

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Police Department

BID/RFP# NUMBER: 20RFP125037B-CJC

BID/RFP# TITLE: Armed and Unarmed Security Services

ORIGINAL APPROVAL DATE: December 2, 2020

RENEWAL EFFECTIVE DATES: January 1, 2022 to December 31, 2022

RENEWAL OPTION #: 1 OF 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$4,500,000

COMPANY'S NAME: Universal Protection Services, LLC dba Allied Universal Security Services

ADDRESS: 1438 West Peachtree Street, Suite 100

CITY: Atlanta

STATE: Georgia

ZIP: 30309

This Renewal Agreement No. 1 was approved by the Fulton County Board of Commissioners on BOC DATE: October 6, 2021 BOC NUMBER: 21-0757

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications as referenced herein:

FULTON COUNTY, GEORGIA

DocuSigned by:

Robert L. Pitts

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

ATTEST:

DocuSigned by:

Tonya R. Grier

Tonya R. Grier
Clerk to the Commission

(Affix County Seal)

AUTHORIZATION OF RENEWAL:

DocuSigned by:

W. Wade Yates

W. Wade Yates, Chief of Police
Police Department

Universal Protection Services, LLC
dba Allied Universal Security
Services

William Richard
Manager, Business Development

ATTEST:

Secretary/
Assistant Secretary

(Affix Corporate Seal)

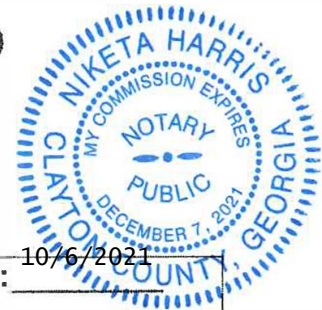
ATTEST:

Notary Public

County: *Clayton*

Commission Expires: *Dec 7, 2021*

(Affix Notary Seal)



ITEM#: _____ RCS: _____
RECESS MEETING

21-0757
ITEM#: _____ RM: _____
REGULAR MEETING

10/6/2021



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
05/19/2021

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 MARSH USA INC 1717 Arch Street Philadelphia, PA 19103 Attn: Philadelphia.certs@marsh.com / Fax: (212) 948-0360	CONTACT NAME: --- PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL : ADDRESS:														
CN118025105-ALL-STAND-21-22 INSURED Allied Universal Topco, LLC (See Attached for Additional Named Insureds) 161 Washington Street, Suite 600 Conshohocken, PA 19428	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Lexington Insurance Company</td> <td>19437</td> </tr> <tr> <td>INSURER B: Greenwich Insurance Company</td> <td>22322</td> </tr> <tr> <td>INSURER C: XL Insurance America</td> <td>24554</td> </tr> <tr> <td>INSURER D: Indian Harbor Insurance Company</td> <td>36940</td> </tr> <tr> <td>INSURER E: N/A</td> <td>N/A</td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Lexington Insurance Company	19437	INSURER B: Greenwich Insurance Company	22322	INSURER C: XL Insurance America	24554	INSURER D: Indian Harbor Insurance Company	36940	INSURER E: N/A	N/A	INSURER F:	
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COVERAGES **CERTIFICATE NUMBER:** CLE-006722180-01 **REVISION NUMBER: 2**

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	TYPE OF INSURANCE	ADDL SUBR (INSR) Y/V/D	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"/> CONTRACTUAL LIABILITY <input checked="" type="checkbox"/> SIR \$1,750,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		082695264	01/01/2021	01/01/2022	EACH OCCURRENCE \$ 10,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 10,000,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 10,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMPROP AGG \$ 10,000,000
B	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		RAD9437818-04	01/01/2021	01/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
D	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED: RETENTION \$		RES943799401 EXCESS OF GENERAL LIABILITY	01/01/2021	01/01/2022	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
C	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 N N/A	RWD3001203-05(AOS) RWR3001204-05(WI)	01/01/2021 01/01/2021	01/01/2022 01/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Fulton County Board of Commissioners is included as additional insured (except for workers' compensation) where required by written contract. Liability coverage shall be primary and non-contributory where required by written contract. Waiver of subrogation is applicable where required by written contract.

CERTIFICATE HOLDER
CANCELLATION

Fulton County Board of Commissioners Attn: Charlie Crockett 130 Peachtree St., Suite 1168 Atlanta, GA 30303	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 of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>
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Named Insured:

Allied Universal Topco, LLC

Additional Named Insured:

Advent Systems, LLC

Advent Systems, LLC, dba Allied Universal Technology Services

Allied Security Holdings LLC

Allied Universal Executive Protection and Intelligence Services, Inc.

Allied Universal Holdco LLC

Allied Universal Risk Advisory and Consulting Services, Inc.

AlliedBarton (NC) LLC

AlliedBarton (NC) LLC, dba Allied Universal Security Services

AlliedBarton Security Services LLC

AlliedBarton Security Services LLC, dba Allied Universal Security Services

Apollo Security International, Inc.

First Alarm Security & Patrol, Inc.

First Alarm Security & Patrol, Inc., dba First Alarm

First Alarm Security & Patrol, Inc., dba First Security

First Alarm Security & Patrol, Inc., dba First Security Services

FJC Security Services, Inc.

FJC Security Services, Inc., dba Allied Universal Security Services

Guardsmark (Puerto Rico), LLC

Guardsmark (Puerto Rico), LLC, dba Allied Universal Security Services, LLC

Guardsmark (Puerto Rico), LLC, dba Universal Protection Service, LLC

Intelligent Access Systems of North Carolina, LLC

Intelligent Access Systems of North Carolina, LLC, dba Allied Universal Technology Services

Intelligent Access Systems of North Carolina, LLC, dba Securadyne Systems Mid-Atlantic

Peoplemark, Inc.

Securadyne Systems Intermediate LLC

Securadyne Systems Intermediate LLC, dba Allied Universal Technology Services

Securadyne Systems Texas LLC

Securadyne Systems Texas LLC, dba Allied Universal Technology Services

SFI Electronics, LLC

SFI Electronics, LLC, dba Allied Universal Security Systems

SFI Electronics, LLC, dba Allied Universal Technology Services

SFI Electronics, LLC, dba Universal Protection Security Systems

SOS Security LLC

SOS Security LLC, dba Allied Universal Risk Advisory and Consulting Services

SOS Security LLC, dba Allied Universal Security Services

SOS Security LP

SOS Security LP, dba Allied Universal Security Services

Spectaguard Acquisition LLC

Staff Pro Inc.

Staff Pro Inc., dba Allied Universal Event Services

TSI Security LLC

U.S. Security Associates, Inc.

U.S. Security Associates, Inc., dba Allied Universal Risk Advisory and Consulting Services

Universal Building Maintenance, LLC
Universal Building Maintenance, LLC, dba Allied Universal Janitorial Services
Universal Building Maintenance, LLC, dba Allied Universal Landscaping Services
Universal Protection Security Systems, LP
Universal Protection Security Systems, LP, dba Allied Universal Security Systems
Universal Protection Security Systems, LP, dba Allied Universal Technology Services
Universal Protection Service of Canada Corporation
Universal Protection Service of Canada Corporation., dba Allied Universal Security Services of Canada
Universal Protection Service of Seattle, LLC
Universal Protection Service of Seattle, LLC, dba Allied Universal Security Services
Universal Protection Service, LLC
Universal Protection Service, LLC, dba Allied Universal Risk Advisory and Consulting Services
Universal Protection Service, LLC, dba Allied Universal Security Services
Universal Protection Service, LLC, dba Allied Universal Security Services, LLC
Universal Protection Service, LP
Universal Protection Service, LP, dba Allied Universal Risk Advisory and Consulting Services
Universal Protection Service, LP, dba Allied Universal Security Services
Universal Protection Service, LP, dba Allied Universal Security Services, LP
Universal Services of America, LP
Universal Thrive Technologies, LLC
Universal Thrive Technologies, LLC, dba Allied Universal Monitoring and Response Center
Universal Thrive Technologies, LLC, dba Allied Universal Technology Services
Universal Thrive Technologies, LLC, dba Thrive Intelligence

The below entities are included as insureds effective 01/16/2021:

American Security Programs, Inc.
SecurAmerica Corporation
SecurAmerica, LLC
ERMC, LLC
ERMC of America, LLC
Central Defense Services, LLC
Champion National Security, Inc.
Northwest Security Services, Inc.
Mastermind Inc.

POLICY NUMBER: RAD943781804

XIC 414 1013

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

This endorsement modifies insurance provided under the following:

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

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

Schedule

Additional Insured(s)	Work
Any person or organization you have agreed to include as an additional insured under written contract, provided such contract was executed prior to the date of loss.	All Operations

COVERED AUTOS LIABILITY COVERAGE, Who Is An Insured, is amended to include as an "insured" the person or organization listed in the Schedule above, but only with respect to liability for "bodily injury" or "property damage" otherwise covered under this policy caused, in whole or in part, by the negligent acts or omissions of:

1. You, while using a covered "auto"; or
2. Any other person, except the additional insured or any employee or agent of the additional insured, operating a covered "auto" with your permission;

in the performance of your work as described in the Schedule above.

In no event shall any person or organization listed in the Schedule become an "insured" pursuant to this Endorsement if such person or organization is solely negligent.

IT IS FURTHER AGREED THAT IN NO EVENT SHALL ANY CONTRACT OR AGREEMENT ALTER THE CONDITIONS, COVERAGES OR EXCLUSIONS SET FORTH IN THIS POLICY.

All other terms and conditions of this policy remain unchanged.

POLICY NUMBER: RAD943781804

COMMERCIAL AUTO
CA 04 44 10 13**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****WAIVER OF TRANSFER OF RIGHTS OF RECOVERY
AGAINST OTHERS TO US (WAIVER OF SUBROGATION)**

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.

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

Named Insured: ALLIED UNIVERSAL TOPCO, LLC

Endorsement Effective Date: January 1, 2021

SCHEDULE**Name(s) Of Person(s) Or Organization(s):**

Any person or organization where waiver of our right to recover is required by written contract with such person or organization provided such contract was executed prior to the date of loss.

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

The Transfer Of Rights Of Recovery Against Others To Us condition does not apply to the person(s) or organization(s) shown in the Schedule, but only to the extent that subrogation is waived prior to the "accident" or the "loss" under a contract with that person or organization.

ENDORSEMENT #050

This endorsement, effective 12:01 AM 01/01/2021

Forms part of policy number: 082695264

Issued to: ALLIED UNIVERSAL TOPCO, LLC

By: LEXINGTON INSURANCE COMPANY

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided by the following:

GUARDSECURE GENERAL AND PROFESSIONAL LIABILITY COVERAGE FORM

A. SECTION II - Who Is An Insured is amended to include as an additional insured a person(s) or organization(s) who is required to be added by written contract or written agreement which does not require that a specific form number be used.

B. The insurance provided to additional insureds applies only to "bodily injury", "property damage", "professional liability" 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; or "your work" 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.

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.

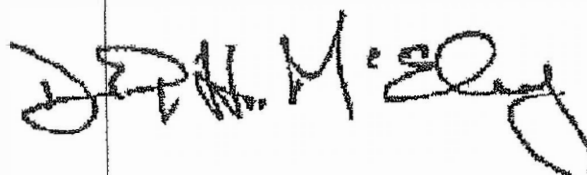
D. The additional insured must see to it that:

1. We are notified as soon as practicable of an "occurrence" or offense that may result in a claim.
2. We receive written notice of a claim or "suit" as soon as practicable; and
3. A request for defense and indemnity of the claim or "suit" will promptly be brought against any policy issued by another insurer under which the additional insured also has rights as an insured or additional insured.

E. 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.

All other terms and conditions remain as written.



Authorized Representative OR
Countersignature (In states where applicable)

LEXDOC021
LX0404

ENDORSEMENT #24

This endorsement, effective 12:01 AM 01/01/2021

Forms part of policy number: 082695264

Issued to: ALLIED UNIVERSAL TOPCO, LLC

By: LEXINGTON INSURANCE COMPANY

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

SECURITY GUARD GENERAL AND PROFESSIONAL LIABILITY COVERAGE PART

SCHEDULE

Name of person or Organization:

Where required by written contract.

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

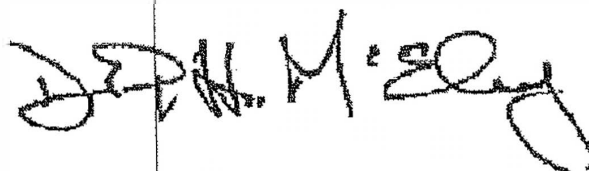
The TRANSFER OF RECOVERY AGAINST OTHERS TO US Condition (Section IV – CONDITIONS) is amended by the addition of the following:

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 a 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.

All other terms and conditions remain as written.

LEXDOC021

LX0404



Authorized Representative OR
Countersignature (in states where applicable)

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**WC 00 03 13****(Ed. 4-84)****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

Any person or organization where waiver of our right to recover is required by written contract with such person or organization provided such contract was executed prior to the date of loss.

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

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 01-01-2021

Policy No. RWD3001203-05

Endorsement No.

Insured ALLIED UNIVERSAL TOPCO, LLC

Insurance Company
XL Insurance America, Inc.

Countersigned by

WC 00 03 13
(Ed. 4-84)

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Police Department

BID/RFP# NUMBER: 20RFP125037B-CJC

BID/RFP# TITLE: Armed and Unarmed Security Services

ORIGINAL APPROVAL DATE: December 2, 2020

RENEWAL EFFECTIVE DATES: January 1, 2022 to December 31, 2022

RENEWAL OPTION #: 1 OF 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$4,500,000

COMPANY'S NAME: Universal Protection Services, LLC dba Allied Universal Security Services

ADDRESS: 1438 West Peachtree Street, Suite 100

CITY: Atlanta

STATE: Georgia

ZIP: 30309

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SIGNATURES: SEE NEXT PAGE

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Robert L. Pitts, Chairman
Fulton County Board of Commissioners

ATTEST:

DocuSigned by:

Tonya R. Grier

Tonya R. Grier
Clerk to the Commission

(Affix County Seal)

AUTHORIZATION OF RENEWAL:

DocuSigned by:

W. Wade Yates

W. Wade Yates, Chief of Police
Police Department

Universal Protection Services, LLC
dba Allied Universal Security
Services

William Richard
Manager, Business Development

ATTEST:

Secretary/
Assistant Secretary

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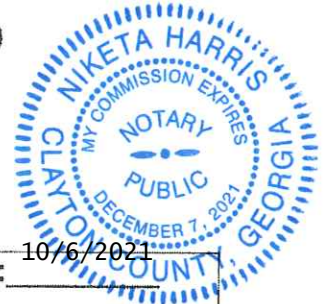
ATTEST:

Niketa Harris
Notary Public

County: *Clayton*

Commission Expires: *Dec 7, 2021*

(Affix Notary Seal)



ITEM#: _____ RCS: _____
RECESS MEETING

ITEM#: 2021-0757 RM: 10/6/2021
REGULAR MEETING

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DocuSigned by:

Robert L. Pitts

14E1B4AA5F6A44A...

Robert L. Pitts, Chairman**Fulton County Board of Commissioners**

Please select Attest or Notary from checkbox

☒ Attest**ATTEST:**

DocuSigned by:

Tonya R. Grier

EEG476C4837648D...

Tonya R. Grier**Interim Clerk to the Commission****(Affix County Seal)****AUTHORIZATION OF RENEWAL:**

DocuSigned by:

W. Wade Yates

AFB5B1F6433B4FB...

DocuSigned by:

William Richard

Full Name

Regional Vice President

Notary

ATTEST:

William Richard

**Secretary/
Assistant Secretary****(Affix Corporate Seal)****ATTEST:***William Richard***Notary Public**County: *Clayton*Commission Expires: *December 7, 2021***(Affix Notary Seal)**

ITEM#:

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RECESS MEETING

ITEM#:

RM:

REGULAR MEETING

2021-0757

10/6/2021





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
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COVERAGES **CERTIFICATE NUMBER:** CLE-006722380-01 **REVISION NUMBER: 2**

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A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CONTRACTUAL LIABILITY <input checked="" type="checkbox"/> SIR \$1,750,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		082695264	01/01/2021	01/01/2022	EACH OCCURRENCE \$ 10,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 10,000,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 10,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 10,000,000 \$
B	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		RAD9437818-04	01/01/2021	01/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
D	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		RES943799401 EXCESS OF GENERAL LIABILITY	01/01/2021	01/01/2022	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
C	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 N	RWD3001203-05(AOS) RWR3001204-05(WI)	01/01/2021 01/01/2021	01/01/2022 01/01/2022	<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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Fulton County Board of Commissioners is included as additional insured (except for workers' compensation) where required by written contract. Liability coverage shall be primary and non-contributory where required by written contract. Waiver of subrogation is applicable where required by written contract.

CERTIFICATE HOLDER

CANCELLATION

Fulton County Board of Commissioners Attn: Charlie Crockett 130 Peachtree St., Suite 1168 Atlanta, GA 30303	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 of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>
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Named Insured:

Allied Universal Topco, LLC

Additional Named Insured:

Advent Systems, LLC
Advent Systems, LLC, dba Allied Universal Technology Services
Allied Security Holdings LLC
Allied Universal Executive Protection and Intelligence Services, Inc.
Allied Universal Holdco LLC
Allied Universal Risk Advisory and Consulting Services, Inc.
AlliedBarton (NC) LLC
AlliedBarton (NC) LLC, dba Allied Universal Security Services
AlliedBarton Security Services LLC
AlliedBarton Security Services LLC, dba Allied Universal Security Services
Apollo Security International, Inc.
First Alarm Security & Patrol, Inc.
First Alarm Security & Patrol, Inc., dba First Alarm
First Alarm Security & Patrol, Inc., dba First Security
First Alarm Security & Patrol, Inc., dba First Security Services
FJC Security Services, Inc.
FJC Security Services, Inc., dba Allied Universal Security Services
Guardsmark (Puerto Rico), LLC
Guardsmark (Puerto Rico), LLC, dba Allied Universal Security Services, LLC
Guardsmark (Puerto Rico), LLC, dba Universal Protection Service, LLC
Intelligent Access Systems of North Carolina, LLC
Intelligent Access Systems of North Carolina, LLC, dba Allied Universal Technology Services
Intelligent Access Systems of North Carolina, LLC, dba Securadyne Systems Mid-Atlantic
Peplemark, Inc.
Securadyne Systems Intermediate LLC
Securadyne Systems Intermediate LLC, dba Allied Universal Technology Services
Securadyne Systems Texas LLC
Securadyne Systems Texas LLC, dba Allied Universal Technology Services
SFI Electronics, LLC
SFI Electronics, LLC, dba Allied Universal Security Systems
SFI Electronics, LLC, dba Allied Universal Technology Services
SFI Electronics, LLC, dba Universal Protection Security Systems
SOS Security LLC
SOS Security LLC, dba Allied Universal Risk Advisory and Consulting Services
SOS Security LLC, dba Allied Universal Security Services
SOS Security LP
SOS Security LP, dba Allied Universal Security Services
Spectaguard Acquisition LLC
Staff Pro Inc.
Staff Pro Inc., dba Allied Universal Event Services
TSI Security LLC
U.S. Security Associates, Inc.
U.S. Security Associates, Inc., dba Allied Universal Risk Advisory and Consulting Services

Universal Building Maintenance, LLC
Universal Building Maintenance, LLC, dba Allied Universal Janitorial Services
Universal Building Maintenance, LLC, dba Allied Universal Landscaping Services
Universal Protection Security Systems, LP
Universal Protection Security Systems, LP, dba Allied Universal Security Systems
Universal Protection Security Systems, LP, dba Allied Universal Technology Services
Universal Protection Service of Canada Corporation
Universal Protection Service of Canada Corporation., dba Allied Universal Security Services of Canada
Universal Protection Service of Seattle, LLC
Universal Protection Service of Seattle, LLC, dba Allied Universal Security Services
Universal Protection Service, LLC
Universal Protection Service, LLC, dba Allied Universal Risk Advisory and Consulting Services
Universal Protection Service, LLC, dba Allied Universal Security Services
Universal Protection Service, LLC, dba Allied Universal Security Services, LLC
Universal Protection Service, LP
Universal Protection Service, LP, dba Allied Universal Risk Advisory and Consulting Services
Universal Protection Service, LP, dba Allied Universal Security Services
Universal Protection Service, LP, dba Allied Universal Security Services, LP
Universal Services of America, LP
Universal Thrive Technologies, LLC
Universal Thrive Technologies, LLC, dba Allied Universal Monitoring and Response Center
Universal Thrive Technologies, LLC, dba Allied Universal Technology Services
Universal Thrive Technologies, LLC, dba Thrive Intelligence

The below entities are included as insureds effective 01/16/2021:

American Security Programs, Inc.
SecurAmerica Corporation
SecurAmerica, LLC
ERMC, LLC
ERMC of America, LLC
Central Defense Services, LLC
Champion National Security, Inc.
Northwest Security Services, Inc.
Mastermind Inc.

POLICY NUMBER: RAD943781804

XIC 414 1013

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

This endorsement modifies insurance provided under the following:

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

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

Schedule

Additional Insured(s)	Work
Any person or organization you have agreed to include as an additional insured under written contract, provided such contract was executed prior to the date of loss.	All Operations

COVERED AUTOS LIABILITY COVERAGE, Who Is An Insured, is amended to include as an "insured" the person or organization listed in the Schedule above, but only with respect to liability for "bodily injury" or "property damage" otherwise covered under this policy caused, in whole or in part, by the negligent acts or omissions of:

1. You, while using a covered "auto"; or
2. Any other person, except the additional insured or any employee or agent of the additional insured, operating a covered "auto" with your permission;

in the performance of your work as described in the Schedule above.

In no event shall any person or organization listed in the Schedule become an "insured" pursuant to this Endorsement if such person or organization is solely negligent.

IT IS FURTHER AGREED THAT IN NO EVENT SHALL ANY CONTRACT OR AGREEMENT ALTER THE CONDITIONS, COVERAGES OR EXCLUSIONS SET FORTH IN THIS POLICY.

All other terms and conditions of this policy remain unchanged.

POLICY NUMBER: RAD943781804

COMMERCIAL AUTO
CA 04 44 10 13**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****WAIVER OF TRANSFER OF RIGHTS OF RECOVERY
AGAINST OTHERS TO US (WAIVER OF SUBROGATION)**

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.

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

Named Insured: ALLIED UNIVERSAL TOPCO, LLC

Endorsement Effective Date: January 1, 2021

SCHEDULE**Name(s) Of Person(s) Or Organization(s):**

Any person or organization where waiver of our right to recover is required by written contract with such person or organization provided such contract was executed prior to the date of loss.

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

The **Transfer Of Rights Of Recovery Against Others To Us** condition does not apply to the person(s) or organization(s) shown in the Schedule, but only to the extent that subrogation is waived prior to the "accident" or the "loss" under a contract with that person or organization.

ENDORSEMENT #050

This endorsement, effective 12:01 AM 01/01/2021

Forms part of policy number: 082695264

Issued to: ALLIED UNIVERSAL TOPCO, LLC

By: LEXINGTON INSURANCE COMPANY

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided by the following:

GUARDSECURE GENERAL AND PROFESSIONAL LIABILITY COVERAGE FORM

A. SECTION II - Who Is An Insured is amended to include as an additional insured a person(s) or organization(s) who is required to be added by written contract or written agreement which does not require that a specific form number be used.

B. The insurance provided to additional insureds applies only to "bodily injury", "property damage", "professional liability" 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; or "your work" 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.

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.

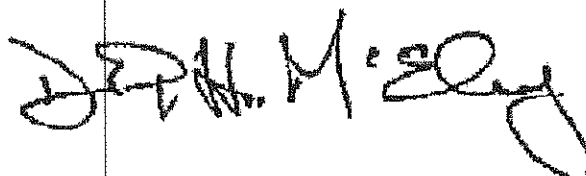
D. The additional insured must see to it that:

1. We are notified as soon as practicable of an "occurrence" or offense that may result in a claim.
2. We receive written notice of a claim or "suit" as soon as practicable; and
3. A request for defense and indemnity of the claim or "suit" will promptly be brought against any policy issued by another insurer under which the additional insured also has rights as an insured or additional insured.

E. 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.

All other terms and conditions remain as written.

A handwritten signature in black ink, appearing to read "J. H. M. '20", is written over a horizontal line.

Authorized Representative OR
Countersignature (In states where applicable)

LEXDOC021
LX0404

ENDORSEMENT #24

This endorsement, effective 12:01 AM 01/01/2021

Forms part of policy number: 082695264

Issued to: ALLIED UNIVERSAL TOPCO, LLC

By: LEXINGTON INSURANCE COMPANY

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

SECURITY GUARD GENERAL AND PROFESSIONAL LIABILITY COVERAGE PART

SCHEDULE

Name of person or Organization:

Where required by written contract.

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

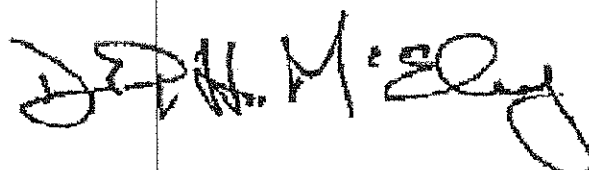
The TRANSFER OF RECOVERY AGAINST OTHERS TO US Condition (Section IV – CONDITIONS) is amended by the addition of the following:

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 a 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.

All other terms and conditions remain as written.

LEXDOC021

LX0404



Authorized Representative OR
Countersignature (In states where applicable)

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 00 03 13

(Ed. 4-84)

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

Any person or organization where waiver of our right to recover is required by written contract with such person or organization provided such contract was executed prior to the date of loss.

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

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 01-01-2021

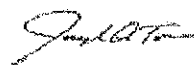
Policy No. RWD3001203-05

Endorsement No.

Insured ALLIED UNIVERSAL TOPCO, LLC

Insurance Company
XL Insurance America, Inc.

Countersigned by



WC 00 03 13
(Ed. 4-84)