavion Corp; Casey Fire Systems, Inc. (F275) 39-27 59th Street Woodside, NY 11377	<b>INSURER A :</b> Federal Insurance Company <b>NAIC #</b> 20281
	<b>INSURER B :</b> ACE American Insurance Company <b>22667</b>
	<b>INSURER C :</b> Navigators Insurance Company <b>42307</b>
	<b>INSURER D :</b> SiriusPoint Specialty Insurance Corporation <b>16820</b>
	<b>INSURER E :</b>
	<b>INSURER F :</b>

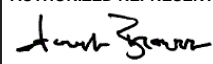
**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>Contractual</b> <input checked="" type="checkbox"/> X,C,U  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: <b>Self-Insured Retention=\$0</b>			36078730	3/15/2024	3/15/2025	EACH OCCURRENCE \$ <b>1,000,000</b>
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b>
							MED EXP (Any one person) \$ <b>15,000</b>
							PERSONAL & ADV INJURY \$ <b>1,000,000</b>
							GENERAL AGGREGATE \$ <b>2,000,000</b>
							PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
							\$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			73631641	3/15/2024	3/15/2025	COMBINED SINGLE LIMIT (Ea accident) \$ <b>2,000,000</b>
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
							\$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ <b>0</b>			78198159	3/15/2024	3/15/2025	EACH OCCURRENCE \$ <b>15,000,000</b>
							AGGREGATE \$ <b>15,000,000</b>
							\$
B	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	71836950	3/15/2024	3/15/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
							E.L. EACH ACCIDENT \$ <b>1,000,000</b>
							E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b>
							E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
C	<b>Excess Liability</b>			GA24EXRZ0GPN5IV	3/15/2024	3/15/2025	<b>10,000,000</b>
D	<b>Cont Prof/Poll</b>			CPPLS0002693 01	3/15/2024	3/15/2025	<b>5,000,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Cyber Liability-ACE American Insurance Company- 3/15/2024 - 3/15/2025, Policy #D98404004, Limit \$5,000,000

Evidence of Insurance Purposes.

<b>CERTIFICATE HOLDER</b>  ***Evidence of Insurance***	<b>CANCELLATION</b>  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 

***Policy Conditions***

***Endorsement***

<i>Policy Period</i>	MARCH 15, 2024 TO MARCH 15, 2025
<i>Effective Date</i>	MARCH 15, 2024
<i>Policy Number</i>	3607-87-30 PHL
<i>Insured</i>	PAVION CORP.
<i>Name of Company</i>	FEDERAL INSURANCE COMPANY
<i>Date Issued</i>	JUNE 10, 2024

This Endorsement applies to the following forms:

PROPERTY DECLARATIONS  
 LIABILITY DECLARATIONS  
 INTERNATIONAL AUTOMOBILE LIABILITY  
 INTERNATIONAL WORKERS COMP

The Named Insured is amended to include the following:

***Named Insured***

PAVION CORP.  
 AFA PROTECTIVE SYSTEMS, INC.  
 275 TECHNOLOGY SOLUTIONS, INC; SAFEWAY FIRE & PROTECTION COMPANY  
 COLLABORATIVE TECHNOLOGY SOLUTIONS  
 PAVION CORP; CORBETT TECHNOLOGY SOLUTIONS, INC.  
 PAVION CORP; CORBETT TECHNOLOGY SOLUTIONS, INC. (FORMERLY COMMUNICATIONS SPECIALISTS, LLC)  
 DAVED FIRE SYSTEMS, INC  
 ELA HOLDING CORPORATION DBA TURNKEY TECHNOLOGY  
 ENTERPRISE SECURITY SOLUTIONS LLC  
 FIRECOM WEST, INC.  
 FIRECOM, INC.; FIRE SERVICE, INC.; CASEY FIRE SYSTEMS, INC.  
 K & J INTEGRATED SYSTEMS, INC.  
 LP NETWORK, INC.  
 SECURITY SOURCE ALARMS, LLC  
 NETRONIX INTEGRATION, INC.  
 PHILADELPHIA PROTECTION BUREAU, INC.  
 PREMIER SECURITY SOLUTIONS CORPORATION  
 RFI ELECTRONICS, INC.-OREGON  
 RFI ENTERPRISES, INC.  
 R F I SECURITY, INC.  
 SHORT CIRCUIT ELECTRONICS, INC.  
 STAR ASSET SECURITY, LLC & ION247 LLC & INTERACTIVE VIDEO TECHNOLOGIES, LLC

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**Policy Conditions**  
(continued)

STRUCTURE WORKS, LLC; STRUCTURE WORKS, INC.  
SYSTEMS ELECTRONICS, INC.  
CITADEL SYSTEMS INTEGRATIONS, INC.  
AUTOMATIC FIRE ALARM COMPANY, INC.  
AFA (MASSACHUSETTS), INC.  
AFA SOUTHEAST, INC.  
ARC ELECTRONIC CONTROL SYSTEMS INC  
CASEY FIRE SYSTEMS, INC.  
CASEY FIRE SYSTEMS LLC  
CASEY SYSTEMS INC.  
CASEY SYSTEMS LLC  
FT CLEARING CORP  
FT CLEARING LLC  
SYNERGX SYSTEMS LLC  
FRCM CASE-ACME LLC  
FIRE SERVICE INC.  
FIRE SERVICE LLC  
FIRECOM WEST, INC.  
FIRECOM WEST LLC  
ION247, LLC  
INTERACTIVE VIDEO TECHNOLOGIES, LLC  
STRUCTURE WORKS GLOBAL, INC.  
43 MILLS STREET LLC  
R F I SECURITY, INC. DBA THE CONTROL CENTER  
RFI ELECTRONICS, INC.-OREGON DBA REECE COMPTE SECURITY  
SOLUTIONS  
ELA HOLDING CORPORATE DBA TURNKEY TECHNOLOGY  
WORKSTRATUS, LLC  
AMERICAN SENTRY ELECTRONIC SYSTEMS, INC.  
CITADEL SYSTEMS INTERMEDIATE, LLC  
SW SECURITY ALARM  
INTEGRATED SECURITY & COMMUNICATIONS OF NEW JERSEY LLC  
MULTIPLEX ELECTRICAL SERVICES, INC.

All other terms and conditions remain unchanged.

Authorized Representative



**Schedule of Forms**

*Policy Period*                    MARCH 15, 2024 TO MARCH 15, 2025

*Effective Date*                MARCH 15, 2024

*Policy Number*                3607-87-30

*Insured*                        PAVION CORP.

*Name of Company*            FEDERAL INSURANCE COMPANY

*Date Issued*                  MARCH 7, 2024

The following is a schedule of forms issued as of the date shown above:

<i>Form Number</i>	<i>Edition Date</i>	<i>Form Name</i>	<i>Effective Date</i>	<i>Date Issued</i>
80-02-2047	11-18	LIAB GLOBAL EXTENSION W/CONTROLLED UL INS	03/15/24	03/07/24
80-02-2322	4-94	DEFENSE OUTSIDE LIMITS	03/15/24	03/07/24
80-02-2362	4-01	CONDITION-WAIVER OF TRANS./RIGHTS OF RECOVERY	03/15/24	03/07/24
80-02-6541	3-05	CONDITION - PREMIUM AUDIT	03/15/24	03/07/24
80-02-6566	4-04	EXCLUSION - ASBESTOS	03/15/24	03/07/24
80-02-8531	1-16	EXCL - ACCESS/DISCLOSE CONFID. PERSONAL INFO.	03/15/24	03/07/24
80-02-2367	5-07	ADDL INSURED-SCHEDULED PERSON OR ORGANIZATION	03/15/24	03/07/24
80-02-2367	5-07	ADDL INSURED-SCHEDULED PERSON OR ORGANIZATION	03/15/24	03/07/24
80-02-2367	5-07	ADDL INSURED-SCHEDULED PERSON OR ORGANIZATION	03/15/24	03/07/24
80-02-2367	5-07	ADDL INSURED-SCHEDULED PERSON OR ORGANIZATION	03/15/24	03/07/24
80-02-2367	5-07	ADDL INSURED-SCHEDULED PERSON OR ORGANIZATION	03/15/24	03/07/24
80-02-2367	5-07	ADDL INSURED-SCHEDULED PERSON OR ORGANIZATION	03/15/24	03/07/24
80-02-8287	10-09	COVERAGE TERRITORY, SCHEDULED	03/15/24	03/07/24
80-02-2305	3-17	ADDL INSD - OWNER/LESS/CONT - ONGO OPS, SCHED	03/15/24	03/07/24
80-02-2305	3-17	ADDL INSD - OWNER/LESS/CONT - ONGO OPS, SCHED	03/15/24	03/07/24
80-02-2305	3-17	ADDL INSD - OWNER/LESS/CONT - ONGO OPS, SCHED	03/15/24	03/07/24
80-02-2305	3-17	ADDL INSD - OWNER/LESS/CONT - ONGO OPS, SCHED	03/15/24	03/07/24
80-02-0010	4-94	LIABILITY DECLARATIONS	03/15/24	03/07/24
80-02-0187	3-22	COV TERRITORY AMEND EXCL-DESIG COUNTRY/REGION	03/15/24	03/07/24
80-02-2000	4-01	GENERAL LIABILITY	03/15/24	03/07/24
80-02-2012	6-98	EMPLOYEE BENEFITS ERRORS OR OMISSIONS	03/15/24	03/07/24
80-02-2022	4-94	STOP GAP	03/15/24	03/07/24
80-02-2095	3-10	ABUSE OR MOLESTATION-CLAIMS MADE AND REPORTED	03/15/24	03/07/24
80-02-2371	4-01	ADD'L INSURED - LIMITED LIABILITY COMPANIES	03/15/24	03/07/24
80-02-2373	4-94	358926.1(1-23)AI/OWNER/LESSEES/CONT/SCHED	03/15/24	03/07/24
80-02-2373	4-94	358926.2(01-23)AI/OWNER/LESSEES/CONT/PCO	03/15/24	03/07/24
80-02-2373	4-94	380531.1(02/24)AI-OWNERS, LESSEES OR CONTRACT	03/15/24	03/07/24
80-02-2373	4-94	380531.2(02/24)AI-OWNERS, LESSEES OR CONTRACT	03/15/24	03/07/24
80-02-2373	4-94	358926.1(1-23)AI/OWNER/LESSEES/CONT/SCHED	03/15/24	03/07/24
80-02-2373	4-94	358926.2(01-23)AI/OWNER/LESSEES/CONT/PCO	03/15/24	03/07/24
80-02-2373	4-94	358926.1(1-23)AI/OWNER/LESSEES/CONT/SCHED	03/15/24	03/07/24
80-02-2373	4-94	358926.2(01-23)AI/OWNER/LESSEES/CONT/PCO	03/15/24	03/07/24
80-02-2653	7-09	PRIMARY NONCONTRIBUTORY-SCHEDULE PERS OR ORG	03/15/24	03/07/24
80-02-6403	1-15	CAP ON CERTIFIED TERRORISM LOSSES	03/15/24	03/07/24

*continued*

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**Schedule of Forms***(continued)*

80-02-6528	1-13	EXCL-INFO LAWS INCL UNAUTH OR UNSOLICIT COMMUN	03/15/24	03/07/24
80-02-6554	3-17	PER LOC/PROJECT LIMITS WITH COMB TOTAL AGGREG	03/15/24	03/07/24
80-02-6595	5-06	DEDUCTIBLES	03/15/24	03/07/24
80-02-8290	5-10	EXCL - INTELLECTUAL PROPERTY LAWS OR RIGHTS	03/15/24	03/07/24
80-02-8298	4-12	COND-WAIVR OF GOV'T IMMUNITY- PORT AUTH NY/NJ	03/15/24	03/07/24
80-02-8327	4-12	EXCL-ABUSE MOLESTATION-ACTUAL ALLEGED THREAT	03/15/24	03/07/24
80-02-8422	4-12	EXCLUSION - POLLUTION	03/15/24	03/07/24
80-02-8423	4-12	EXCLUSION - LOSS OF USE ELECTRONIC DATA	03/15/24	03/07/24
80-02-8425	1-14	EXCL-ALCOHOLIC BEVERAGE TYPE BUSINESSES	03/15/24	03/07/24
80-02-8446	3-17	ADDT INSD - OWNER/LESS/CONT - COMP OPS, SCHED	03/15/24	03/07/24
80-02-8446	3-17	ADDT INSD - OWNER/LESS/CONT - COMP OPS, SCHED	03/15/24	03/07/24
80-02-8446	3-17	ADDT INSD - OWNER/LESS/CONT - COMP OPS, SCHED	03/15/24	03/07/24
80-02-8446	3-17	ADDT INSD - OWNER/LESS/CONT - COMP OPS, SCHED	03/15/24	03/07/24
80-02-8535	12-16	EXCL - CONSOLIDATED (WRAP-UP) PROGRAM, SCHED	03/15/24	03/07/24
80-02-8559	3-17	EXCL-ACCESS/DISCLOSE CONFID. PERS INFO.-AI/PI	03/15/24	03/07/24
80-02-8635	11-17	COV-PROD WITHDRWL EXP & CRISIS ASSISTANCE EXP	03/15/24	03/07/24
80-02-8636	11-17	WAR - EXCLUSION	03/15/24	03/07/24

*last page*

**Endorsement**

<i>Policy Period</i>	MARCH 15, 2024 TO MARCH 15, 2025
<i>Effective Date</i>	MARCH 15, 2024
<i>Policy Number</i>	3607-87-30
<i>Insured</i>	PAVION CORP.
<i>Name of Company</i>	FEDERAL INSURANCE COMPANY
<i>Date Issued</i>	MARCH 7, 2024

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This Endorsement applies to the following forms:

GENERAL LIABILITY

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**Who is an Insured**

*Owners, Lessees Or  
Contractors -  
Scheduled Person Or  
Organization*

Under Who Is An Insured, the following is added.

A. Persons or organizations shown in the Schedule are additional **Insureds**, but they are **Insureds** only with respect to liability for **bodily injury, property damage, advertising injury or personal 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) shown in the Schedule.

B. However, no person or organization shown in the Schedule is An **Insured** for **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 person or organization shown in the Schedule 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.

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Schedule

**Name of Person or Organization:**

Persons or organizations whom you are required by a written contract or agreement to afford status as an additional insured for such insurance as is afforded by this policy, provided that such written contract or agreement is executed prior to the loss.

**Location of Covered Operations**

All other terms and conditions remain unchanged.

*Authorized Representative*



**Liability Insurance**

**Endorsement**

*Policy Period* MARCH 15, 2024 TO MARCH 15, 2025  
*Effective Date* MARCH 15, 2024  
*Policy Number* 3607-87-30  
*Insured* PAVION CORP.  
  
*Name of Company* FEDERAL INSURANCE COMPANY  
  
*Date Issued* MARCH 7, 2024

This Endorsement applies to the following forms:

GENERAL LIABILITY

**Who is an Insured**

*Owners, Lessees Or Contractors - Completed Operations*

Under Who Is An Insured, the following is added.

Person(s) or organization(s) shown in the Schedule are **insureds**, but they are **insureds** 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 performed for that additional **insured** and included in the **products-completed operations hazard**.

Schedule

**Name of Person or Organization :**

Persons or organizations whom you are required by a written contract or agreement to afford status as an additional insured for such insurance as is afforded by this policy, provided that such written contract or agreement is executed prior to the loss.

**Location**



All other terms and conditions remain unchanged.

*Authorized Representative*

A handwritten signature in black ink, appearing to be "P. M. S.", written above a horizontal line.

**Endorsement**

<i>Policy Period</i>	MARCH 15, 2024 TO MARCH 15, 2025
<i>Effective Date</i>	MARCH 15, 2024
<i>Policy Number</i>	3607-87-30
<i>Insured</i>	PAVION CORP.
<i>Name of Company</i>	FEDERAL INSURANCE COMPANY
<i>Date Issued</i>	MARCH 7, 2024

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This Endorsement applies to the following forms:

GENERAL LIABILITY

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Under Who Is An Insured, the following provision is added.

**Who Is An Insured****Additional Insured -  
Scheduled Person  
Or Organization**

Persons or organizations shown in the Schedule are **insureds**; but they are **insureds** only if you are obligated pursuant to a contract or agreement to provide them with such insurance as is afforded by this policy.

However, the person or organization is an **insured** only:

- if and then only to the extent the person or organization is described in the Schedule;
- to the extent such contract or agreement requires the person or organization to be afforded status as an **insured**;
- for activities that did not occur, in whole or in part, before the execution of the contract or agreement; and
- with respect to damages, loss, cost or expense for injury or damage to which this insurance applies.

No person or organization is an **insured** under this provision:

- that is more specifically identified under any other provision of the Who Is An Insured section (regardless of any limitation applicable thereto).
  - with respect to any assumption of liability (of another person or organization) by them in a contract or agreement. This limitation does not apply to the liability for damages, loss, cost or expense for injury or damage, to which this insurance applies, that the person or organization would have in the absence of such contract or agreement.
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**Liability Endorsement**  
(continued)

Under Conditions, the following provision is added to the condition titled Other Insurance.

**Conditions**

**Other Insurance –  
Primary, Noncontributory  
Insurance – Scheduled  
Person Or Organization**

If you are obligated, pursuant to a contract or agreement, to provide the person or organization shown in the Schedule with primary insurance such as is afforded by this policy, then in such case this insurance is primary and we will not seek contribution from insurance available to such person or organization.

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**Schedule**

Persons or organizations that you are obligated, pursuant to a contract or agreement, to provide with such insurance as is afforded by this policy.

All other terms and conditions remain unchanged.

Authorized Representative



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**Conditions**

*(continued)*

***Transfer Or Waiver Of  
Rights Of Recovery  
Against Others***

We will waive the right of recovery we would otherwise have had against another person or organization, for loss to which this insurance applies, provided the **insured has waived their rights** of recovery against such person or organization in a contract or agreement that is executed before such loss.

To the extent that the **insured's** rights to recover all or part of any payment made under this insurance have not been waived, those rights are transferred to us. The **insured** must do nothing after loss to impair them. At our request, the **insured** will bring **suit or transfer those rights to us** and help us enforce them.

This condition does not apply to **medical expenses**.

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***Policy Conditions***

***Endorsement***

<i>Policy Period</i>	MARCH 15, 2024 TO MARCH 15, 2025
<i>Effective Date</i>	MARCH 15, 2024
<i>Policy Number</i>	3607-87-30
<i>Insured</i>	PAVION CORP.
<i>Name of Company</i>	FEDERAL INSURANCE COMPANY
<i>Date Issued</i>	MARCH 7, 2024

This Endorsement applies to the following forms:

COMMON POLICY CONDITIONS

***Conditions***

Under Conditions, the following condition is added.

***Notice Of Cancellation To Scheduled Persons Or Organizations When We Cancel***

When we cancel this policy for any reason, other than non-payment of premium, we will notify person(s) or organization(s) shown in the Schedule at least 30 days in advance of the cancellation date.

Any failure by us to notify such person(s) or organization(s) will not:

- impose any liability or obligation of any kind upon us; or
- invalidate such cancellation.

***Schedule***

If you are obligated, pursuant to a written contract or agreement, to provide person(s) or organization(s) with notice of cancellation, then we will notify such person(s) or organization(s) provided that within 15 days of the date we send notice of cancellation to the first named insured, the first named insured or producer of record provides us with a spreadsheet containing the name, mailing address and, if available, e-mail address of the person(s) or organization(s).

All other terms and conditions remain unchanged.

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**Conditions**  
(continued)

Authorized Representative

A handwritten signature in black ink, appearing to be "P. M. Q.", written over a horizontal line.

**Endorsement**

<i>Policy Period</i>	MARCH 15, 2024 TO MARCH 15, 2025
<i>Effective Date</i>	MARCH 15, 2024
<i>Policy Number</i>	3607-87-30
<i>Insured</i>	PAVION CORP.
<i>Name of Company</i>	FEDERAL INSURANCE COMPANY
<i>Date Issued</i>	MARCH 7, 2024

This Endorsement applies to the following forms:

## GENERAL LIABILITY

Under Limits Of Insurance, the following provisions are added.

**Limits Of Insurance****Per Location Or Per Project Limit Of Insurance With Combined Total Aggregate Limit**

- A. Subject to the Combined Total Aggregate Limit shown in the Schedule, the most we will pay for the sum of all damages for **bodily injury** and **property damage** and for all **medical expenses**, which can be attributed only to operations at a single **location** or at a single designated **project**, is described in paragraphs A.1. through A.4. below.
1. A separate General Aggregate Limit will apply to each **location** or **project**, and such limit is equal to the General Aggregate Limit shown in the Declarations.
  2. Subject to the Each Occurrence Limit and all other applicable limits, the separate General Aggregate Limit described in subparagraph A.1. above is the most we will pay for the sum of all damages for **bodily injury** and **property damage**, except in connection with injury or damage included in the **products-completed operations hazard**, and for all **medical expenses**, regardless of the number of:
    - a. **insureds**;
    - b. claims made or **suits** brought; or
    - c. persons or organizations making claims or bringing **suits**.

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## Limits Of Insurance

*Per Location Or Per Project Limit Of Insurance With Combined Total Aggregate Limit (continued)*

3. Any amount paid for damages or **medical expenses** will reduce the amount of the separate General Aggregate Limit described in subparagraph A.1. above available for any other payment for that **location** or **project**. Such payments will not reduce the General Aggregate Limit shown in the Declarations and they will not reduce the separate General Aggregate Limit for any other operations at a single **location** or single **project**.
  4. The limits shown in the Declarations for Each Occurrence, Damage To Premises Rented To You and Medical Expenses 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 separate General Aggregate Limit.
- B. Subject to the Combined Total Aggregate Limit shown in the Schedule, the most we will pay for the sum of all damages for **bodily injury** and **property damage** and for all **medical expenses**, which cannot be attributed only to operations at a single **location** or a single **project**, is described in paragraphs B.1 and B.2 below.
1. Any amount paid for damages or **medical expenses** will reduce the amount of the General Aggregate Limit available for any other payment; and
  2. Payments described in subparagraph B.1. above will not reduce the separate General Aggregate Limit applicable to operations at a single **location** or a single **project**.
- C. Subject to the separate General Aggregate Limit and all other applicable limits, the Combined Total Aggregate Limit shown in the Schedule is the most we will pay for the combined sum of amounts described in paragraphs A. and B. above, regardless of the number of **locations** or **projects**.
- D. If applicable, any payments we make for **bodily injury** or **property damage** included in the **products-completed operations hazard** will reduce the Products-Completed Operations Aggregate Limit regardless of the number of **locations** or **projects**, and will not reduce the General Aggregate Limit or the separate General Aggregate Limit applicable to a single **location** or a single **project**.
- E. If the applicable **project** has been abandoned, delayed or abandoned and then restarted, or if the authorized contracting parties deviate from plans, blueprints, designs, specifications or timetables, the **project** will still be deemed to be the same **project**. **Project** will be deemed to include, collectively, all **locations** and sites on which you are performing operations that are called for in the applicable contracts or agreements pertaining to such **project**.
- F. The provisions of the section titled Limits Of Insurance not otherwise modified by this endorsement will continue to apply as stipulated.

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As used in this endorsement, the following words and phrases have special meanings described below.

## Definitions

### Location

**Location** means premises involving the same or connecting lots, or premise whose connection is interrupted only by a street, roadway, waterway or right-of-way of a railroad.

### Project

**Project** means a project (taking place away from premises owned by or rented to you) on which you are performing operations.

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**Liability Insurance**

**Endorsement**

*Effective Date*            MARCH 15, 2024

*Policy Number*            3607-87-30

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**Schedule**

Combined Total Aggregate Limit:            \$ 10,000,000

All other terms and conditions remain unchanged.

*Authorized Representative*



**Policy Number**  
**(24)7363-16-41**

**ENDORSEMENT**

**Named Insured** PAVION CORP.

**Effective Date:** 03-15-24  
12:01 A.M., Standard Time

**Agent Name** HUB INTERNATIONAL MID ATLANTIC INC

**Agent No.** 50046-999

SCHEDULE OF NAMED INSURED(S)  
Pavion Corp.  
Corbett Technology Solution Inc  
Communications Specialist LLC  
  
Citadel Systems Integration Inc  
Collaborative Technology Solutions LLC  
AFA Protective Systems, Inc.  
Automatic Fire Alarm Company, Inc.  
AFA (Massachusetts), Inc.  
AFA Southeast, Inc.  
ARC Electrical Control Systems Inc  
DavEd Fire Systems, Inc  
Firecom, Inc.  
Casey Fire Systems Inc  
Casey Fire Systems LLC  
Casey Systems Inc  
Casey Systems LLC  
FT Clearing LLC  
Synergx Systems LLC  
FRCM Case-Acme LLC  
Fire Service Inc  
Fire Service LLC  
Firecom West, Inc  
Firecom West LLC  
Multiplex Electrical Services, Inc.  
Star Asset Security, LLC  
ION247, LLC  
Interactive Video Technologies, LLC

**Policy Number**  
**(24)7363-16-41**

**ENDORSEMENT**

**Named Insured** PAVION CORP.

**Effective Date:** 03-15-24  
12:01 A.M., Standard Time

**Agent Name** HUB INTERNATIONAL MID ATLANTIC INC

**Agent No.** 50046-999

SCHEDULE OF NAMED INSURED(S)  
Philadelphia Protection Bureau, Inc. The Protection Bureau T/A  
Structure Works, LLC  
Structure Works, Inc  
Structure Works Global, Inc  
43 Mill Street LLC  
Systems Electronics Inc  
Enterprise Security Solutions LLC  
275 Technology Solutions, Inc., dba Safeway Fire & Protection  
K & J Integrated Systems, Inc.  
Premier Security Solutions Corporation  
RFI Enterprises, Inc.  
R F I Security, Inc.  
Workstratus, LLC  
RFI Electronics, Inc. - Oregon, dba REECE Complete Security Solutions  
ELA Holding Corporation dba Turnkey Technology  
American Sentry Electronic Systems, Inc.  
Citadel Systems Intermediate, LLC  
SW Security Alarm  
Netronix Integration, Inc.  
Short Circuit Electronics, Inc.  
Security Source Alarms, LLC  
LP Network, Inc.  
Integrated Security & Communications of New Jersey LLC

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

## **COMMERCIAL AUTOMOBILE BROAD FORM ENDORSEMENT**

This endorsement modifies insurance provided under the following:

### **BUSINESS AUTO COVERAGE FORM**

This endorsement modifies the Business Auto Coverage Form.

#### **1. EXTENDED CANCELLATION CONDITION**

Paragraph A.2.b. – CANCELLATION - of the COMMON POLICY CONDITIONS form IL 00 17 is deleted and replaced with the following:

- b. 60 days before the effective date of cancellation if we cancel for any other reason.

#### **2. BROAD FORM INSURED**

##### **A. Subsidiaries and Newly Acquired or Formed Organizations As Insureds**

The Named Insured shown in the Declarations is amended to include:

1. 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.
2. Any organization that is acquired or formed by you and over which you maintain majority ownership. However, the Named Insured does not include any newly formed or acquired organization:
  - (a) That is an "insured" under any other automobile policy;
  - (b) That has exhausted its Limit of Insurance under any other policy; or
  - (c) 180 days or more after its acquisition or formation by you, unless you have given us written 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.

##### **B. Employees as Insureds**

Paragraph A.1. – WHO IS AN INSURED – of SECTION II – LIABILITY COVERAGE is amended to add the following:

- d. Any "employee" of yours while using a covered "auto" you don't own, hire or

borrow in your business or your personal affairs.

#### **C. Lessors as Insureds**

Paragraph A.1. – WHO IS AN INSURED – of SECTION II – LIABILITY COVERAGE is amended to add the following:

- e. The lessor of a covered "auto" while the "auto" is leased to you under a written agreement if:
  - (1) The agreement requires you to provide direct primary insurance for the lessor; and
  - (2) The "auto" is leased without a driver. Such leased "auto" will be considered a covered "auto" you own and not a covered "auto" you hire. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:
    1. You;
    2. Any of your "employees" or agents; or
    3. Any person, except the lessor or any "employee" or agent of the lessor, operating an "auto" with the permission of any of 1. and/or 2. above.

#### **D. Persons And Organizations As Insureds Under A Written Insured Contract**

Paragraph A.1 – WHO IS AN INSURED – of SECTION II – LIABILITY COVERAGE is amended to add the following:

- f. Any person or organization with respect to the operation, maintenance or use of a covered "auto", provided that you and such person or organization have agreed under an express provision in a written "insured contract", written agreement or a written permit issued to you by a governmental or public authority to add such person or organization to this policy as an "insured". However, such person or organization is an "insured" only:

- (1) with respect to the operation, maintenance or use of a covered "auto"; and
- (2) for "bodily injury" or "property damage" caused by an "accident" which takes place after:
  - (a) You executed the "insured contract" or written agreement; or
  - (b) The permit has been issued to you.

**3. FELLOW EMPLOYEE COVERAGE**

EXCLUSION B.5. - FELLOW EMPLOYEE – of SECTION II – LIABILITY COVERAGE does not apply.

**4. PHYSICAL DAMAGE – ADDITIONAL TEMPORARY TRANSPORTATION EXPENSE COVERAGE**

Paragraph A.4.a. – TRANSPORTATION EXPENSES – of SECTION III – PHYSICAL DAMAGE COVERAGE is amended to provide a limit of \$50 per day for temporary transportation expense, subject to a maximum limit of \$1,000.

**5. AUTO LOAN/LEASE GAP COVERAGE**

Paragraph A. 4. – COVERAGE EXTENSIONS - of SECTION III – PHYSICAL DAMAGE COVERAGE is amended to add the following:

**c. Unpaid Loan or Lease Amounts**

In the event of a total "loss" to a covered "auto", we will pay any unpaid amount due on the loan or lease for a covered "auto" minus:

1. The amount paid under the Physical Damage Coverage Section of the policy; and
2. Any:
  - a. Overdue loan/lease payments at the time of the "loss";
  - b. Financial penalties imposed under a lease for excessive use, abnormal wear and tear or high mileage;
  - c. Security deposits not returned by the lessor;
  - d. Costs for extended warranties, Credit Life Insurance, Health, Accident or Disability Insurance purchased with the loan or lease; and
  - e. Carry-over balances from previous loans or leases.

We will pay for any unpaid amount due on the loan or lease if caused by:

1. Other than Collision Coverage only if the Declarations indicate that Comprehensive Coverage is provided for any covered "auto";
2. Specified Causes of Loss Coverage only if the Declarations indicate that Specified Causes of Loss Coverage is provided for any covered "auto"; or
3. Collision Coverage only if the Declarations indicate that Collision Coverage is provided for any covered "auto".

**6. RENTAL AGENCY EXPENSE**

Paragraph A. 4. – COVERAGE EXTENSIONS – of SECTION III – PHYSICAL DAMAGE COVERAGE is amended to add the following:

**d. Rental Expense**

We will pay the following expenses that you or any of your "employees" are legally obligated to pay because of a written contract or agreement entered into for use of a rental vehicle in the conduct of your business:

**MAXIMUM WE WILL PAY FOR ANY ONE CONTRACT OR AGREEMENT:**

1. \$2,500 for loss of income incurred by the rental agency during the period of time that vehicle is out of use because of actual damage to, or "loss" of, that vehicle, including income lost due to absence of that vehicle for use as a replacement;
2. \$2,500 for decrease in trade-in value of the rental vehicle because of actual damage to that vehicle arising out of a covered "loss"; and
3. \$2,500 for administrative expenses incurred by the rental agency, as stated in the contract or agreement.
4. \$7,500 maximum total amount for paragraphs 1., 2. and 3. combined.

**7. EXTRA EXPENSE – BROADENED COVERAGE**

Paragraph A.4. – COVERAGE EXTENSIONS – of SECTION III – PHYSICAL DAMAGE COVERAGE is amended to add the following:

**e. Recovery Expense**

We will pay for the expense of returning a stolen covered "auto" to you.

**8. AIRBAG COVERAGE**

Paragraph B.3.a. - EXCLUSIONS – of SECTION III – PHYSICAL DAMAGE COVERAGE does not apply to the accidental or unintended discharge of an airbag. Coverage is excess over any other collectible insurance or warranty specifically designed to provide this coverage.

**9. AUDIO, VISUAL AND DATA ELECTRONIC EQUIPMENT - BROADENED COVERAGE**

Paragraph C.1.b. – LIMIT OF INSURANCE - of SECTION III - PHYSICAL DAMAGE is deleted and replaced with the following:

- b. \$2,000 is the most we will pay for "loss" in any one "accident" to all electronic equipment that reproduces, receives or transmits audio, visual or data signals which, at the time of "loss", is:
  - (1) Permanently installed in or upon the covered "auto" in a housing, opening or other location that is not normally used by the "auto" manufacturer for the installation of such equipment;
  - (2) Removable from a permanently installed housing unit as described in Paragraph 2.a. above or is an integral part of that equipment; or
  - (3) An integral part of such equipment.

**10. GLASS REPAIR – WAIVER OF DEDUCTIBLE**

Under Paragraph D. - DEDUCTIBLE – of SECTION III – PHYSICAL DAMAGE COVERAGE the following is added:

No deductible applies to glass damage if the glass is repaired rather than replaced.

**11. TWO OR MORE DEDUCTIBLES**

Paragraph D.- DEDUCTIBLE – of SECTION III – PHYSICAL DAMAGE COVERAGE is amended to add the following:

If this Coverage Form and any other Coverage Form or policy issued to you by us that is not an automobile policy or Coverage Form applies to the same “accident”, the following applies:

1. If the deductible under this Business Auto Coverage Form is the smaller (or smallest) deductible, it will be waived; or
2. If the deductible under this Business Auto Coverage Form is not the smaller (or smallest) deductible, it will be reduced by the amount of the smaller (or smallest) deductible.

**12. AMENDED DUTIES IN THE EVENT OF ACCIDENT, CLAIM, SUIT OR LOSS**

Paragraph A.2.a. - DUTIES IN THE EVENT OF AN ACCIDENT, CLAIM, SUIT OR LOSS of SECTION IV - BUSINESS AUTO CONDITIONS is deleted and replaced with the following:

- a. In the event of “accident”, claim, “suit” or “loss”, you must promptly notify us when the “accident” is known to:
  - (1) You or your authorized representative, if you are an individual;
  - (2) A partner, or any authorized representative, if you are a partnership;
  - (3) A member, if you are a limited liability company; or
  - (4) An executive officer, insurance manager, or authorized representative, if you are an organization other than a partnership or limited liability company.

Knowledge of an “accident”, claim, “suit” or “loss” by other persons does not imply that the persons listed above have such knowledge. Notice to us should include:

- (1) How, when and where the “accident” or “loss” occurred;
- (2) The “insured’s” name and address; and
- (3) To the extent possible, the names and addresses of any injured persons or witnesses.

**13. WAIVER OF SUBROGATION**

Paragraph A.5. - TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US of SECTION IV – BUSINESS AUTO CONDITIONS is deleted and replaced with the following:

5. We will waive the right of recovery we would otherwise have against another person or organization for “loss” to which this insurance applies, provided the “insured” has waived

their rights of recovery against such person or organization under a contract or agreement that is entered into before such “loss”.

To the extent that the “insured’s” rights to recover damages for all or part of any payment made under this insurance has not been waived, those rights are transferred to us. That person or organization must do everything necessary to secure our rights and must do nothing after “accident” or “loss” to impair them. At our request, the insured will bring suit or transfer those rights to us and help us enforce them.

**14. UNINTENTIONAL FAILURE TO DISCLOSE HAZARDS**

Paragraph B.2. – CONCEALMENT, MISREPRESENTATION or FRAUD of SECTION IV – BUSINESS AUTO CONDITIONS - is deleted and replaced with the following:

If you unintentionally fail to disclose any hazards existing at the inception date of your policy, we will not void coverage under this Coverage Form because of such failure.

**15. AUTOS RENTED BY EMPLOYEES**

Paragraph B.5. - OTHER INSURANCE of SECTION IV – BUSINESS AUTO CONDITIONS - is amended to add the following:

- e. Any “auto” hired or rented by your “employee” on your behalf and at your direction will be considered an “auto” you hire. If an “employee’s” personal insurance also applies on an excess basis to a covered “auto” hired or rented by your “employee” on your behalf and at your direction, this insurance will be primary to the “employee’s” personal insurance.

**16. HIRED AUTO – COVERAGE TERRITORY**

Paragraph B.7.b.(5). - POLICY PERIOD, COVERAGE TERRITORY of SECTION IV – BUSINESS AUTO CONDITIONS is deleted and replaced with the following:

- (5) A covered “auto” of the private passenger type is leased, hired, rented or borrowed without a driver for a period of 45 days or less; and

**17. RESULTANT MENTAL ANGUISH COVERAGE**

Paragraph C. of - SECTION V – DEFINITIONS is deleted and replaced by the following:

“Bodily injury” means bodily injury, sickness or disease sustained by any person, including mental anguish or death as a result of the “bodily injury” sustained by that person.

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

## **PRIMARY AND NON-CONTRIBUTORY LIABILITY INSURANCE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

<b>Named Insured:</b> Pavion Corp
<b>Endorsement Effective Date:</b> 3/15/24

### **SCHEDULE**

<b>Name(s) Of Person(s) Or Organization(s):</b>
Blanket - all organizations with whom the insured holds a contract
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Item 5. – “**Other Insurance**” of Item B. – “**General Conditions**” under Section IV – “**Business Auto Conditions**”:

e. Regardless of the provisions of Paragraph 5.a. through d. above, for any liability arising out of the ownership, maintenance, use, rental, lease, loan, hire or borrowing by an “insured” of a covered “auto” for which an “insured” is contractually obligated to provide primary insurance coverage to a client, this Coverage Form will be primary and non-contributory with respect to the Persons or Organizations in the schedule, regardless of the availability or existence of other collectible insurance under any other Coverage Form or policy that applies on a primary basis.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**NOTICE OF CANCELLATION  
(OTHER THAN NONPAYMENT OF PREMIUM)  
SCHEDULED PERSON(S) OR ORGANIZATION(S)**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM  
GARAGE COVERAGE FORM  
TRUCKERS COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

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

**SCHEDULE**

Name of Person(s) or Organization(s):

IF YOU ARE OBLIGATED, PURSUANT TO A WRITTEN CONTRACT OR AGREEMENT, TO PROVIDE PERSON(S) OR ORGANIZATION(S) WITH NOTICE OF CANCELLATION, THEN WE WILL NOTIFY SUCH PERSON(S) OR ORGANIZATION(S) PROVIDED THAT WITHIN 15 DAYS OF THE DATE WE SEND NOTICE OF CANCELLATION TO THE FIRST NAMED INSURED, THE FIRST NAMED INSURED OR THE PRODUCER OF RECORD PROVIDES US WITH A SPREADSHEET CONTAINING THE NAME, MAILING ADDRESS AND, IF AVAILABLE, E-MAIL ADDRESS OF THE PERSON(S) OR ORGANIZATION(S) .

Address:

Under Common Policy Conditions the following condition is added:

**NOTICE OF CANCELLATION (OTHER THAN NONPAYMENT OF PREMIUM)  
SCHEDULED PERSON(S) OR ORGANIZATION(S)**

When we cancel this policy for any reason other than nonpayment of premium, we will notify the person(s) or organization(s) described in the SCHEDULE at least 30 days in advance of the cancellation date.

Any failure by us to notify such person(s) or organization(s) will not:

- Impose any liability or obligation of any kind upon us; or
- Invalidate such cancellation.



**EXTENSION OF INFORMATION PAGE**

Named Insured PAVION CORP. 1 EASTER COURT OWINGS MILLS MD 21117	Endorsement Number
	Policy Number Symbol: WLR Number: 7183-69-50
Policy Period 03-15-2024 TO 03-15-2025	Effective Date of Endorsement 03-15-2024
Issued By (Name of Insurance Company) ACE AMERICAN INSURANCE COMPANY	
Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy. This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.	

**SCHEDULE OF NAMED INSURED**

**ITEM 1., NAMED INSURED, OF THE INFORMATION PAGE IS EXTENDED AS FOLLOWS:**

<b>NAMED INSURED</b>	<b>FEIN</b>
PAVION CORP.	542054948
DOING BUSINESS AS:	
CORBETT TECHNOLOGY SOLUTIONS INC	
AFA MASSACHUSETTS INC	132875005
AFA PROTECTIVE SYSTEMS INC	131805009
AFA SOUTEAST INC	582172208
AMERICAN SENTRY ELECTRONIC SYSTEMS INC	481187993
ARC ELECTRICAL CONTROL SYSTEMS INC	582172208
AUTOMATIC FIRE ALARM CO INC	132643164
CASEY FIRE SYSTEMS, LLC	270931685
DOING BUSINESS AS:	
CASEY FIRE SYSTEMS INC	
CASEY SYSTEMS INC	131935238
CASEY SYSTEMS TECHNOLOGIES	270931988
CASEY SYSTEMS, LLC	112067521

**For the state of CA refer to state specific endorsement.**

\_\_\_\_\_  
Authorized Representative

**EXTENSION OF INFORMATION PAGE**

Named Insured PAVION CORP. 1 EASTER COURT OWINGS MILLS MD 21117	Endorsement Number
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**SCHEDULE OF NAMED INSURED**

**ITEM 1., NAMED INSURED, OF THE INFORMATION PAGE IS EXTENDED AS FOLLOWS:**

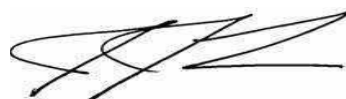
**NAMED INSURED**

**FEIN**



CITADEL SYSTEMS INTEGRATION, INC.	845176942
CITADEL SYSTEMS INTERMEDIATE, LLC	934140751
COLLABORATIVE TECHNOLOGY SOLUTIONS LLC	474875660
COMMUNICATIONS SPECIALISTS, LLC	541992252
CORBETT TECHNOLOGY SOLUTIONS INC	542054948
DAVED FIRE SYSTEMS, INC.	222419393
ELA HOLDING CORPORATION	452476093
ENTERPRISE SECURITY SOLUTIONS, INC.	465101939
FIRE SERVICE, LLC	112518327
DOING BUSINESS AS:	
FIRE SERVICE INC	
FIRECOM WEST, INC.	223670334
FIRECOM WEST, LLC	
FIRECOM, INC	132934531

**For the state of CA refer to state specific endorsement.**



Authorized Representative

**EXTENSION OF INFORMATION PAGE**

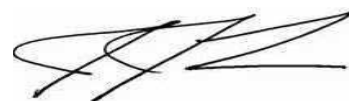
Named Insured PAVION CORP. 1 EASTER COURT OWINGS MILLS MD 21117	Endorsement Number
	Policy Number Symbol: WLR Number: 7183-69-50
Policy Period 03-15-2024 TO 03-15-2025	Effective Date of Endorsement 03-15-2024
Issued By (Name of Insurance Company) ACE AMERICAN INSURANCE COMPANY	
Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy. This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.	

**SCHEDULE OF NAMED INSURED**

**ITEM 1., NAMED INSURED, OF THE INFORMATION PAGE IS EXTENDED AS FOLLOWS:**

<b>NAMED INSURED</b>	<b>FEIN</b>
DOING BUSINESS AS:	
FRCM CASE ACME INC	113160937
FT CLEARING CORP	113240518
DOING BUSINESS AS:	
FT CLEARING LLC	
INTERACTIVE VIDEO TECHNOLOGIES, LLC	260255741
ION247 LLC	473205111
K&J INTEGRATED SYSTEMS, INC.	272226942
LP NETWORK, INC.	202560380
DOING BUSINESS AS:	
SECURITY SOURCE ALARMS, LLC	
MULTIPLEX ELECTRICAL SERVICES INC	132898641
NETRONIX INTEGRATION, INC	208714619
PHILADELPHIA PROTECTION BUREAU	208714619
PREMIER SECURITY SOLUTIONS CORP	770480428
RFI ELECTRONICS, INC. - OREGON	930846490

**For the state of CA refer to state specific endorsement.**



\_\_\_\_\_  
Authorized Representative

**EXTENSION OF INFORMATION PAGE**

Named Insured PAVION CORP. 1 EASTER COURT OWINGS MILLS MD 21117	Endorsement Number
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Policy Period 03-15-2024 TO 03-15-2025	Effective Date of Endorsement 03-15-2024
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Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy. This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.	

**SCHEDULE OF NAMED INSURED**

**ITEM 1., NAMED INSURED, OF THE INFORMATION PAGE IS EXTENDED AS FOLLOWS:**

**NAMED INSURED**

**FEIN**

DOING BUSINESS AS:

REECE COMPTE SECURITY SOLUTIONS

RFI ENTERPRISES, INC.

770062511

RFI SECURITY, INC.

942863114

DOING BUSINESS AS:

THE CONTROL CENTER

SAFEWAY FIRE @ PROTECTION COMPANY

205669900

SECURITY SOURCE ALARMS, LLC

202560380

SHORT CIRCUIT ELECTRONICS, INC.

431617241

STAR ASSET SECURITY LLC

570985679

STRUCTURE WORKS GLOBAL, INC.

830407511

STRUCTURE WORKS, LLC

830407511

DOING BUSINESS AS:

DOVER STATION LLC

STRUCTURE WORKS GLOBAL, INC.

STRUCTURE WORKS INC.

SW SECURITY ALARM

**For the state of CA refer to state specific endorsement.**

\_\_\_\_\_  
Authorized Representative

**EXTENSION OF INFORMATION PAGE**

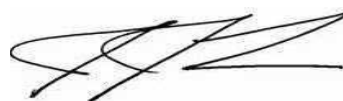
Named Insured PAVION CORP. 1 EASTER COURT OWINGS MILLS MD 21117	Endorsement Number
	Policy Number Symbol: WLR Number: 7183-69-50
Policy Period 03-15-2024 TO 03-15-2025	Effective Date of Endorsement 03-15-2024
Issued By (Name of Insurance Company) ACE AMERICAN INSURANCE COMPANY	
Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy. This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.	

**SCHEDULE OF NAMED INSURED**

**ITEM 1., NAMED INSURED, OF THE INFORMATION PAGE IS EXTENDED AS FOLLOWS:**

<b>NAMED INSURED</b>	<b>FEIN</b>
SW SECURITY ALARM	830407511
SYNERGX SYSTEMS, INC	112941299
SYSTEMS ELECTRONICS INC.	561279294
THE CONTROL CENTER	942863114
THE PROTECTION BUREAU	232249529
WORKSTRATUS, LLC	588016700
275 TECHNOLOGY SOLUTIONS, INC.	205669900
DOING BUSINESS AS:	
SAFEWAY FIRE & PROTECTION COMPANY	
43 MILL STREET LLC	830407516

**For the state of CA refer to state specific endorsement.**



\_\_\_\_\_  
Authorized Representative

**Workers' Compensation and Employers' Liability Policy**

Named Insured PAVION CORP. 1 EASTER COURT OWINGS MILLS MD 21117	Endorsement Number
	Policy Number Symbol: WLR    Number: 7183-69-50
Policy Period 03-15-2024 <b>TO</b> 03-15-2025	Effective Date of Endorsement 03-15-2024
Issued By (Name of Insurance Company) ACE AMERICAN INSURANCE COMPANY	
Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy. This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.	

**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 any one not named in the Schedule.

**Schedule**

ANY PERSON OR ORGANIZATION AGAINST WHOM YOU HAVE AGREED TO WAIVE YOUR RIGHT OF RECOVERY IN A WRITTEN CONTRACT, PROVIDED SUCH CONTRACT WAS EXECUTED PRIOR TO THE DATE OF LOSS.

For the states of CA, UT, TX, refer to state specific endorsements.

This endorsement is not applicable in KY, NH, and NJ.

The endorsement does not apply to policies in Missouri where the employer is in the construction group of code classifications. According to Section 287.150(6) of the Missouri statutes, a contractual provision purporting to waive subrogation rights against public policy and void where one party to the contract is an employer in the construction group of code classifications.

For Kansas, use of this endorsement is limited by the Kansas Fairness in Private Construction Contract Act(K.S.A. 16-1801 through 16-1807 and any amendments thereto) and the Kansas Fairness in Public Construction Contract Act(K.S.A 16-1901 through 16-1908 and any amendments thereto). According to the Acts a provision in a contract for private or public construction purporting to waive subrogation rights for losses or claims covered or paid by liability or workers compensation insurance shall be against public policy and shall be void and unenforceable except that, subject to the Acts, a contract may require waiver of subrogation for losses or claims paid by a consolidated or wrap-up insurance program.



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Authorized Agent

### Workers' Compensation and Employers' Liability Policy

Named Insured PAVION CORP. 1 EASTER COURT OWINGS MILLS MD 21117	Endorsement Number
	Policy Number Symbol: WLR Number: 7183-69-50
Policy Period 03-15-2024 <b>TO</b> 03-15-2025	Effective Date of Endorsement 03-15-2024
Issued By (Name of Insurance Company) ACE AMERICAN INSURANCE COMPANY	
Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy. This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.	

### CALIFORNIA WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because California is shown in Item 3.A. of the Information Page.

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, but this waiver applies only with respect to bodily injury arising out of the operations described in the Schedule, where you are required by a written contract to obtain this waiver from us.

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

#### Schedule

1. ( ) Specific Waiver

Name of person or organization:

( X ) Blanket Waiver

Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.

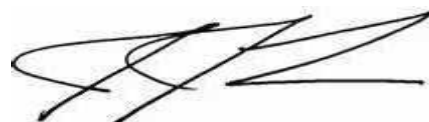
2. Operations:

ALL CALIFORNIA OPERATIONS

3. Premium:

The premium charge for this endorsement shall be 1.0 percent of the California premium developed on payroll in connection with work performed for the above person(s) or organization(s) arising out of the operations described.

4. Minimum Premium: \$0



Authorized Representative

**Workers' Compensation and Employers' Liability Policy**

Named Insured PAVION CORP. 1 EASTER COURT OWINGS MILLS MD 21117	Endorsement Number
	Policy Number Symbol: WLR Number: 7183-69-50
Policy Period 03-15-2024 <b>TO</b> 03-15-2025	Effective Date of Endorsement 03-15-2024
Issued By (Name of Insurance Company) ACE AMERICAN INSURANCE COMPANY	
Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.	

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

This endorsement applies only to the insurance provided by the policy because Texas is shown in item 3.A. of the Information Page.

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, but this waiver applies only with respect to bodily injury arising out of the operations described in the Schedule, where you are required by a written contract to obtain this waiver from us.

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

The premium for this endorsement is shown in the schedule.

Schedule

1. ( ) Specific Waiver

Name of person or organization:

( X ) Blanket Waiver

Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.

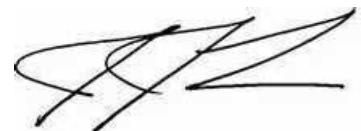
2. Operations:

ALL TEXAS OPERATIONS

3. Premium:

The premium charge for this endorsement shall be 2.0 percent of the premium developed on payroll in connection with work performed for the above person(s) or organization(s) arising out of the operations described.

4. Advance Premium: \$944



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Authorized Representative



**Workers' Compensation and Employers' Liability Policy**

Named Insured PAVION CORP. 1 EASTER COURT OWINGS MILLS MD 21117	Endorsement Number
	Policy Number Symbol: WLR Number: 7183-69-50
Policy Period 03-15-2024 <b>TO</b> 03-15-2025	Effective Date of Endorsement 03-15-2024
Issued By (Name of Insurance Company) ACE AMERICAN INSURANCE COMPANY	
Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy. This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.	

**UTAH WAIVER OF SUBROGATION ENDORSEMENT**

This endorsement applies only to the insurance provided by the policy because Utah is shown in Item 3.A. of the Information Page.

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 u s.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the schedule. Our waiver of rights does not release your employees' rights against third parties and does not release our authority as trustee of claims against third parties.

Schedule

ANY PERSON OR ORGANIZATION AGAINST WHOM YOU HAVE AGREED TO WAIVE YOUR RIGHT OF RECOVERY IN A WRITTEN CONTRACT, PROVIDED SUCH CONTRACT WAS EXECUTED PRIOR TO THE DATE OF LOSS.



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Authorized Representative

**Workers' Compensation and Employers' Liability Policy**

Named Insured PAVION CORP. 1 EASTER COURT OWINGS MILLS MD 21117	Endorsement Number
	Policy Number Symbol: WLR Number: 7183-69-50
Policy Period 03-15-2024 <b>TO</b> 03-15-2025	Effective Date of Endorsement 03-15-2024
Issued By (Name of Insurance Company) ACE AMERICAN INSURANCE COMPANY	
Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy. This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.	

**NOTICE OF CANCELLATION OR NON-RENEWAL TO SPECIFIED PERSONS OR ORGANIZATIONS**

The following Condition is added to **PART SIX - CONDITIONS**:

**Notice Of Cancellation Or Non-Renewal To Specified Persons Or Organizations**

1. If we cancel or non-renew this policy for any reason other than non-payment, we will deliver notice of the cancellation or non-renewal to any Person(s) or Organization(s) shown in the Schedule 30 days prior to the effective date of cancellation or non-renewal.
2. If we cancel this policy for non-payment, we will deliver notice of the cancellation to any Person(s) or Organization(s) shown in the Schedule 10 days prior to the effective date of cancellation.
3. If notice is mailed, proof of mailing will be sufficient proof of notice.
4. Any failure by us to notify such person(s) or organization(s) will not invalidate such cancellation or non-renewal with respect to any other person(s) or organization(s).

**SCHEDULE**

**Name(s) and Address(es):**

IF YOU ARE OBLIGATED, PURSUANT TO A WRITTEN CONTRACT OR AGREEMENT, TO PROVIDE PERSONS OR ORGANIZATIONS WITH NOTICE OF CANCELLATION, THEN WE WILL NOTIFY SUCH PERSONS OR ORGANIZATIONS PROVIDED THAT WITHIN 15 DAYS OF THE DATE WE SEND NOTICE OF CANCELLATION TO THE FIRST NAMED INSURED, THE FIRST NAMED INSURED OR PRODUCER OF RECORD PROVIDES US WITH A SPREADSHEET CONTAINING THE NAME, MAILING ADDRESS AND, IF AVAILABLE, E-MAIL ADDRESS OF THE PERSONS OR ORGANIZATIONS.



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Authorized Representative