



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/01/2026

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 LLC 30 South 17th Street Philadelphia, PA 19103 Attn: Philadelphia.Certs@marsh.com / Fax: (212) 948-0360	CONTACT NAME: Marsh   U.S. Operations		
	PHONE (A/C, No, Ext): 866-966-4664	FAX (A/C, No):	
INSURED Allied Universal Topco, LLC (See Attached for Additional Named Insureds) 161 Washington Street, Suite 600 Conshohocken, PA 19428	E-MAIL ADDRESS: Philadelphia.Certs@marsh.com		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Indian Harbor Insurance Company		36940
	INSURER B: Greenwich Insurance Company		22322
	INSURER C: XL Insurance America		24554
	INSURER D: Indemnity Insurance Company of North America		43575
	INSURER E: XL Specialty Insurance Company		37885
INSURER F:			

## COVERS

## CERTIFICATE NUMBER:

CLE-007116586-09

REVISION NUMBER: 5

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	X COMMERCIAL GENERAL LIABILITY			RES943799406	01/01/2026	01/01/2027	EACH OCCURRENCE	\$ 30,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 30,000,000	
	X CONTRACTUAL LIABILITY						MED EXP (Any one person)	\$	
	X SIR \$1,750,000						PERSONAL & ADV INJURY	\$ 30,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 55,000,000	
	X POLICY <input type="checkbox"/> PRO- JECT <input checked="" type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 55,000,000	
	OTHER:							\$	
B	AUTOMOBILE LIABILITY			RAD943781809	01/01/2026	01/01/2027	COMBINED SINGLE LIMIT (Ea accident)	\$ 5,000,000	
	X ANY AUTO						BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY	<input type="checkbox"/>	SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$	
	Hired AUTOS ONLY	<input type="checkbox"/>	NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident)	\$	
								\$	
D	UMBRELLA LIAB	X	OCCUR	XSM G72500027 006 Excess of General Liability, Auto Liability, and Workers' Comp	01/01/2026	01/01/2027	EACH OCCURRENCE	\$ 10,000,000	
	X EXCESS LIAB		CLAIMS-MADE				AGGREGATE	\$ 10,000,000	
	DED <input type="checkbox"/> RETENTION \$							\$	
C C E	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y / <input type="checkbox"/> N	N / A	RWD300120310 (AOS) RWR300120410 (WI) RWE943548210 (CA, OH)	01/01/2026 01/01/2026 01/01/2026	01/01/2027 01/01/2027 01/01/2027	X PER STATUTE	OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
A	Professional Liability			RES943799406 SIR: \$1,750,000	01/01/2026	01/01/2027	Claim	\$ 2,000,000	
							Aggregate	\$ 2,000,000	

## DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Snohomish County Sheriff's Office is included as additional insured (except workers' compensation and crime) 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

Snohomish County Sheriff's Office  
Attn: Dawn Cicero  
3000 Rockefeller Ave. M/S 606  
Everett, WA 98201

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

*Marsh USA LLC*

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## ADDITIONAL REMARKS SCHEDULE

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AGENCY		NAMED INSURED Allied Universal Topco, LLC (See Attached for Additional Named Insureds) 161 Washington Street, Suite 600 Conshohocken, PA 19428	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

### ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance**

Excess Workers' Compensation

Policy No.: RWE943548210

Insurer: XL Specialty Insurance Company

Effective Dates: 1/1/2026 - 1/1/2027

Limit:

Employers Liability Each Accident: \$1,000,000

Employers Liability Disease-Policy Limit: \$1,000,000

Employers Liability Disease-Each Employee: \$1,000,000

SIR: \$1,000,000

Crime

Policy No.: 04-173-05-05

Insurer: National Union Fire Insurance Company of Pittsburgh, PA

Effective Dates: 08/15/2025 - 08/15/2026

Limit:

Employee Theft or Dishonesty: \$2,000,000

Clients' Property: \$2,000,000

Deductible: \$750,000

Contractors Pollution Liability

Policy No.: CPO13303734

Insurer: Commerce and Industry Insurance Company

Effective Dates: 01/01/2026 - 01/01/2028

Limit: \$5,000,000

Deductible: \$250,000

The General Liability and Professional Liability policies evidenced above share in the limits shown. The limits do not apply separately to the individual coverages

Allied Universal - List of Additional Insured  
Last Updated October 21, 2025

Adesta LLC  
Allied Universal Compliance and Investigations, Inc.  
Allied Universal Compliance and Investigations, Inc. d/b/a Advize Health  
Allied Universal Compliance and Investigations, Inc., fka G4S Compliance & Investigations, Inc.  
Allied Universal Event Services, Inc.  
Allied Universal Facility Solutions, LLC  
Allied Universal Finance Corporation  
Allied Universal Holdco LLC  
Allied Universal Sideco, Inc.  
AlliedBarton (NC) LLC  
AlliedBarton (NC) LLC, dba Allied Universal Security Services  
AMAG Technology, Inc.  
American Security Programs, Inc.  
CDA Incorporated  
CDA Incorporated d/b/a MaxSent  
Clean Sweep Building Services, LLC  
Diversified Maintenance Systems, LLC  
Diversified Maintenance-RWS, LLC  
Diversified Maintenance-RWS, LLC d/b/a  
Diversified Maintenance  
DMS Management, LLC  
DMS Parent, Inc.  
DMS Parent, LLC  
FJC Security Services, Inc.  
FJC Security Services, Inc., dba Allied Universal Security Services  
G4S Holding One LLC  
G4S Retail Solutions (Canada) Inc.  
G4S Retail Solutions (Canada) Inc. dba  
Deposita, an Allied Universal Company  
G4S Retails Solutions (USA) Inc.  
G4S Retails Solutions (USA) Inc., dba Deposita, an Allied Universal Company  
G4S Secure Integration LLC  
G4S Secure Integration LLC dba Allied Universal Technology Services  
G4S Secure Solutions International Inc.  
G4S Secure Solutions (Puerto Rico) Inc.  
G4S Secure Solutions (USA) Inc.  
G4S Secure Solutions (USA) Inc., dba Allied Universal  
G4S Technology Software LLC  
Guardsmark (Puerto Rico), LLC  
Guardsmark (Puerto Rico), LLC, dba Allied Universal Security Services, LLC  
Guardsmark (Puerto Rico), LLC, dba Universal Protection Service, LLC  
International Protective Service, Inc. d/b/a IPS

MG Security Services LLC  
Michael Stapleton Associates, Ltd.  
Michael Stapleton Associates, Ltd., dba MSA Security  
Michael Stapleton Associates, Ltd. dba Allied Universal Enhanced Protection Services  
MSA Investigations, Inc.  
MSA Investigations, Inc. dba Allied Universal Enhanced Protection Services  
MSA Security Canada Limited  
MSA Security Limited  
MSAS Parent Inc.  
Mulligan Security Holdings LLC  
Mulligan Security LLC  
Naki Cleaning Services, LLC  
Partners Group DMS Blocker I, LLC  
Peoplemark, Inc.  
Peoplemark Inc. dba Allied Universal Workforce Solutions  
Renaissance Center Management Company  
RONCO Consulting Corporation  
Securadyne Systems Intermediate LLC  
Securadyne Systems Intermediate LLC, dba  
Allied Universal Technology Services  
SOS Security LLC  
SOS Security LLC, dba Allied Universal Risk Advisory and Consulting Services  
SOS Security LLC, dba Allied Universal Security Services  
Spectaguard Acquisition LLC  
Staff Pro Inc.  
Staff Pro Inc., dba Allied Universal Event Services  
Titania Insurance Co. of America  
U.S. Security Associates Holding Corp.  
Universal Building Maintenance, LLC  
Universal Building Maintenance, LLC, dba Allied Universal Janitorial Services  
Universal Building Maintenance, LLC, dba Allied Universal Landscaping Services  
Universal Group Holdings LLC  
Universal Protection GP, Inc.  
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

Allied Universal - List of Additional Insured  
Last Updated October 21, 2025

Universal Protection Service of Canada  
Corporation, dba Allied Universal Technology  
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 Services of America, LP, dba Allied  
Universal  
UPSH Inc.  
USA GP Sub LLC  
USA Intermediate, Inc.  
USAGM Acquisition, LLC  
Vance Executive Protection, Inc.  
Vance International Consulting, Inc.

**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**

<b>Additional Insured(s)</b>	<b>Work</b>
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.

**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, 2026

### **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 #049**

This endorsement, effective on 01/01/2026 at 12:01 A.M. standard time, forms a part of  
Policy No. RES943799406

of the INDIAN HARBOR INSURANCE COMPANY

Issued to ALLIED UNIVERSAL TOPCO, LLC

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

**ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided by the following:

**COMMERCIAL GENERAL 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 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.**

**ENDORSEMENT #024**

This endorsement, effective on 01/01/2026 at 12:01 A.M. standard time, forms a part of  
Policy No. RES943799406 of the INDIAN HARBOR INSURANCE COMPANY  
Issued to ALLIED UNIVERSAL TOPCO, LLC

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

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

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE FORM**

**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 waived applies only to the person or organization shown in the Schedule above.

All other terms and conditions remain as written.

**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 01-01-2026

Policy No. RWD3001203-10

Endorsement No.

Insured Allied Universal Topco, LLC

Insurance Company  
XL Insurance America, Inc.

Countersigned by



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