



PAVICOR-01

NFISCHER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/22/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Hub International Mid Atlantic 1445 Research Blvd Suite 210 Rockville, MD 20850	CONTACT NAME: WHA.Nikki Fischer PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: WHA.Nikki.Fischer@hubinternational.com
INSURED AFA Protective Systems, Inc. (FKJI) A Pavion Company 155 Michael Drive Syosset, NY 11791	INSURER(S) AFFORDING COVERAGE INSURER A : Federal Insurance Company NAIC # 20281 INSURER B : ACE American Insurance Company 22667 INSURER C : Navigators Insurance Company 42307 INSURER D : SiriusPoint Specialty Insurance Corporation 16820 INSURER E : INSURER F :

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> X,C,U <input checked="" type="checkbox"/> Contractual 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: Self-Ins Retention=\$0			36078730	3/15/2025	3/15/2026	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 SEXUAL ABUSE AN \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			73631641	3/15/2025	3/15/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			78198159	3/15/2025	3/15/2026	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input checked="" type="checkbox"/> N	N / A	71836950	3/15/2025	3/15/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Excess Liability			GA25EXRZ0GPNSIV	3/15/2025	3/15/2026	10,000,000
D	Cont Prof/Poll			CPPLS0002693 02	3/15/2025	3/15/2026	claim/aggregate 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Cyber Liability-Homeland Insurance Company of New York- 3/15/2025 - 3/15/2026, Policy #03112025CYB, Limit \$5,000,000 (Includes Tech E&O - \$5,000,000)

CERTIFICATE HOLDER

CANCELLATION

Evidence of Coverage

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

Declarations**Named Insured and Mailing Address**

PAVION CORP.
1 EASTER COURT
OWINGS MILLS, MD 21117

Chubb Group of Insurance Companies
202B Hall's Mill Road
Whitehouse Station, NJ 08889

Policy Number 3607-87-30

Effective Date MARCH 15, 2025

*Issued by the stock insurance company
indicated below, herein called the company.*

**FEDERAL INSURANCE
COMPANY**

Producer No. 0050046-99999

Producer HUB INTERNATIONAL MID ATLANTIC INC
1445 RESEARCH BLV. #210
ROCKVILLE, MD 20850-0000

*Incorporated under the laws of
INDIANA*

Policy Period

From: MARCH 15, 2025 To: MARCH 15, 2026
12:01 A.M. standard time at the Named Insured's mailing address shown above.

Liability Coverage**Limit Of Insurance****GENERAL LIABILITY**

GENERAL AGGREGATE LIMIT	\$ 4,000,000
PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT	\$ 2,000,000
EACH OCCURRENCE LIMIT	\$ 2,000,000
ADVERTISING INJURY AND PERSONAL INJURY AGGREGATE LIMIT	\$ 2,000,000
DAMAGE TO PREMISES RENTED TO YOU LIMIT	\$ 2,000,000
MEDICAL EXPENSES LIMIT	\$ 15,000

Policy Conditions**Endorsement**

Policy Period MARCH 15, 2025 TO MARCH 15, 2026

Effective Date MARCH 15, 2025

Policy Number 3607-87-30

Insured PAVION CORP.

Name of Company FEDERAL INSURANCE COMPANY

Date Issued

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

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
SECURITY SOURCE ALARMS, LLC
MULTIPLEX ELECTRICAL SERVICES, INC.
SIGNET ELECTRONIC SYSTEMS, LLC
SIDEHAND SYSTEMS, INC.
CARON HOLDINGS CORPORATION
UPNINE, LLC
SIGNET, LLC
ECD SYSTEMS, LLC

All other terms and conditions remain unchanged.

Authorized Representative

