



Regulatory Office 505 Eagleview Blvd., Suite 100 Dept: Regulatory Exton, PA 19341-1120 Telephone: 800-688-1840

# COMMERCIAL LINES POLICY COMMON POLICY DECLARATIONS

COMPANY PROVIDING COVERAGE: XL Insurance America, Inc.

POLICY NO.: CGD7422095 RENEWAL OF: CGS740905409

POLICY PERIOD

FROM: March 1, 2022 TO: March 1, 2023

AT 12:01 A.M., Standard Time at your mailing address shown below

Named Insured and Address: CONVERGINT TECHNOLOGIES LLC 1 COMMERCE DRIVE SCHAUMBURG, IL 60173

Producer: Willis Towers Watson Midwest, Inc.

233 South Wacker Dr. Suite 1800

Chicago, IL 60606

Business Description: Security Systems Services
Form of Business: Limited Liability Company

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.					
This policy consists of the following coverage parts for which a premium is indicated.					
This premium may be subject to adjustment.					
	PREMIUM				
	ı				
Commercial General Liability Coverage Part					
Commercial Crime Coverage Part					
Commercial Inland Marine Coverage Part					
Commercial Automobile Coverage Part					
Equipment Breakdown Coverage Part					
(Other):					
Policy Premium					
West Virginia Surcharge:					
Kentucky Surcharge:					

New Jersey Surcharge:
KY Muni Tax-Frankfort, Franklin:
Premium for Certified Acts of Terrorism

POLICY NO.: CGD7422095

THESE DECLARATIONS TOGETHER WITH ANY APPLICABLE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE PART COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART HEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

## Form(s) and Endorsement(s) applicable to the policy:

See Forms Schedule

Date: March 23, 2022

By:

(Authorized Representative)

Type Name: Joseph A.Tocco

# **COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS**

Policy Number: CGD7422095 Effective Date: March 1, 2022,\*\*
12:01 A.M., Standard Time

LIMITS OF INSURANC	E							
General Aggregate L			oleted Op	erations)	\$	2,000,00		
Products – Complete		regate Limit			\$	2,000,00	0	
Personal and Advert	ising Injury Limit				\$	1,000,00	n	Any One Person or Organization
Each Occurrence Lir	nit				φ \$	1,000,00		Organization
Damage to Premises		mit			\$	300,000	<u> </u>	Any One Premises
Medical Expense Lir					\$	10,000		Any One Person
RETROACTIVE DATE	(CG 00 02 only)							
This Insurance does		y injury", "prope	rty damag	ge" or "person	al and	l advertisir	ng injury" which	occurs before the
Retroactive Date, if a			None					
		(Enter Date or "No	ne" if no Retro	active Date applies)				
BUSINESS DESCRIPT Form of Business:	<b>ION</b> □Individual	□Partnershi	o □Joir	nt Venture		□Trust	⊠Limit	ed Liability Company
	☐Organizatio Liability Comp		orporatio	n (but not inc	ludin	g a Partne	ership, Joint Ve	enture or Limited
Business Description	n*: Security Systen	ns Services						
PREMIUM								
_		Class P	remium	R	ate		Adva	ince Premium
Location No.	Classification	Code	Base	Prem/Ops	Prod	d/Co Op	Prem/Ops	Prod/Co Ops
See Composite Rat	e Endorsement							
Policy Subject to A	udit			Total Adva	ance F	Premium		
West Virginia Surch								
Kentucky Surcharge								
New Jersey Surcha								
KY Muni Tax-Frank	iori. Franklin:							

LOCATION OF PREMISES*				
Location of All Premises You Own, Rent or Occupy:				
Location No. Address				
As per Schedule On File With Company				
FORMS AND ENDORSEMENTS (other than applicable Forms and Endorsements shown elsewhere in the policy)				
Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:				
See Forms Schedule				

#### **ENDORSEMENT #002**

This endorsement, effective 12:01 a.m., March 1, 2022, forms a part of

Policy No. CGD7422095 issued to CONVERGINT TECHNOLOGIES LLC

by XL Insurance America, Inc.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

#### COMPOSITE RATE ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS COVERAGE PART LIQUOR LIABILITY COVERAGE PART OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE FORM RAILROAD PROTECTIVE LIABILITY COVERAGE FORM

It is agreed that the premium for the policy to which this endorsement is attached shall be computed upon a composite basis, as designated in the schedule below, in accordance with our rules, rating, rating plans, premium and the other terms of the policy.

Nothing contained herein shall be held to waive, vary, alter or extend any condition or provision of the policy other than as above stated.

### **SCHEDULE**

EXPOSURE BASIS	RATE PER \$100	ESTIMATED PREMIUM
M&C PAYROLL	M&C PAYROLL	
	\$0.236	

All other terms and conditions remain unchanged.