

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/21/2023

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).

this	s certificate does not confer rights t	t to t	ne te e cert	erms and conditions of t ificate holder in lieu of si	ne poli Jch end	icy, certain p dorsement(s)	oolicies may	require an endo	rsemer	nt. A	statement on	
PRODUCER						CONTACT NAME:						
DFA INSURANCE						PHONE)943-6531	
PO Box 1868						E-MAIL ADDRESS: dfainsure@gmail.com						
Rockwall, TX 75087						INSURER(S) AFFORDING COVERAGE NAIC						
		INSURER A : PELEUS INSURANCE COMPANY										
INSURED						INSURER B:						
INTERNATIONAL SECURITY GUARD SERVICES						INSURER C :						
99 NW 183 ST. #232A						INSURER D :						
	MIAMI GARDENS, FL 33	3169			INSURER E :							
MIAMI CARDENO, LE 33103						INSURER F :						
COV	ERAGES CER	TIFIC	CATE	NUMBER:	REVISION NUMBER:							
CEF	S IS TO CERTIFY THAT THE POLICIES ICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	PERT POLI	REME FAIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN	IY CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH	DECDE	CT TO	WHICH THIS	
INSR LTR	A A		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS			
)	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE		\$	1,000,000	
-	CLAIMS-MADE X OCCUR X ERRORS & OMISSIONS X ASSAULT & BATTERY		Υ					DAMAGE TO RENTED PREMISES (Ea occurr	ence)	\$	100,000	
								MED EXP (Any one pe	erson)	\$	5,000	
				GLV0002496		7/19/2023	7/19/2024	PERSONAL & ADV IN	JURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA	TE	\$	2,000,000	
/	Y POLICY PRO- JECT LOC							PRODUCTS - COMP/C	OP AGG	\$	1,000,000	
	OTHER:							COMPINED OINOLE	15.417	\$		
-	ANY AUTO							COMBINED SINGLE L (Ea accident)	.IMIT	\$		
	OWNED SCHEDULED							BODILY INJURY (Per p	person)	\$		
-	AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Per a	. '	\$		
-	AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)		\$		
	UMBRELLA LIAB									\$		
	OCCUR							EACH OCCURRENCE		\$		
	CLATIVIS-IVIADE							AGGREGATE		\$		
W	DED RETENTION \$ ORKERS COMPENSATION							PER	OTH	\$		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A						STATUTE	OTH- ER			
								E.L. EACH ACCIDENT		\$		
								E.L. DISEASE - EA EM		\$		
D	ESCRIPTION OF OPERATIONS BEIOW							E.L. DISEASE - POLIC	YLIMIT	\$		
DESCRI	PTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedu	le, may be	e attached if more	e space is requir	ed)				
	GLE SOURCE SECURITY LLD di							,				
CERT	IFICATE HOLDER				CANC	ELLATION						
SINGLE SOURCE SECURITY LLC dba PROTOS SECURITY 90 Town Center Street, Suite 202 Daleville, VA 24083						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						



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/21/2023

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).

t	nis certificate does not confer rights t	t to to	ne te cert	rms and conditions of the ificate holder in lieu of su	he polic uch end	y, certain p orsement(s)	olicies may	require an end	orsemer	nt. A	statement on	
PRODUCER						CONTACT NAME:						
DFA INSURANCE						PHONE (24.4) CAC 22.47 FAX (24.						
PO Box 1868						(A/C, No, Ext): (214)040-334/ (A/C, No): (E-MAIL ADDRESS: dfainsure@gmail.com					1)943-6531	
Rockwall, TX 75087						INSURER(S) AFFORDING COVERAGE						
	,	INSURER A: PELEUS INSURANCE COMPANY						NAIC #				
INSURED						INSURER B :						
INTERNATIONAL SECURITY GUARD SERVICES						INSURER C :						
	99 NW 183 ST. #232A	INSURER D :										
	MIAMI GARDENS, FL 33		INSURER E :									
	,				INSURER F :							
CO	VERAGES CER	TIFI	CATE	NUMBER:	REVISION NUMBER:							
C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PER POLI	REME FAIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT	OR OTHER	DOCUMENT WIT	H DECDE	CT TO	WHICH THIS	
INSR LTR	NSR LTR TYPE OF INSURANCE		SUBR			POLICY EFF MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
	CLAIMS-MADE OCCUR		Y		((EACH OCCURRENCE DAMAGE TO RENTI	FD	\$	1,000,000	
	X ERRORS & OMISSIONS							PREMISES (Ea occurrence) MED EXP (Any one person)		\$	100,000 5,000	
Α	X ASSAULT & BATTERY	Y		GLV0002496		7/19/2023	7/19/2024	PERSONAL & ADV I		\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					.,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	GENERAL AGGREG		\$	2,000,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP		\$	1,000,000	
	OTHER:								70. 7.00	\$	1,000,000	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$		
	ANY AUTO							BODILY INJURY (Pe	er person)	\$		
	OWNED AUTOS ONLY AUTOS							BODILY INJURY (Pe		\$		
	HIRED AUTOS ONLY AUTOS ONLY						2	PROPERTY DAMAG (Per accident)	E	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	E	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$ WORKERS COMPENSATION									\$		
	AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A						E.L. EACH ACCIDEN	IT	\$		
								E.L. DISEASE - EA E	MPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLI	ICY LIMIT	\$		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	FS (4	CORD	101 Additional Pomarka School	la mau ha							
	MPLE CERT	-20 (2	CORD	101, Additional Remarks Schedul	ie, may be	attached if more	e space is requir	ed)				
CEI	STIEICATE HOLDER											
CEI	RTIFICATE HOLDER			Т	CANCE	LLATION						
SAMPLE CERT						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						