Kilgore Insurance 33 Centennial Drive at Centennial Square

July 10, 2008

P.O. Box 418

82 Court Street

Woodman & Scott, P.A.

Portsmouth, NH 03802

(978) 531-6550

Peabody, MA 01960 **Boynton Waldron Doleac** 

FAX (978) 531-9442

LEONARD B. KILGORE (1919-1998) JEFFREY B. KILGORE CYRUS A. KILGORE

Dear Mr. Grant:

Please accept this letter from Kilgore Insurance and Mr. Crowther in response to your "30 day-93A demand letter" date June 12, 2008 and June 18, 2008. Please do not construe our response to infer we believe your letters meet your burdens under MGL 93A: to the contrary, it is our contention your letter fails to comply with your notice provisions and fails to make claim under 93A.

In reviewing your correspondence, it is our sense you fail to appreciate insurance was placed for Madison in the surplus market; your assertions seem better suited to apply to principles regulating standard markets. In any event, we are uncertain by what you meant when you asserted you uncovered a business practice; therefore, let us be succinct in explaining to you our business practice in placing surplus business: when we are seeking to provide insurance for these risky accounts, we attempt to find insurance for our customers at a bottom line price that is less than our competition. We did this in this situation. Madison was, of course, free to place insurance with other brokers, which, as you know, it ultimately did. In fact, we're pleased Madison exercised its rights under a free and unregulated market.

Much like the field of unregulated attorney fees, fees and commissions in surplus market are not regulated. If you have authority to the contrary, we'd appreciate an opportunity to review that law. You are, however, correct in concluding that unless asked otherwise, when we communicate the cost of insurance to our customers, we do not break-down items of fees, premium surplus taxes, inspection costs, etc. Neither do we explain how we factor in the risk we assume to our loss ratio by placing the business. We simply provide a bottom line cost we are willing to accept to place and service the business. (By the way, I noticed the attachments to your June 12th letter were not the documents we provided to Madison. Those were net quotes to us not Madison.) However, as your client correctly learned, it is also our business practice to promptly provide a full accounting of all costs, fees, etc., upon request. Madison made that request, and it was provided with that accounting.

Another business practice we have, which we offered to Madison, is we reimburse our customers if they are dissatisfied with our service. We believe this goes beyond any standard the law would apply. Apparently this offer has been rejected. In any event, we stand ready to explain to any trier of fact the surplus market, the risks involved, the unregulated nature of that market, our bottom line billing practice combined with a full accounting upon request. Additionally, we do not waive any per-se violations your client may have committed.

With regards to your contentions the payroll was misrepresented, we can explain that it was not, with documentation that supports this. We used the information provided by your client.

Very truly yours.

Jelliey L. Rigue

JBK/kb

#### Cy Kilgore

From:

"Cy Kilgore" <cykilgore@onceanddone.com> <yvonne.torres@state.ma.us> Tuesday, November 09, 2004 9:28 AM net polices

To:

Sent:

Subject:

dear ms Torres, I was given your e-mail after coming in to your office on monday as I would like to no when I deal with surplus ins. companies that present quotes on a net commission base what are the regulation controlling the amount of commission I can charge. My question does not relate to discloser because obviously i would give full discloser. If there is a regulation on this could you please provide me with a copy, thanks for your help on this



----Original Message----

From: Kathy [mailto:kathyburke@onceanddone.com]

Sent: Thursday, August 30, 2007 10:47 AM

To: Kim Potavin

Subject: American Service

Kim-

Please review the following G/L & Umbrella submission and provide quote. We have not marketed this to any other carrier; looking for target date to deliver proposal of 09/10

Kathy @ Kilgore Insurance

#### Kim Potavin

From: Lisa DiCenso [lisadicenso@onceanddone.com]

Sent: Friday, March 21, 2008 11:33 AM

To: Kim Potavin
Cc: Andrew Crowther

Subject: Fw: Security, III

Hi Kim,

Andy asked that I respond to the questions regarding the above referenced insured.

No, we are not submitting an application to any other carrier.

I am in the process of obtaining the addresses for the residential properties you listed and will forwarded this information upon receipt.

Thank you

Lisa DiCenso
Commercial Lines
Kilgore Insurance Group
33 Centennial Dr
Peabody, MA 01960
978-531-6550
978-531-9442 fax
lisadicenso@onceanddone.com
----- Original Message ----From: Andrew Crowther
To: Lisa DiCenso

Sent: Friday, March 21, 2008 10:01 AM

Subject: Fw: Security, III

Andrew W. Crowther, CIC Kilgore Insurance Group 33 Centennial Drive Peabody, MA 01960

Phone: 978-531-6550 x241 Fax: 978-531-9442

E-mail: andrewcrowther@onceanddone.com

---- Original Message ----From: Kim Potavin
To: 'Andrew Crowther'

Sent: Thursday, March 20, 2008 6:30 PM

Subject: Security, III

#### i Andy,

Thanks for the renewal app for the above caption. Are you or the insured submitting this to any other insurance carriers besides us this year for a quote?

One additional item is needed to quote the renewal:

It appears as though a couple of the residential properties have changed from last year:

We need the complete addresses for: Hemingway Realty Trust and Mission Hill Neighbors.

Once this is received I will be able to send renewal quote to you.

I will be out of the office tomorrow, however please feel free to contact me on Monday.

Thanks!

Kim

Kim Potavin
Account Manager
The Mechanic Group Inc.
One Blue Hill Plaza, Ste 530
Pearl River, NY 10965
p. 800 214 0207 ext. 115
f. 845 735 8383
e. kpotavin@mechanicgroup.com
w. www.mechanicgroup.com

Notice: Coverage descriptions (if any) included in this email are abbreviated. Coverage referenced is subject to all terms, conditions, limitations and exclusions of the applicable policy(ies). If there is any conflict between a coverage statements made in this email and the applicable insurance policy (ies), the policy provision will prevail.

Confidentiality Notice- The information contained in this electronic mail is privileged and confidential and is intended for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this electronic mail is strictly prohibited. If you have received this electronic mail in error, please immediately notify the sender and delete all copies.

#### SURPLUS SERVICES

#### INSURANCE AGENCY, INC. -CORRESPONDENTS AT LLOYDS 150 WELLS AVENUE, NEWTON, MA 02159 TEL (617)964-5340 FAX (617) 964-3256 1-800-852-3077 - MASSACHUSETTS ONLY

#### \*\*THIS IS NOT A BINDER OF INSURANCE\*\*

ATTN: ANDY CROWTHER

DATE: JULY 22,2002

TO: KILGORE INSURANCE AGENCY

WE ARE PLEASED TO OFFER THE FOLLOWING QUOTATION/INDICATION SUBJECT TO THE RATES AND CONDITIONS AS DETAILED BELOW.

INSURED: NEW WORLD SECURITY ASSOCIATES, INC.

MAILING ADDRESS: 530 WARREN STREET, ROXBURY, MA. 02121

LOCATION: VARIOUS

FORM OF COVERAGE: UMBRELLA

LIMITS OF LIABILITY: \$5,000,000 EXCESS OF PRIMARY.

SIR: \$10,000.

PREMIUM: \$26,000.00 25 % MINIMUM EARNED PREMIUM.

TERM: ONE YEAR

\*PLEASE READ THE TERMS AND CONDITIONS CAREFULLY.
THIS QUOTE MAY NOT COMPLY WITH ALL THE
CONDITIONS, TERMS OR COVERAGE REQUESTED.

\*\*\*SPECIAL CONDITIONS: NO FLAT CANCELLATIONS
PERMITTED\*\*\*

THE FOLLOWING EXCLUSIONS ARE INCLUDED IN THE UMBRELLA COVERAGE PART:

ASBESTOS, EMPLOYMENT RELATED PRACTICES, UNINSURED / UNDERINSURED MOTORISTS, LEAD CONTAMINATION, NUCLEAR ENERGY, POLLUTION, CCC AND ERISA.

ENDORSEMENTS – PLUS APPLICABLE STATE ENDORSEMENTS AUTOMOBILE LIABILITY LIMITATION.

CONTRACTUAL LIABILITY LIMITATION.

DESIGNATED ENDORSEMENT: ORGANIC PATHOGEN EXCLUSION.

MINIMUM EARNED PREMIUM.

TERRORIST EXCLUSION.

PUNITIVE DAMAGE ENDORSEMENT.

PROFESSIONAL LIABILITY LIMITATION.

SERVICE OF SUIT ENDORSEMENT.

TOTAL POLLUTION EXCLUSION.

KNOWN INJURY OR DAMAGE EXCLUSION.

UNIMPAIRED AGGREGATE LIMITS ENDORSEMENT.

COMMENTS / OTHER TERMS:

U/L GL AT 1MIL / 2MIL PER PROJECT AGGREGATE.

U/L AL AT 1MIL CSL.

U/L EL AT 500/500/500.

COMPANY REQUIRES THAT APPLICATION BE COMPLETED, DATED AND SIGNED BY APPLICANT PRIOR TO BINDING.

COMPANY REQUIRES COMPLETE COPIES OF ALL UNDERLYING POLICIES AND ENDORSEMENTS, IF WRITTEN.

LOSS RUNS STILL DID NOT COME OUT CLEAR ON THE FAX MACHINE, COMPANY MUST HAVE GENERAL LIABILITY, AUTOMOBILE LOSSES AGGREGATED BY YEAR FROM JUNE 21, 1998 TO PRESENT PRIOR TO BINDING.

COMPANY: SCOTTSDALE INSURANCE COMPANY

STATE TAX: 4% FILING FEE: N/A INSPECTION FEE: N/A

COMMISSION: 10 %

THIS <u>QUOTATION</u> SHALL IN NO EVENT BE VALID BEYOND JULY 31,2002.

VIN GOVONI EXT 620



The Mechanic Group, Inc.
One Blue Hill Plaza – Strite #530
Post Office Box #1646
Pearl River, New York 10985-8648
Toll Free: 800-214-0207
Telephone: 845-735-0700
Facsimile: 845-735-8383
www.mechanicgroup.com

Primary Commercial General Liability Insurance Proposal Prepared for:

Quote Date: 4/9/2007 Quote No: 04/11/07-01 Quote valid for 30 days

#### Security III, Inc.

Attention:

Kilgore Insurance Agency

Company:

**Tudor Insurance Company** 

illipany. I udor insuranc

"A+" Rated by A.M. Best's Underwriting Guide

A Member Company of Western World Insurance Group

**Excess and Surplus Lines Carrier** 

**Policy Period:** 

April 11, 2007 through April 11, 2008

Policy Form:

Occurrence

Limits:

General Aggregate

3,000,000

Products & Completed Operations Aggregate

included

Each Occurrence

1,000,000

Personal and Advertising Injury (each occurrence)

1,000,000

Fire Damage (any one fire)

100,000

Medical Payments (any one person)

1,000

Policy Highlights:

240-001 (11/06)

**Errors & Omissions** 

240-002 (10/04)

**Bianket Additional Insureds** 

240-004BP (09/05)

Significat Additional modical

240-004BP (09/05)

Assault and Battery
Personal Injury Extension

240-005 (09/05)

**Emergency Medical Malpractice** 

240-006 (09/05)

Knowledge of Occurrence

240-009 (09/05)

Mobile Equipment Extension

240-011 (09/05)

Theft Extension Endorsement

240-015 (09/05)

**Contractual Liability Limitation** 

240-030 (09/05)

Lost Key Extension

CG 00 01 (07/98)

**General Liability** 

240-003A (09/05)

**Broad Form Property Damage** 

**Optional Coverage:** 

(These coverages are

available but are NOT

included in the quote)

Per Project Aggregate

Waiver Of Subrogation - \$250 per request Employers' Liability (Stop Gap) - \$500,000 Each

Employee / Accident

Hired Auto And Non-Owned Auto Liability - subject

to underwriting and additional premium

Airport Limitation - coverage for named airports, no screening or transport on mobile equip./wheelchairs Additional Insured - CG 2010 \$250 per request Employment Benefits Liability - subject to underwriting and additional premium



Primary Commercial General Liability Insurance Proposal Prepared for:

#### Security III, Inc.

**Policy Exclusions** 

Bars, Nightclubs, & Taverns (non alarm only); Employment Related Practices; Fungi or Bacteria; New Entities; Securities & Financial Interest; Territory Limitation, Standard ISO Exclusions; Total Pollution with hostile fire exception; Total Asbestos; War or Terrorism; Lead Contamination; Airport; Canine; Punitive & Exemplary Damages.

Class Code	Description	Rate	Exposure	Expos Type	Deductible(*)
98751	Security and Patrol Agencies	51.260	\$210,000	Payroll	\$1,000
				10 14-5	1

(\*) Deductible Per claim, defense & investigative expenses included

Without Certified Terrorism Endorsement	With Certified Terrorism Endorsement		
\$10,765.00	\$11,842.00		
\$.00	\$.00		
\$10,765.00	\$11,842.00		
\$430.60	\$473.68		
\$.00	\$.00		
\$250.00	\$250.00		
\$11,445.60	\$12,565.68		
\$1,076.50	\$1,184.20		
\$10,369.10	\$11,381.48		
	### Endorsement \$10,765.00 \$.00 \$10,765.00 \$430.60 \$.00 \$250.00 \$11,445.60 \$1,076.50		

Estimated Annual Premium subject to Audit

Conditions to Bind:		Signed and Dated Mechanic Group Application - must be signed by an owner or principal				
		Five Year Currently Valued Loss Runs				
	$\boxtimes$	Certified Terrorism Disclosure - signed by the applicant, indicating accept	otance or rejection of coverage			
	$\boxtimes$	State Surplus Lines Forms (if applicable)				
And Inches						
If proposal is acceptable,	pleas	e sign below and return to our office (fax: 845-735-8383)				

Signature

Date

The proposal of coverage herein is only illustrative and is not intended as a policy of insurance, binder or statement of coverage of any policy of insurance. In every histance, the policy is the only accepted statement of coverage. This is not a binder or confirmation of insurance. I acknowledge that corporations or individuals insured by surplus lines carriers do not have the protection of individual state insurance guarantee acts to the extent of any right of recovery of the obligation of an insolvent carrier. The Mechanic Group will be held harmless for any damages arising out of the failure of the carrier to fulfill any of its obligations. In addition, The Mechanic Group, Inc. performs substantial assivices in connection with this policy. These services include but are not limited to procurement of original policies and certificates, negotiations of classifications, rates and premiums; filing of paperwork required by regulatory agencies; assistance in claims processing and handling; assistance in billing and payment matters. In view of the above, it is necessary for The Mechanic Group, Inc. to charge the processing fee shown. By signing this memorandum, you agree to pay this processing fee at policy inception. Please note that this quote is based on the coverage, terms and conditions listed above, which may be different form those requested in your original submission. As you are the representative of the insured, it is incumbent upon you to review the terms of this quote carefully with your insured and reconcile any differences between the terms quoted below and those terms originally requested. This coverage may not be bound without a fully executed brokerage agreement.



The Mechanic Group, Inc. One Blue Hill Plaza – Suite #530 Post Office Box #1646 Pearl River, New York 10965-8646 Toll Free: 800-214-0207 Telephone: 845-735-0700

Facsimile: 845-735-8383 www.mechanicgroup.com

Primary Commercial General Liability Insurance Proposal Prepared for:

Quote Date: 4/9/2007 Quote No: 04/11/07-01

#### Security III, Inc.

#### **BROKER GENERAL PROCEDURES**

#### I. Binders:

Upon confirmation that coverage has been bound by The Mechanic Group, brokers may issue binders. Prior to binding your first submission, your signed Producer Agreement, copy of your State's License, evidence of Errors & Omissions insurance coverage and a completed form W-9 must be received by our office

#### II. Certificates of insurance:

Brokers may issue Certificates of Insurance to their insured's.

#### III. Additional Insured Requests:

All Additional Insured Certificates must be sent to our office and be accompanied by a signed and completed Additional Insured Questionnaire!!! The following wording MUST be used on all Additional Insured Certificates:

With respect to the commercial liability plan referenced above certificate holder listed below is included as additional insured but only to the extent that certificate holder is held liable for the negligent acts, errors or omissions of the named insured

Any other wording must be approved by our office prior to issuing the Certificate of Insurance.

#### IV. Claims:

All claims and/or notice of incident must be reported directly to our office as soon as possible. Please forward a completed "Acord Loss Notice" along with supporting documentation.

#### VI. Audits:

Policies that are subject to audit will be scheduled shortly after policy expiration. Please advise your insured of this as it is important they cooperate with the auditor. Failure to do so could effect future renewals.

#### VII. Renewals:

Renewal applications will be sent to your office approximately 60 days prior to the renewal date. It is imperative the application be completed and returned by your insured as soon as possible to secure a renewal quote.

#### VII. Sub-Brokered/Produced Business:

A great deal of information is required from the Broker/Producer to accurately evaluate an account. It is imperative to obtain this information from the Broker/Producer working directly with the Insured. Therefore, we CANNOT allow Brokers/Producers to sub-broker business

#### WESTERN WORLD INSURANCE GROUP

#### NOTICE – OFFER OF TERRORISM COVERAGE NOTICE – DISCLOSURE OF PREMIUM GENERAL LIABILITY AND PROPERTY

The Terrorism Risk Insurance Extension Act of 2005 establishes a program within the Department of the Treasury, under which the federal government shares, with the insurance industry, the risk of loss from future terrorist attacks. The Act applies when the Secretary of the Treasury certifies that an event meets the definition of an act of terrorism. The Act provides that, to be certified, an act of terrorism must cause losses of at least fifty million dollars in 2006 or one hundred million dollars in 2007 and must have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest to coerce the government or population of the United States.

In accordance with the Terrorism Risk Insurance Extension Act of 2005, we are required to offer you coverage for losses resulting from an act of terrorism that is certified under the federal program as an act of terrorism committed by an individual(s) acting on behalf of a foreign person or foreign interest. The policy's other provisions will still apply to such an act. Your decision is needed on this question: do you choose to pay the premium for terrorism coverage stated in this offer of coverage, or do you reject the offer of coverage and not pay the premium? You may accept or reject this offer.

See the section of this Notice titled DISCLOSURE OF PREMIUM. If you choose to accept this offer of coverage, your premium will include the additional premium for terrorism as stated in such DISCLOSURE.

Failure to pay the premium by the due date will constitute rejection of the offer and your policy will be written to exclude the described coverage.

You may choose to reject the offer by signing the enclosed statement and returning it to us, and your policy will be written to exclude the described coverage.

ACCEPTANCE OR REJECTION OF CERTIFIED TERRORISM INSURANCE COVERAGE (CHECK ONE)

# I hereby reject the offer of certified terrorism coverage. I hereby accept the offer of certified terrorism coverage for a prospective premium. DISCLOSURE OF PREMIUM If you accept this offer, the premium for terrorism coverage is \$1,120.08 Security III, Inc. Policyholder/Applicant's Signature Print Name Date Policy Number

DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 90% in 2006 and 85% in 2007 of that portion of the amount of such insured losses that exceeds the applicable insurer deductible.

Western World Insurance Company - Tudor Insurance Company - Stratford Insurance Company 400 Parson's Pond Drive Franklin Lakes, NJ 07417-2600 Telephone: (201) 847-8600



The Mechanic Group, Inc. One Blue Hill Plaza – Suite #530 Post Office Box #1646 Pearl River, New York 10965-8646

Toll Free: 800-214-0207
Telephone: 845-735-0700
Facsimile: 845-735-8383
www.mechanicgroup.com

Primary Commercial General Liability Insurance Proposal Prepared for:

Quote Date: 11/13/2007 Quote No: 11/14/07-02 Quote valid for 30 days

#### **American Flagging & Traffic Control**

Attention:

Kilgore Insurance Agency

Company:

**Gemini Insurance Company** 

,

"A+" Rated by A.M. Best's Underwriting Guide, Financial Size XV

A Member Company of W.R. Berkley Group

**Excess and Surplus Lines Carrier** 

**Policy Period:** 

November 14, 2007 through November 14, 2008

Policy Form:

Occurrence

CG 00 01 12 04

Limits:

General Aggregate	3,000,000
Products & Completed Operations Aggregate	3,000,000
Each Occurrence	1,000,000
Personal and Advertising Injury (each occurrence)	1,000,000
Fire Damage (any one fire)	100,000
Medical Payments (any one person)	10.000

**Commercial General Liability** 

Policy Highlights:

0000	
CG 20 10 07 04	Blanket Additional Insured
CG 22 74 10 01	Personal Injury Extension
CG 75 31 09 05	Loss Key Coverage
CG 75 32 06 07	Broad Form Property Damage & Theft Extension Endorsement
CG 75 34 08 07	Assault & Battery
CG 75 53 09 05	Electronic Data Liability
CG 75 60 06 07	Limited Canine Coverage
CG 75 80 09 07	Emergency Medical Technicians and Paramedics
CG 75 81 06 07	Mobile Equipment Extension
CG 75 91 09 07	Errors & Omissions

Optional Coverage:

Stop Gap (Employers Liability)

Employee Benefits Liability (\$1,000,000 Occurrence, \$1,000,000 Aggregate) Additional Insured - Owners, Lessees Or

Additional Insured - Engineers, Architects
Additional Insured - Completed Operations

Contractors

Additional insured - Completed Operations

(These coverages are available but are NOT included in the quote)

Waiver Of Subrogation

Designated Construction Project(s) General Aggregate

Limit

Designated Location(s) General Aggregate Limit

Hired And Non-Owned Auto Liability



Primary Commercial General Liability Insurance Proposal Prepared for:

If proposal is acceptable, please sign below and return to our office (fax: 845-735-8383)

#### **American Flagging & Traffic Control**

Security and Patrol Agencies

**Policy Exclusions** 

98751

Class Code Description

All exclusions listed in the Commercial General Liability Coverage Form CG0001 (12/04) unless otherwise amended by endorsement and referenced in this proposal; Employment Related Practices; Fundi or Bacteria: Securities & Financial Interest; Territory Limitation, Total Pollution with a Building Heating, Cooling & Dehumidifying Equipment Exception and Hostile Fire Exception; Total Asbestos; War or Terrorism; Lead Contamination

Rate

40.000

**Exposure** 

\$240,000

**Expos Type** 

Payroll

Deductible

\$1,000

Premiums	Without Certified Terrorism Endorsement	With Certified Terrorism Endorsement	
Standard Premium:	\$9,600.00	\$10,560.00	
Optional Coverage:	\$.00	\$.00	
Annual Premium:	\$9,600.00	\$10,560.00	
State Tax:	\$197.00	\$216.20	
Stamping Fees:	\$.00	\$.00	
Processing & Filing	ee: \$250.00	\$250.00	#
Total Premium:	\$10,047.00	\$11,026.20	e is Lyre
Commission:	\$960.00	\$1,056.00	w 8
Net Premium Du	: \$9,087.00	\$9,970.20	All endorsement premiums are fully earned
Net Premium Due	: \$9,087.00  ☐ Signed and Dated Mechanic Grou ☐ Five Year Currently Valued Loss F ☐ Certified Terrorism Disclosure - sig ☐ State Surplus Lines Forms (if appl	p Application – <b>must be signe</b> Runs gned by the applicant, indicatir	fully earned  d by an owner or princip

the policy is the only accepted carriers do not have the protein Group will be held harmless fo services in connection with thi premiums; filing of paperwork it is necessary for The Mechai

Signature

The proposal of coverage heren is only illustrative and is not intended as a policy of insurance, binder or statement of coverage of any policy of insurance. In every instance, statement of coverage. This is not a binder or confirmation of insurance. I acknowledge that corporations or individuals insured by surplus lines ion of individual state insurance guarantee acts to the extent of any right of recovery of the obligation of an insolvent carrier. The Mechanic any damages arising out of the failure of the carrier to fulfill any of its obligations. In addition, The Mechanic Group, Inc. performs substantial policy. These services include but are not limited to procurement of original policies and certificates, negotiations of classifications, rates and equired by regulatory agencies; assistance in claims processing and handling; assistance in billing and payment matters. In view of the above, c Group, Inc. to charge the processing fee shown. By signing this memorandum, you agree to pay this processing fee at policy inception Please note that this quote is ased on the coverage, terms and conditions listed above, which may be different form those requested in your original submission. As you are the representative of the insural, it is incumbent upon you to review the terms of this quote carefully with your insured and reconcile any differences form the terms requested in the original submission. The Mechanic Group, Inc. disclaims any responsibility for your failure to reconcile with the insured any differences between the terms quoted below and those terms originally requested. This coverage may not be bound without a fully executed brokerage agreement.

Date

Insured

American Flagging & Traffic Control

**Quote Date** 

11/13/2007

Quote Number

11/14/07-02

Insurance Company

Gemini Insurance Company

# NOTICE – OFFER OF TERRORISM COVERAGE NOTICE – DISCLOSURE OF PREMIUM

The Terrorism Risk Insurance Act of 2002, as extended in December 2005, established a program within the U.S. Department of the Treasury, under which the federal government shares, with the insurance industry, the risk of loss from future terrorist attacks. The Act applies when the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General, certifies that an event meets the definition of an act of terrorism. The Act provides that, to be certified, an act of terrorism must have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest to coerce the civilian population of the United States or to influence the policy or affect the conduct of the U.S. Government by coercion.

In accordance with the Terrorism Risk Insurance Act, we are required to offer you coverage for losses resulting from an act of terrorism that is certified under the federal program. The policy's other provisions will still apply to such an act. Your decision is needed on this question: do you choose to pay the premium for terrorism coverage stated in this offer of coverage, or do you reject the offer of coverage and not pay the premium? You may accept or reject this offer:

	DISCLOSURE OF PREMIUM AND ACCEPTANCE OR REJECTION OF OFFE  I hereby elect to purchase certified terrorism coverage for an Annual premium of:	\$979.20
	A) Premium through end of 12/31/07	\$128.37
	B) Estimated Premium beyond 12/31/07	\$850.83
91	I understand that the federal Terrorism Risk Insurance Extension Act of 2005 may terminate on December 31, 2007. Should that occur my coverage for terrorism as defined by the Act will also terminate.	
	This premium does not include any charges for the portion of the loss covered by the federal government	
	I hereby reject the purchase of certified terrorism coverage. I understand that by rej offer, I will have no coverage for losses arising from an act of terrorism as defin	ecting this ed above.

**IMPORTANT**: Please note that even if you elect to purchase this coverage, losses caused by war may be excluded from coverage under your policy. Losses resulting from terrorist acts that the Secretary of the Treasury fails to certify as falling within the federal Terrorism Insurance Program also will be excluded from coverage where permitted by state law.

THE PERSON SIGNING THIS NOTICE REPRESENTS SHE OR HE HAS THE REQUISITE AUTHORITY TO BIND THE NAMED INSURED AND YOU WAIVE ANY AND ALL RIGHT YOU MAY HAVE TO REPUDIATE THIS NOTICE ON THE BASIS OF A SUBSEQUENT DEMOTION OR DISMISSAL OF THE PERSON SIGNING THIS NOTICE ON YOUR BEHALF.

Applicant's/Named Insured's Signature

Print Name of Person Signing and Relationship to Applicant/Named Insured

Date

#### DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share generally equals ninety (90) percent (eighty-five (85) percent in 2007) of that portion of the amount of such insured losses that exceeds the applicable insurer retention.

THE SUMMARY OF THE ACT AND THE COVERAGE UNDER YOUR POLICY CONTAINED IN THIS NOTICE IS NECESSARILY GENERAL IN NATURE. YOUR POLICY CONTAINS SPECIFIC TERMS, DEFINITIONS, EXCLUSIONS AND CONDITIONS. IN CASE OF ANY CONFLICT, YOUR POLICY LANGUAGE WILL CONTROL THE RESOLUTION OF ALL COVERAGE QUESTIONS. PLEASE READ YOUR POLICY CAREFULLY.

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Kilgore Insurance Agency 33 Centennial Drive Peabody, MA 01960 Phone (978) 531-6550 Fax (978) 531-9442

To:
SZERUP + Co.
Fax#: 923-進行 57/8
912
RE: AEGIS PROTECTION GROUP LIC
# XLIS 0021-61942
Number of Pages to Follow: NoNE
PLEASE BIMD AND ISSUE REMENTE VIMBRELLY
POLICY EFFECTIVE 11-25-05 PER YOUR GLUOTE
OF 11-22-05 AT \$ 15,295 PROMIUM
PLUS TAX
WITHOUT TERRORISM - AND WITHOUT
COMMINION TO OUR AGENCY.
IF YOU HAVE ANY QUESTIONS, PLEASE CALL.
THANKS,
Andy Crowther
andrewcrowther@onceanddone.com

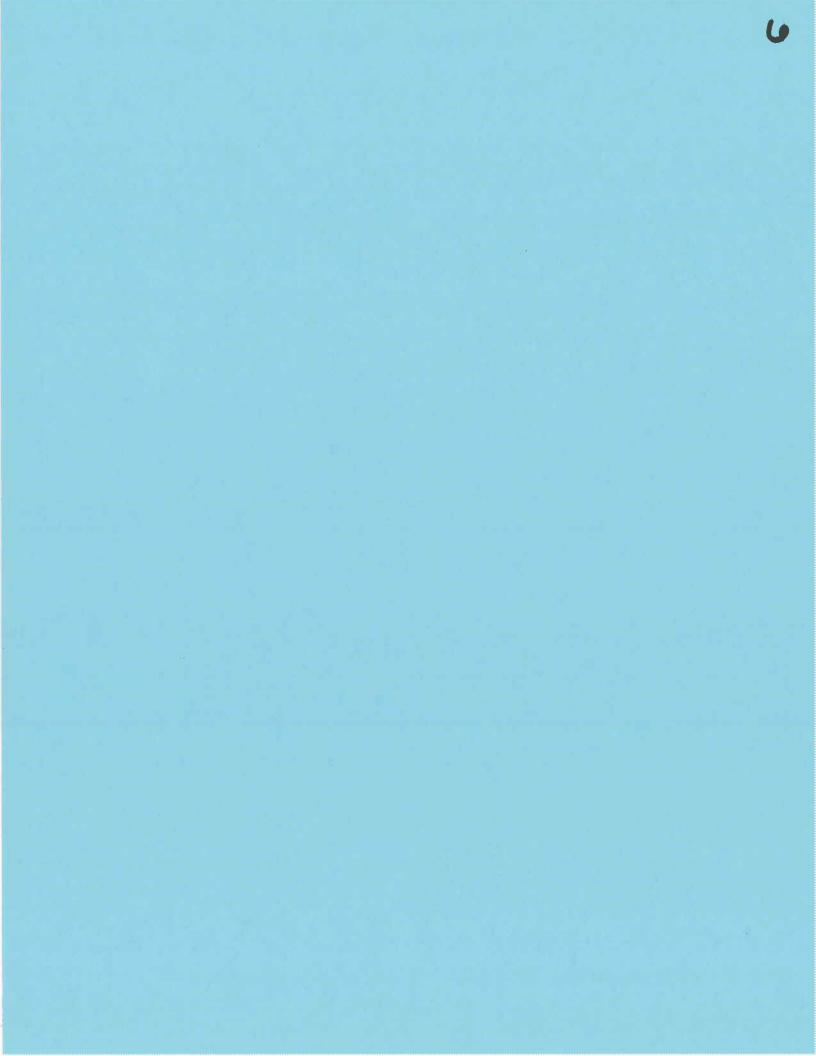
# Kilgore Insurance Agency

## 33 Centennial Drive

# Peabody, MA 01960

### **Cover Sheet**

To: Jim Laplante	Date 12/17/07
All Risks, Ltd	Fax# 410 828-817
From: Kathy	Fax # 978-531-9442
	Tel # 978-531-6550
RE: Atlas Alarm	Tel # 978-531-6550
Number of pages to follow:/	Chindred in the
Please bind and issue 12/19 per your quote of	\$ \$46,011.
without commission to	sur office.
	Thanks -
Kathy Burke kathyburke@onceanddone.com	



(978) 531-6550

Kilgore Insurance

33 Centennial Drive at Centennial Square Peabody, MA 01960

FAX (978) 531-9442

LEONARD B. KILGORE (1919-1996) JEFFREY B. KILGORE CYRUS A. KILGORE

November 30, 2005

Aegis Pretection Group P.O. Box 2288 Framingham, MA 01703

ATT: Ed Holston

RE: General Liability
Umbrella Liability

Dear Ed:

Thank you for placing the coverage shown above with our office. The binders are enclosed as proof of coverage until the actual policies are issued. The invoices for the premiums are also enclosed and due upon receipt. In the event you would prefer to finance, a contract has been enclosed. Simply sign and return one copy of the contract with the deposit payable to Kilgore Insurance. Premium Assignment Corporation will bill you for the balance.

If you have any questions, please contact either Kathy Burke or myself. We appreciate the opportunity to service your business.

Sincerely,

Andrew W. Crowther, CIC

AWC/kb

Kilgore Insurance Agency
33 Centennial Drive
Peabody, MA 01960
Phone# 978-531-6550 / Fax# 978-531-9442

Page 1

Account no. OP Date
AEGIS-2 KB 11/30/05

**General Liability** 

Policy # 115 5726 Company: Szerlip & Co., Inc.

Invoice # 4440

Effective Expiration Balance due 11/25/05 11/25/06 upon receipt

Aegis Protection Group Ed Holston P.O. Box 2288 Framingham, MA 01703

Item	Effective Date	TRN	Description	Amount
1tem 56740	11/25/05	REN	General Liability	\$133,299.50

ACORD INSUF	RANCE BINDER				(	OPID KB	DATE 11/30/05	
	SURANCE CONTRACT, SUBJECT TO			N ON THE	REVERSE S	SIDE OF TH		
PRODUCER PHONE (A/C, No	Ext): 978-531-6550	COI	IPANY			BINDER	* 5035	
	978-531-9442	Le	mington Inst		Co			
lgore Insurance Agency			DATE		TIME		EXPIRATION TIME	
Centennial Drive					X AM		X 12:01 AM	
reabody MA 01960			11/25/05	12:01	PM	12/2	5/05 NO	
CODE:	SUB CODE:	─ x	THIS BINDER IS ISSI PER EXPIRING POLI	CY#: 115	5-5107			
AGENCY CUSTOMERIO: AEGIS-2		DES	CRIPTION OF OPERATI	ONS/VEHICLE	S/PROPERTY	Including Loca	tion)	
Aegis Protection ( Ed Holston P.O. Box 2288 Framingham MA 0176		3.	scurity Guar	:ds				
COVERAGES						LIMIT	3	
TYPE OF INSURANCE	COVERAGE	FORM\$		- 1	DEDUCTIBLE	COINS %	AMOUNT	
PROPERTY CAUSES OF LOSS								
BASIC BROAD SPEC	11							
GENERAL LIABILITY				E	ACH OCCURR	ENCE	\$5,000,000	
X COMMERCIAL GENERAL LIABILITY				F	IRE DAMAGE (	Any one fire)	\$50,000.	
CLAIMS MADE X OCCUR			74	N	ED EXP (Any o	ne person)	3	
X Errors & Omissions				P	ERSONAL & AI	DV INJURY	\$5,000,000	
				G	ENERAL AGGI	REGATE	\$5,000,000	
	RETRO DATE FOR CLAIMS MADE:			P	RODUCTS - CO	OMP/OP AGG	\$5,000,000	
AUTOMOBILE LIABILITY				C	OMBINED SIN	GLE LIMIT	s	
ANY AUTO		*		В	ODILY INJURY	(Per person)	\$	
ALL OWNED AUTOS				8	ODILY INJURY	(Per accident)	s	
SCHEDULED AUTOS			100	-	ROPERTY DAM	·	s	
					EDICAL PAYM		s	
HIRED AUTOS					ERSONAL INJ		3	
NON-OWNED AUTOS	**		F		NINSURED MC		5	
					MANUAL MA	TORIST	3	
AUTO PHYSICAL DAMAGE DEDUCTIBLE	ALL VEHICLES SCHEDULED	VIETNOI E			ACTIVAL A	240111441115	3	
WOLD LELENCE SHOWEN DEDUCTIBLE	ALL VEHICLES SCHEDULED	VEHICLE	3			CASH VALUE		
COLLISION:				-	STATED	AMOUNT	\$	
OTHER THAN COL:					OTHER			
GARAGE LIABILITY				1	UTO ONLY - E	A ACCIDENT	\$	
ANY AUTO				C	THER THAN A	UTO ONLY:		
						HACCIDENT	\$	
	·					AGGREGATE	\$	
EXCESS LIABILITY				E	ACH OCCURR	ENCE	\$	
UMBRELLA FORM	*	10		A	GGREGATE		\$	
OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:			5	ELF-INSURED	RETENTION	\$	
					WC STAT	UTORY LIMITS		
WORKER'S COMPENSATION		<u>a</u>		E	L EACH ACC	DENT	3	
EMPLOYER'S LIABILITY				E	L. DISEASE -	EA EMPLOYEE	s	
				6	L. DISEASE -	POLICY LIMIT	\$	
******				F	EES		\$	
SPECIAL CONDITIONS/	*			1	AXES		3	
COVERAGES					STIMATED TO	TAL PREMIUM		
NAME & ADDRESS		-					1.	
NAME & ADDRESS			MORTGAGEE LOSS PAYEE	ADDITI	ONAL INSURE			
		LOAI		LL				
		AUTI	HORIZED REPRESENTA					
		1	Eynes A	de	lgor	)		

Kilgore Insurance Agency Invoice # 4441
33 Centennial Drive
Peabody, MA 01960
Phone# 978-531-5550 / Fax# 978-531-9442

Page 1

Account no. OP Date
AEGIS-2 KB 11/30/05

Umbrella Policy # UMS0018828

Company: Szerlip & Co., Inc.

Effective Expiration Balance due 11/25/05 11/25/06 upon receipt

Aegis Protection Group Ed Holston P.O. Box 2288 Framingham, MA 01703

Item	Effective Date	TRN Description		Amount
56744	11/25/05	REN	Umbrella	\$21,436.80

ACORD. INSUF	RANCE BINDER	-			-	PID KB	11/30	/05
THIS BINDER IS A TEMPORARY INS	THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.							
RODUCER PHONE (A/C, No.	978-531-6550 978-531-9442		Scottsdale Insurance				BINDER# 5036	
lgora Insurance Agency Centennial Drive Feabody MA 01960			DATE	INE	ME	D/	EXPIRATION	TIME
			12:01 X AM		12/25/05 NOC		12:01 AN	
		11/25/05					NOON	
CODE:	SUR CODE:	IN THE ABOVE		ANY				
GENCY CUSTOMER ID: AEGIS-2		DES	CRIPTION OF OPERA	ations/vehicle	S/PROPERTY (	Including Locat	ion)	
Aegis Protection ( Ed Holston P.O. Box 2288 Framingham MA 0170								
COVERAGES		_				LIMIT	3	
TYPE OF INSURANCE	COVERAGE/FO	RNS			DEDUCTIBLE	COINS %	AMOU	NT
PROPERTY CAUSES OF LOSS								80
BASIC BROAD SPEC			8				* Al	
SENERAL LIABILITY	4		4	-	EACH OCCURRI	\$	ř:	
COMMERCIAL GENERAL LIABILITY				-	FIRE DAMAGE (		\$	
CLAIMS MADE OCCUR				-	MED EXP (Any one person)		\$	
					PERSONAL & ADV INJURY		\$	
					GENERAL AGGI	REGATE	\$	
	RETRO DATE FOR CLAIMS MADE:				PRODUCTS - CO	OMP/OP AGG	3	
AUTOMOBILE LIABLITY					COMBINED SIN	GLE LIMIT	\$	
ANY AUTO					BODILY INJURY	(Per person)	\$	
ALL OWNED AUTOS				L	BODILY INJURY	(Per accident)	\$	
SCHEDULED AUTOS					PROPERTY DAMAGE		S	
HIRED AUTOS					MEDICAL PAYMENTS		\$	
NON-OWNED AUTOS				ſ	PERSONAL INJURY PROT		\$	
MON-OWNED ACTOS				- 1	UNINSURED MOTORIST		s	
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	ALL VERICLES SCREDULES VERIGICES				STATED	AMOUNT	3	
COLLISION:					OTHER			
OTHER THAN COL:		-	-		AUTO ONLY - E	A ACCIDENT	5	
GARAGE LIABILITY				OTHER THAN A				
ANY AUTO					EACH ACCIDENT		\$	
					AGGREGATE		s	
					EACH OCCURE		\$1,000	000
EXCESS LIABILITY					AGGREGATE		\$1,000	
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OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:						\$\$10,0	00
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WORKER'S COMPENSATION					E.L. EACH ACCIDENT		5	-
EMPLOYER'S LIAMETTY					E.L. DISEASE - EA EMPLOYEE		-	
					E.L. DISEASE -	POLICY LIMIT	\$	-
SPECIAL CONDITIONS/	7		V		FEES		\$	
COMPITIONS OTHER COVERAGES			2	*	TAXES		\$	- A
					ESTIMATED TO	OTAL PREMIUM	15	-
NAME & ADDRESS		7 7					***********	<u></u>
			MORTGAGEE LOSS PAYEE	ADDI	TIONAL INSURE	D ,		
		LOA						
		AUT.	HOMIZED REPRESE	17.	bore	)		-
			27023		0		CO00000	

#### PREMIUM FINANCE AGREEMENT

Massachusetts

P.O. Box 3066 - 3522 Thomasville Rd.

Tallahassee, FL 32315 Phone 850-907-5610



PEABODY, MA 01960

PERSONAL	. XICON	MMERCIAL	X NEW	LAGENCY RENI	EWAL	190	JADD'L PREMIU	JM .
THIS AGREEM	ENT, made effec	ctive the	day	of	Nove	mber 2005		_, between
AEGIS PRO	TECTION GR	OUP it appears in financed	nolicies			cen	OR TAX#	
ADDRESS P.		it appears in innanced	poneies	*		331	OK IAA#	
CITY FRAMII		ST	ATE MA	ZIP 01703		PH	ONE #	9.58
haraingflor called th	e Borrower and Pr	emium Assignment C	ornoration . a Florida	Corporation hereina	after ca			ncing the purchase
of insurance policie	s described in the S	cheduled Policies of	insurance listed in pag	e 3 to this Agreeme	nt.			
TOTAL	- CASH	= PRINCIPAL	+ DOC STAMPS &	= TOTAL AMOUNT	+ FINANCE CHARGE		= TOTAL OF PAYMENTS	ANNUAL INTEREST
PRICE OF PREMIUMS	DOWN PAYMENT	BALANCE OWED ON	SERVICE FEE	FINANCED		nount credit	(Amount paid i	
I REMINIONS		PREMIUMS	(if applicable)		cos	ts over term	all payments	
, 175a I						of loan)	made as scheduled)	
							scheduled)	
	100 000 00	FA 72 C 20	0.00	54,736.30		1,894.10	56,630,40	7.48
154,736.30	100,000.00	54,736.30		Amount of Mo	-	STATE OF THE PARTY	THE RESERVE AND ADDRESS OF THE PARTY OF THE	Date First Paymer
		Payment Book P	Monthly Invoice	Payment		Payn		is Due
		ame day of each s		5,663.04		,, -		10 20 60
Each monunty p	ayment due on s until n	aid in full.	according month			10		12/25/2005
			TO FAY to the ord		a add			
age), (2) You are e ne right to pay off i ELOW BORROW GREEMENT AN	ntitled to have and in advance the full PER AGREES TO D ACKNOWLED	I should retain a con amount due and und THE PROVISIONS GES RECEIPT OF	reement before you repletely filled in copy ler certain conditions ABOVE AND ALL COPIES OF PAGES	of this Agreemen to obtain a partial OF THE TERMS 1, 2 AND 3 OF T	t to pro refund WHIC HIS A	otect your legal of the service CH APPEAR (GREEMENT.	I rights, (3) Under charge, and (4) B ON THE SECONI	the law, you have Y SIGNING D PAGE OF THIS
IGNATURE OF	APE INSUREDE	of Ivalues in For	NORES ON THE TITLE	78	0. 1.	(SOLLEDJO),		DI LIKW.
Date Na	ne and Title:			Date	Nam	e and Title:		
7414		PRODUCI	AND REPORTED SERVE	TATIONS & W				
Borrower. (B) The insurance on page 3 solicies, as well as a Borrower is not subjugnature(s) is (are) agreement on Borrokepresentations &	Total Price of Prer of this Agreement of this Agreement on refunds or creditect to any bankruggenuine and authower's behalf. (E)	t. Any portion of the lits on such policies, ptcy or insolvency prized, or to the exter Producer has deliver re, as well as those of	has been or will be use Total Price of Prem shall be promptly paroceedings and Product permitted by applicated or will deliver a compage 3 of this Agriculture.	niums received by laid to Lender. (C) neer has no reason table law, the Productory of this Agreer	surance Produce To the to beli- tucer has ment to	e policies show er that is not un- best of the un- eve that Borro as been author Borrower.	on in the Schedule sed to purchase su dersigned's knowl wer is insolvent. ized by Borrower Producer agrees t	d Policies of the insurance edge and belief, D) The Borrower's to sign this
ddress 33 CENT	ENNIAL DRIV	E						
DELLEVE	W MAR DIDER		Pinta	PD	DDUC	TRIE STAINA	THE PER PER PER PER PER PER PER PER PER PE	

Date

PRODUCER'S SIGNATURE



- IN CONSIDERATION of the payment by Lender of the Principal Balance Owed on Premiums shown on page 1 to the insurance companies named in the Scheduled Policies of Insurance shown on page 3 (or the agents of such companies), the Borrower agrees:
- 4. ACCEPTANCE DATE This Agreement is binding upon its acceptance by Lender. Acceptance shall occur upon payment of the Principal Balance Owed on Premiums to the insurance companies named in the Scheduled Policies of Insurance, or the agents of such companies.
- 5. PAYMENTS Borrower shall make payments directly to Lender in the amounts and at the same time specified on page 1 of this Agreement. Payments shall be made at Lender's address given at the top of page 1 or such other address as Lender may direct in writing. Payments made to any other address, person, firm, corporation or insurance agency (including but not limited to the Producer) shall not constitute payment to Lender. Payments received after cancellation of the Scheduled Policies of Insurance shall be credited to the unpaid balance due under this Agreement and shall not constitute reinstatement of the cancelled policies, nor shall it constitute a waiver by Lender of any rights.
- 6. LATE CHARGES If a payment is more than 10 days late, Borrower agrees to pay a late charge of 5% of the delinquent installment, unless prohibited by applicable
- 7. DEFAULT/CANCELLATION A default shall occur if Borrower fails to pay any sums required by this Agreement in a timely manner, including interest and Late Charges, or if Borrower fails to carry out any other obligations under this Agreement. After default, any unpaid balance of the Total Amount Financed shall become immediately due and payable in full and Lender may enforce its security interest and its rights under the Limited Power of Attorney. Interest will continue to accrue on the unpaid balance at the Annual Percentage Rate or maximum rate allowed by applicable law, at the option of Lender, until all balances owed under this Agreement are paid. Lender may request cancellation of all or any of the Scheduled Policies of Insurance at the earliest time after default permitted by applicable law. Should Lender cancel the Scheduled Policies of Insurance, Borrower agrees to pay Lender a cancellation fee of 2% of the balance as permitted by applicable law.
- 8. EXCESS INTEREST OF FEES It is the intent of the Lender that no interest, fee or charge in excess of that permitted by applicable law will be charged, taken or become payable under this Agreement. In the event it is determined that Lender has taken, charged or accrued interest, fees or charges in excess of that permitted under law, such excess shall be returned to Borrower or credited against the sum due Lender hereunder.
- 9. REFUNDS The Borrower will receive a refund of the finance charge if the account is prepaid in full prior to the last installment due date. The refund shall be computed according to applicable law subject to a nonrefundable service charge of \$16.
- 10. SHORTAGE OR OVERAGE OF RETURNED PREMIUM If Lender does not receive unearned premiums or other funds after cancellation or expiration of the Scheduled Policies of Insurance in an amount sufficient to pay the unpaid balance due under this Agreement, Borrower agrees to pay the deficiency to Lender on demand. Interest shall accrue on the deficiency at the Annual Percentage Rate, or the maximum rate allowed by applicable law, at the option of Lender. If the unearned premiums received by Lender are more than the amount due under this Agreement, the excess shall be returned to Borrower within the time allowed by applicable law. Borrower has no right to any excess of less than the minimum amount required to be paid by applicable law.
- 11. ATTORNEYS FEES/COURT COSTS Borrower agrees to pay all attorneys fees, expenses and costs incurred by Lender in collecting amounts due from Borrower under this Agreement, including attorneys fees incurred on appeal and in bankruptcy, unless prohibited or limited by applicable law.
- 12. LENDER RELATIONSHIP Borrower acknowledges that: (a) Lender is not an insurance agent nor an insurance company, (b) This Agreement is a financing agreement and not an insurance policy or guarantee of insurance coverage, (c) Lender has played no part in the selection or structuring of the financed insurance policies, (d) Lender has no obligation to request reinstatement of any insurance policies properly cancelled after a default under this Agreement, and (e) The decision of whether to reinstate insurance coverage is made solely by the insurance companies providing coverage, not Lender.
- 13. ADDITIONAL PREMIUMS Lender may advance to Producer, as Borrower's agent, or to an insurance company any additional premiums that may become due, less normal down payment, adding the advanced amount, plus any finance charge, to Borrower's balance under this Agreement. However, any additional premium which is owed to the insurance company(ies) named in the Scheduled Policies of Insurance as a result of any misclassification of risk which is not paid in full or financed in this Agreement may result in cancellation of the coverage by the insurance company for nonpayment of premium. Lender's payment shall not be applied by the insurer to pay for any additional premium owed by Borrower as a result of any misclassification of risk.
- 14. LENDER LIABILITY Lender is not responsible for any damages resulting from cancellation of the Scheduled Policies of Insurance by Lender, as long as the cancellation was done in accordance with applicable law. Borrower shall be responsible for Lender's reasonable attorneys fees and expenses for any unsuccessful action filed by Borrower seeking damages for improper cancellation. Lender's liability for breach of this Agreement shall be limited to the Principal Balance Financed under this Agreement, if permitted by applicable law.
- 15. RETURNED CHECKS Borrower agrees to pay a returned check fee of \$10, as allowed by applicable law, for each of Borrower's checks returned to Lender for Insufficient funds or because the insured has no account in the payor bank.
- 16. WARRANTIES OF BORROWER Borrower warrants that: (a) Each of the Scheduled Policies of Insurance have been issued or a binder has been issued; (b) Borrower has not and will not assign or encumber any uncarned premium of the Scheduled Policies of Insurance or grant a power of attorney to cancel the Scheduled Policies of Insurance to anyone other than Lender until all sums due under this Agreement are paid in full; (c) Lender may assign all its rights under this Agreement as allowed by applicable law; (d) No proceeding in bankruptcy or insolvency has been instituted by or against Borrower or is contemplated by Borrower, and (e) No insurance financed by this Agreement was purchased for personal, family or household purposes, unless so indicated on page 1.
- 17. INTEREST CALCULATION Interest is computed on an annual basis of 12 months of 30 days on the balance of the Total Amount Financed, from the effective date of the earliest insurance policy for which premiums are being advanced to the date when all sums due under this Agreement are paid.
- 13. BLANK SPACES Borrower agrees that if any policy financed by this Agreement has not been issued at the time the Agreement is signed, the names of the insurance companies issuing the financed policies, the policy numbers and the due date of the first installment may be inserted in the Agreement after it is signed.
- 19. GOVERNING LAW The Parties agree that the law of the state in which this Agreement is executed shall control the interpretation of the Agreement and the rights of the parties, unless the Agreement is executed in a state without premium finance laws, in which case the law of the State of Florida shall govern.
- 20. SAVINGS CLAUSE. The Parties agree that if one or more portions of this Agreement are found to be invalid or unenforceable for any reason, the remaining portions shall remain fully enforceable.
- 21. FINANCING OPTION Entry into this financing arrangement is not a condition of obtaining insurance. You may opt to pay the premium for such insurance without financing such premium, or to obtain financing from some other source if you choose.



# KILGORE INSURANCE AGENCY

33 CENTENNIAL DRIVE PEABODY, MASS: 01960

Aegis Protection Group. P.O. Box 2288 Framingham, MA 01703

01703+2288-88 B042

de de la constant de

Form BR-7

of procurement,

AFFIDAVIT BY ASSURED

5161000911-091

Affidavit # 20 & Security Ageny, Inc. /WeMarianne Jenkins of Alliance Detective that in June , 20 09/We directed Kilgore Inurance my/our Insurance Broker to obtain insurance against certain risks as described herein. My//our Insurance Broker informed us that the required insurance could not be obtained from, or would not be written by, companies licensed or admitted to transact business in the Commonwealth of Massachusetts I/We, the Assured, was/were informed that the type and amount of insurance shown below could be obtained from certain insurers not admitted to transact business in the Commonwealth. I/We was/were further informed: A. The surplus lines insurer with whom the insurance was placed is not licensed in this state and is not subject to Massachusetts regulations. B. In the event of the insolvency of the surplus lines insurer, losses will not be paid by the state insurance guaranty fund. Signature by Assured Messer Print Name Marianne Jenkias Date: 07/01/09 THIS PORTION MUST BE COMPLETED AND SIGNED BY THE ORIGINAL BROKER Alliance Detective & Security Service, Agency, Inc. Address 930 Broadway, Everett, Name of Insured Location of Property 930 Broadway, Everett, MA 02149
Description: security service Coverage Could be considered to the control of the 1,000,000. Occ. I/We hereby verify that I/We explained the foregoing to the insured and it was acknowledged that he/she understood such 55-1164754 gnature A copy of this affidavitumust be kept in the original broker's file and a copy must be given to the assured at the time said copy was completed by him/her AFFIDAVIT BY SPECIAL BROKER county of depose and say that I was engaged directly by the Assured named herein or informed by the Assured's Insurance licensed Agent/Broker that after diligent efforts, he/she is unable to procure in companies admitted to do business in this Commonwealth the amount and/or type of insurance necessary to protect the insurable interests described above. This Affidavit is made to comply with the requirements of Section 168 of Chapter 175 of the General Laws, and to authorize me as a licensed special insurance broker under said section to procure insurance for said insurable interests beyond that which companies admitted to do business in the Commonwealth are willing to write thereon. The following companies or groups are among those which have accepted all or part thereof: Com pany Policy # Premium Amendments to Affidavit: ( ) Increase ( ) Decrease I hereby verify the foregoing statements and declare that they were made under the penalties of perjury. Signature Date A copy of this affidavit must be kept in the Special Brokers File and the original filed with the

Division of Insurance of the Commonwealth of Massachusetts within twenty days following date



51 BL 000 911-061 7/1/06-7/1/07

Named Insured ALLIANCE DETECTIVE Policy/binder/quote No,\_\_\_ + SECURITY SERVICE, INC

IF YOU WISH TO REJECT COVERAGE UNDER THE TERRORISM FISK INSURANCE ACT OF 2002, AS EXTENDED ON DECEMBER 22, 2005, THE FIRST NAMED INSURED IF AN INDIVIDUAL, OR AN AUTHORIZED OFFICER, PARTNER OR MEMBER MUST SIGN ONE OF THESE STATEMENTS

TERRORISM RISK INSURANCE ACT REJECTION OF COVERAGE

I acknowledge that I have been notified as required under the Terrorism Risk Insurance Act of 2002, as extended on December 22, 2005, that as respects to the above numbered insurance policy issued to me:

1. I have been offered coverage for acts of terrorism as defined in the Act;

2. I have been advised that if I accept coverage for acts of terrorism as defined in the Act, any such losses would be partially reimbursed by the United States;

3. I have been told that if I reject coverage under the Act by signing this notice, to the extent allowed by law, I will have no coverage for any ac: of terror sm under this policy.

4. I have been notified of the annual premium for coverage for acts of terrorism as defined in the act.

5. I hereby reject coverage for acts of terrorism as defined in the act and uncerstand my policy will contain an exclusion for acts of terrorism.

olicyhø)der/applicant's signature

6-28-06 MINCHANN TENKINS

Date Print name

RETURN THIS FORM TO YOUR AGENT OR BROKER. A COPY OF THIS DOCUMENT IS AS BINDING AS THE ORIGINAL

ATTENTION AGENT OR BROKER: THIS FORM MUST BE SIGNED FERSONALLY BY THE INSURED, OR AUTHORIZED OFFICER, PAIRTHER OR MEMBER AND RETURNED BACK THROUGH A VY APPLIC ABLE INTERMEDIARY AGENT/ BROKER/ WHOLESALER TO THE COMPANY OR PROGRAM ADMINISTRATOR

# EVEREST INDEMNITY INSURANCE COMPANY



A Capital Stock Insurance Company c/o Mt. McKinley Managers, L. L. C. Westgate Corporate Center 477 Martinsville Road PO Box 830 Liberty Corner, NJ 07938-0830

EVEREST.

		ALERO - CIDE - LIABILE	D' - THEFT : DI AME
	51GL000911-051	AUTO . FIRE . DABILI	Y . THEFT . PLATE GLASS
Renewal of Number:		- 1/21 may 1/2	innana. Pandad
Item 1. Named Insured	l and Mailing Address	Kilgore Ins	urance Agency
SERVICES, INC. ALLIANCE DETECTIVE. 930 BROADWAY	AND SECURITY	Phone: (978) 531-6550	33 Centennial Drive Peabody, MA 01960
EVERETTE MA 02149		LIFE . HEALTH . ACCIDEN	IT . MARINE . COMPENSATION
Item 2. Policy Period	From: 07/01/05	To: 07/01/0	
Hemi 2. Lono, Lono	at 12:01 A.M., Standard	Time at your mailing addi	ress shown above.
Item 3. Business Desc SECURITY GUARDS	ription:		
Item 4. In return for the	e with you to provide th	e insurance as stated in	unis poncy.
This policy consists of	the following coverage	parts for which a premn	im is indicated. Where
no premium is shown,	there is no coverage. The	is premium may be sub	ject to adjustment.
Coverage Part(s)			Premium
GENERAL LIABILITY		\$	77,576.00
Coloni Chair W Can Chair		\$	
		\$	
W Benchle to l	Insurer	\$	
Premium Payable to		\$	2,953.04
Taxes, Surcharges or F		\$ \$	2,953.04 80,529.04
Taxes, Surcharges or F Total Cost	ees		
Taxes, Surcharges or F Total Cost  Item 5. Forms and En	dorsements	\$ nolicy at time of issue	80,529.04
Taxes, Surcharges or F Total Cost  Item 5. Forms and En	dorsements		80,529.04
Taxes, Surcharges or F Total Cost  Item 5. Forms and En Form(s) and Endorsen SEE EDEC 114 (03/99)	dorsements ent(s) made a part of the	is policy at time of issue AND ENDORSEMENTS,	80,529.04 e: ATTACHED
Taxes, Surcharges or F Total Cost  Item 5. Forms and En Form(s) and Endorsem SEE EDEC 114 (03/99)  Item 6. Claims Organ	dorsements nent(s) made a part of the SCHEDULE OF FORMS nization GALLAGHER-	is policy at time of issue AND ENDORSEMENTS,  BASSETT rive rise to a claim shall	80,529.04  E: ATTACHED  be given in writing to:
Taxes, Surcharges or F Total Cost  Item 5. Forms and En Form(s) and Endorsem SEE EDEC 114 (03/99)  Item 6. Claims Organ	dorsements nent(s) made a part of the SCHEDULE OF FORMS nization GALLAGHER-	s policy at time of issue	80,529.04  E: ATTACHED  be given in writing to:

THIS COMMON POLICY DECLARATIONS AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S), AND FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.

AUTY RIVED REPRESENTATIVE (or countersignature where applicable)

EDEC 101 07 00



## EVEREST INDEMNITY INSURANCE COMPANY

DELECTIVES DELECTIVES

A Capital Stock Insurance Company c/o M1. McKinley Managers, L. L. C. Westgate Corporate Center 477 Martinsville Road PO Box 830 Liberty Corner, NJ 07938-0830

EVEREST

COMMON POLICY DECLARATIONS Policy Number 51GL000911-051 Renewal of Number: 51GL000911-041 Item 1. Named Insured and Mailing Address SERVICES, INC. ALLIANCE DETECTIVE AND SECURITY 930 BROADWAY **EVERETTE MA 02149** From: 07/01/05 To: 07/01/06 Item 2. Policy Period at 12:01 A.M., Standard Time at your mailing address shown above. Item 3. Business Description: SECURITY GUARDS Item 4. In return for the payment of the premium, and subject to all the 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. Where no premium is shown, there is no coverage. This premium may be subject to adjustment. Premium' Coverage Part(s) \$ 57576.00 **GENERAL LIABILITY** \$ S Premium Payable to Insurer 5 Taxes, Surcharges or Fees \$ 2953.04 \$ 60529.04 Total Cost Item 5. Forms and Endorsements Form(s) and Endorsement(s) made a part of this policy at time of issue:

Item 6. Claims Organization GALLACHER-BASSETT

Notice of claim or circumstances which may give rise to a claim shall be given in writing to: All Risks Limited, 10150 York Rd, 5th Floor, Hunt Valley, MD 21030 Attn: Claims Unit

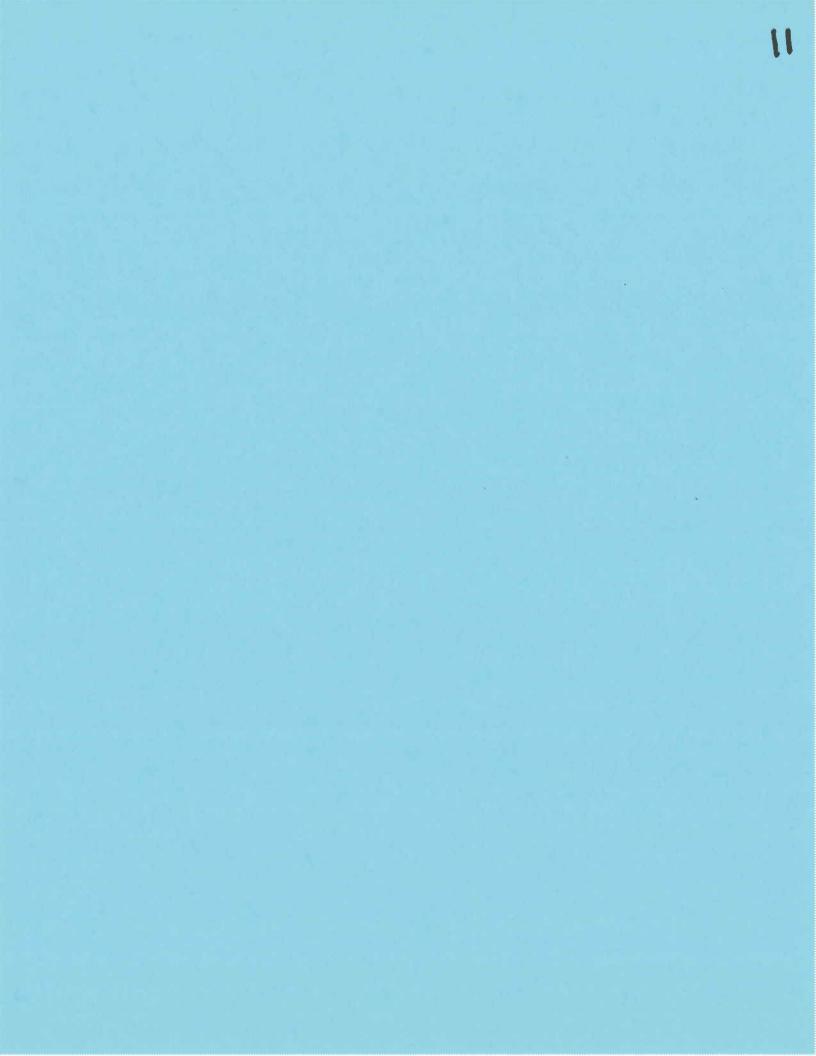
SEE EDEC 114 (03/99) SCHEDULE OF FORMS AND ENDORSEMENTS, ATTACHED

AUTIORIZED REPRESENTATIVE (or countersignature where applicable)

m 19 75

THIS COMMON POLICY DECLARATIONS AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S), AND FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.

EDEC 101 07 00





## POLICY NUMBER 552-012462-9

Declarations

# Excess Insurance Policy

Date Issued: 12/29/2006 RS Re	newal or Replacement Of: 552-011911-2
Named Insured & Address: ATLAS ALARM CORP. 1239 WASHINGTON STREET WEYMOUTH, MA 02189	
	2006 To: 12/19/2007 t the Named Insured's address stated above.
Coverage is Provided by Company Checked:  UNITED STATES FIRE INSURANCE COMPAN  THE NORTH RIVER INSURANCE COMPANY	Representative: 80172  Agent or Broker: H.T. BAILEY INSURANCE AGENCY, INC.  Office Address: 20 MALL ROAD  Town, State & Zip: BURLINGTON, MA 01803
Premium is Payable: \$27,720.00 In advance \$27,720.00 Annual minimum	premium
DAMAGE, PERSONAL AND ADVERTISING INJUCOMPANY, POLICY # XLS0031906, EFFECTIVE	
Limit of Liability: \$10,000,000 EACH OCCURRENCE, \$10,000,000 ACUNDERLYING INSURANCE AS STATED IN ITEM	GGREGATE IN EXCESS OF CONTROLLING M 5 ABOVE
	Named Insured & Address: ATLAS ALARM CORP. 1239 WASHINGTON STREET WEYMOUTH, MA 02189  Policy Period: Policy Covers From: 12/19/ 12:01 a.m. Standard Time a  Coverage is Provided by Company Checked:  UNITED STATES FIRE INSURANCE COMPANY  THE NORTH RIVER INSURANCE COMPANY  Premium is Payable: \$27,720.00 In advance \$27,720.00 Annual minimum  Controlling Underlying Insurance: \$15,000,000 EACH OCCURRENCE, \$15,000,000 GED DAMAGE, PERSONAL AND ADVERTISING INJUCCOMPANY, POLICY # XLS0031906, EFFECTIVE INSURANCE AS SCHEDULED THEREIN AND/OR

Countersigned by

Authorized Representative



## **POLICY NUMBER** 552-012462-9

Declarations

# Excess Insurance Policy

I	Date Issued: 12/29/2006 RS	Renewal or Replacement Of: 552-011911-2
Item 1.	Named Insured & Address: ATLAS ALARM CORP. 1239 WASHINGTON STREET WEYMOUTH, MA 02189	
Item 2.	Policy Period: Policy Covers From: 1: 12:01 a.m. Standard Ti	2/19/2006 To: 12/19/2007 me at the Named Insured's address stated above.
Item 3.	Coverage is Provided by Company Checked:  UNITED STATES FIRE INSURANCE COMPA	AGENCY, INC.
Item 4.	Premium is Payable: \$19,800 In advance \$19,800 Annual minim	num premium
Item 5.	DANGE DEDCOMAT AND ADVERTISING	00 GENERAL AGGREGATE BODILY INJURY, PROPERTY INJURY, AS PROVIDED BY SCOTTSDALE INSURANCE IVE 12/19/2006, WHICH IS EXCESS OF PRIMARY ID/OR A SELF INSURED RETENTION
Item 6.	UNDERLYING INSURANCE AS STATED IN	
Policy ja		cy at inception (number and edition date) are as per master for

Countersigned by

Authorized Representative

Kilgore Insurance
33 Centennial Drive at Centennial Square
Peabody, MA 01960

(a) 531-6550

FAX (978) 531-9442

LEONARD B. KILGORE (1919-1998) JEFFREY B. KILGORE CYRUS A. KILGORE

November 9, 2007

Alliance Detective & Security Service Inc. 930 Broadway
Everett, MA 02149

RE. Employment Practices Liability
Director & Officer Liability
and Crime Coverage

Dear Marianne:

Thank you for placing the coverage shown above with our office. The binders are enclosed as proof of coverage until the policies are issued. The invoices for the premiums are also enclosed and due upon receipt. In the event you would prefer to finance, a contract has been enclosed. Simply sign and return one copy of the contract with the deposit **payable to Kilgore Insurance.** Premium Assignment Corporation will bill you for the balance.

If you have any questions, please contact either Kathy Burke or myself. We appreciate the opportunity to service your business

Sincerely,

Software the transfer of the t

Andrew W. Crowther, CIC

AWC/kb

Kilgore Insurance Agency 33 Centennial Drive Peabody, MA 01960 Phone# 978-531-6550 Fax# 978-531-9442 Invoice # 5776

Page #1

Account no. OP Date
ALLIA-3 KB November 9, 2007

Employment Practices Liability
Policy #IN ISSUE
Company: Westchester Fire Insurance Co.
Effective Expiration Balance due
11/07/07 11/07/08 upon receipt

Alliance Detective & Security Service, Inc. 930 Broadway Everett, MA 02149

item	Effective Date	TRN	Description	Amount
74469	11/07/07	REN	EPL & DO Coverage	\$15,960.00

ACORD INSUF	RANCE BINDER		## (## (## (## (## (## (## (## (## (##		- 8	PID KB	11/09/07
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PRODUCER PHONE	Ext): 978-531-6550	COM	PANY			BINDER#	6658
(A/C, No,	978-531-9442	Tra	avelers Cas	sualty 8	Surety		
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Everett MA 02149	製	1					
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ANY AUTO					EA	CH ACCIDENT	\$
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ACORD 75-S (1/98)

NOTE: IMPORTANT STATE INFORMATION ON REVERSE SIDE

Kilgore Insurance Agency 33 Centennial Drive Peabody, MA 01960 Phone# 978-531-6550 Fax# 978-531-9442 Invoice # 5775

Page #1

Account no. OP Date
ALLIA-3 KB November 9, 2007

Crime

Policy #98BY1048312677

Company: Travelers Casualty & Surety

<u>Effective Expiration Balance due</u>

11/07/07 11/07/08 upon receipt

Alliance Detective & Security Service, Inc. 930 Broadway Everett, MA 02149

Item	Effective Date	TRN	Description	Amount
74466	11/07/07	REN	Crime Coverage	\$16,840.00

ACORD INSU	RANCE BINDER		- C	PID KB		ATE /09/07
THIS BINDER IS A TEMPORARY IN	SURANCE CONTRACT, SUBJECT TO T	HE CONDITIONS SHOWN ON TH	E REVERSE S	IDE OF THI		
	o, Ext): 978-531-6550	COMPANY		BINDER		
	978-531-9442	Westchester Fire In	surance (	Co	- "	
		DATE	TIME		EXPIRATION TE	N TIME
K re Insurance Ager	ıcy.	DATE	X AM		AIE	X 12:01 AM
35 Lentennial Drive Peabody MA 01960		11/07/07 12:0		12/0	7/07	
readody MA 01900		11/0//07 12.0	I PW	12/0	7707	NOON
	Transaction of the second	THIS BINDER IS ISSUED TO EX PER EXPIRING POLICY#:	TEND COVERAGE	IN THE ABOVE	NAMED C	OMPANY
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Alliance Detectiv Service, Inc.	e & Security		į.			
930 Broadway Everett MA 02149		4	1 3		1	
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		AUTHORIZED REPRESENTATIVE	1 .	¥.		
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NOTE: IMPORTANT STATE INFORMATIQUE ON REVERSE SIDE

© ACORD CORPORATION 1993

Massachusetts

P.O. Box 3066 - 3522 Thomasville Rd.

Tallahassee, FL 32315 Phone 850-907-5610

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LIALIANCE DETECTIVE & SECURITY SERVICE INC.  STATE MA ZIP 02149 PHONE †  Incrementer called the Borrower, and Premium Assignment Corporation, a Florida Corporation hereinafter called Lender, for the purpose of financing t	ALLIANCE DE (Name of Borrower/Insu	Γ, made effec			LAGENCY RENI	7 11 2 3 5 7	LADD'L PREM	UUM
ADDRESS   298 BROADWAY	(Name of Borrower/Insu		ctive the	day	of	November 200'	7	, between
ADDRESS 930 BROADWAY  STATE MA ZIP 02149  PHONE #  PHONE		TECTIVE	& SECURITY SI	ERVICE INC.				
CITY EVERETT  FOR A ZIP (0.149  FHONE #  Thromatic called the Bornows, and Promium Assignment Corporation, a Florida Componation hereinsfilter called Canada, for the purpose of financing the purpose of instance profess described in the Scheduled Politicis of insurance listed in page 3 to this Agreement.  TOTAL  FOR ADM FINE OF ANALYS  FREMIUMS  PAYMENT POWN BALANCE  FREMIUMS  PAYMENT PAYMENT CHEE  FREMIUMS  FREMI	AUDRESS 930 B.			policies)		80 as S	SN OR TAX# _	
breinsher called the Borrower, and Premium Assignment Corpogation, a Florida Corporation bereinsfer called Lender, for the purpose of financing the purifurgation of insurance policies described in the Scheduled Policies of Insurance Island pages 3 to this Agreement.  PRICE OF DOWN PRINCIPAL PROCESS ADMOUNT CHARGE PAYMENTS INTER PREMIUMS PAYMENT OWED ON BALANCE STANPS & MOUNT CHARGE (Amount readit costs over ferm all psyments of Down).  PREMIUMS PAYMENT OWED ON BALANCE STANPS & MOUNT CHARGE (Amount readit costs over ferm all psyments of Down).  32,500.00 6,560.00 26,240.00 0.00 26,240.00 1,000.00 27,240.00 \$10.00 \$27,240.00 \$27,240.00 \$10.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00 \$27,240.00	COURT TO STATE TO THE STATE OF	RUADWAY		Lenn Ser				
of insurance policies described in the Scheduled Policies of Insurance listed in page 3 to this Agreement.  TOTAL — CASH — PRINCIPAL — HOC — TOTAL — FINANCE — TOTAL OF ANN PRICE OF DOWN BALANCE STAMPS & AMOUNT — CHARGE — PAYMENT INTER COLOR OWED OWED OWED OWED OWED OWED OWED OWED								
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PREMIUMS SERVICE FEE (if applicable)  J. 26,240.00  J. 27,240.00  S. 28  SELECT BILLING OPTION: —Payment Book Monthly Invoice POUR PAYMENTS CETEDILE WILL BE: Each monthly payment due on same day of each succeeding month until paid in full.  POR VALUE RECEIVED, BORROWER PROMISES TO PAY to the order of Lender at the address given at the top of this page, the Total Amount Financed and all sums shown above, including interest at the Annual Interest Rate and other charges as described hereinafter, pure on the terms stated below and in page 2 of this Agreement.  SECURITY FOR PAYMENT: To secure payment of all sums doe under this Agreement. Borrower grants Lender a security interest in any unvenimes or other same which may become payable under the Scheduled Policies of Insurance shown on page 3.  SENCIPITY FOR PAYMENT: To secure payment of all sums doe under this Agreement. Borrower grants Lender a security interest in any unvenimes or other same which may become payable under the Scheduled Policies of Insurance shown on page 3.  SENCIPITY FOR PAYMENT: To secure payment of all sums doe under this Agreement Defove you read it, or if it contains any blank space (other than as provided on the right) pay of its in advance the fill amount due and under certain conditions to obtain a partial refund of the service charge, and (§) PY SIGNING SELOW BORROWER AGREES TO THE PROVISIONS ABOVE AND ALL OF THE TERMS WHICH APPEAR ON THE SECOND PAGE OF AGREEMENT AND ACKNOWLEDGES RECEIPT OF COPIES OF PAGES I, 2 AND 3 OF THIS AGREEMENT.  SECOND PAGE OF THIS FROM SECOND PAGE OF THIS AGREEMENT.  PRODUCER'S REPRESENTATIONS & WARRANTIES:  PRODUCER'S REPRESENTATIONS & WARRANTIE							= TOTAL O	F ANNU
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PRODUCER'S REPRESENTATIONS & WARRANTIES:  The undersigned Producer represents and warrants that:  (A) The Cash Down Payment shown above has been paid by or on behalf of the Borrower. (B) The Total Price of Premiums shown above has been or will be used to purchase insurance policies shown in the Scheduled Policies of Insurance on page 3 of this Agreement. Any portion of the Total Price of Premiums received by Producer that is not used to purchase such insurance policies, as well as any refunds or credits on such policies, shall be promptly paid to Lender. (C) To the best of the undersigned's knowledge and bell Borrower is not subject to any bankruptcy or insolvency proceedings and Producer has no reason to believe that Borrower is insolvent. (D) The Borrigandure(s) is (are) genuine and authorized, or to the extent permitted by applicable law, the Producer has been authorized by Borrower to sign this Agreement on Borrower's behalf. (E) Producer has delivered or will deliver a copy of this Agreement to Borrower. Producer agrees that the Representations & Warranties above, as well as those on page 3 of this Agreement, are a binding contract between Producer and Lender.  PRODUCER / AGENCY KILGORE INS/PEABODY  Address Agency Fabory, MA 01960  Date PRODUCER'S SIGNATURE	the right to pay off in adv BELOW BORROWER A AGREEMENT AND AC	vance the full a AGREES TO CKNOWLEDO	amount due and und THE PROVISIONS GES RECEIPT OF	apletely filled in copi ler certain conditions ABOVE AND ALI COPIES OF PAGES	y of this Agreement s to obtain a partial . OF THE TERMS 5 1, 2 AND 3 OF TH	to protect your le refund of the serv WHICH APPEAI HIS AGREEMEN	gal rights, (3) Und ice charge, and (4) R ON THE SECO? T.	er the law, you BY SIGNING ND PAGE OF 1
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The undersigned Producer represents and warrants that:  (A) The Cash Down Payment shown above has been paid by or on behalf of the Borrower. (B) The Total Price of Premiums shown above has been or will be used to purchase insurance policies shown in the Scheduled Policies of Insurance on page 3 of this Agreement. Any portion of the Total Price of Premiums received by Producer that is not used to purchase such insurance policies, as well as any refunds or credits on such policies, shall be promptly paid to Lender. (C) To the best of the undersigned's knowledge and bell Borrower is not subject to any bankruptcy or insolvency proceedings and Producer has no reason to believe that Borrower is insolvent. (D) The Borrisgnature(s) is (are) genuine and authorized, or to the extent permitted by applicable law, the Producer has been authorized by Borrower to sign this Agreement on Borrower's behalf. (E) Producer has delivered or will deliver a copy of this Agreement to Borrower. Producer agrees that the Representations & Warranties above, as well as those on page 3 of this Agreement, are a binding contract between Producer and Lender.  PRODUCER / AGENCY Name Address  Address  Address  PRODUCER / BAID  Address  PRODUCER / BAID  Address  PRODUCER'S SIGNATURE  PRODUCER'S SIGNATURE  PRODUCER'S SIGNATURE  PRODUCER'S SIGNATURE  PRODUCER'S SIGNATURE	the right to pay off in adv BELOW BORROWER A AGREEMENT AND AC SIGNATURE OF ALL	vance the full a AGREES TO CKNOWLEDO	amount due and und THE PROVISIONS GES RECEIPT OF	apletely filled in copi ler certain conditions ABOVE AND ALI COPIES OF PAGES	y of this Agreement is to obtain a partial . OF THE TERMS is 1, 2 AND 3 OF TH DRIZED AGENT	to protect your le refund of the serv WHICH APPEAL IIS AGREEMEN OF INSURED[S	gal rights, (3) Und ice charge, and (4) R ON THE SECON T. , AS PERMITTE	er the law, you BY SIGNING ND PAGE OF 1
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- IN CONSIDERATION of the payment by Lender of the Principal Balance Owed on Premiums shown on page 1 to the insurance companies named in the Scheduled Policies of Insurance shown on page 3 (or the agents of such companies), the Borrower agrees:
- 4 ACCEPTANCE DATE This Agreement is binding upon its acceptance by Lender. Acceptance shall occur upon payment of the Principal Balance Owed on Premiums to the insurance companies named in the Scheduled Policies of Insurance, or the agents of such companies.
- 5. PAYMENTS Borrower shall make payments directly to Lender in the amounts and at the same time specified on page 1 of this Agreement. Payments shall be made at Lender's address given at the top of page 1 or such other address as Lender may direct in writing. Payments made to any other address, person, firm, corporation or insurance agency (including but not limited to the Producer) shall not constitute payment to Lender. Payments received after cancellation of the Scheduled Policies of Insurance shall be credited to the unpaid balance due under this Agreement and shall not constitute reinstatement of the cancelled policies, nor shall it constitute a waiver by Lender of any rights.
- 6. LATE CHARGES If a payment is more than 10 days late, Borrower agrees to pay a late charge of 5% of the delinquent installment, unless prohibited by applicable link
- 7. DEFAULT/CANCELLATION A default shall occur if Borrower fails to pay any sums required by this Agreement in a timely manner, including interest and Late Charges, or if Borrower fails to carry out any other obligations under this Agreement. After default, any unpaid balance of the Total Amount Financed shall become immediately due and payable in full and Lender may enforce its security interest and its rights under the Limited Power of Attorney. Interest will continue to accrue on the unpaid balance at the Annual Percentage Rate or maximum rate allowed by applicable law, at the option of Lender, until all balances owed under this Agreement are paid. Lender may request cancellation of all or any of the Scheduled Policies of Insurance at the earliest time after default permitted by applicable law. Should Lender cancel the Scheduled Policies of Insurance, Borrower agrees to pay Lender a cancellation fee of 2% of the balance as permitted by applicable law.
- 8 EXCESS INTEREST OR FEES It is the intent of the Lender that no interest, fee or charge in excess of that permitted by applicable law will be charged, taken or become payable under this Agreement. In the event it is determined that Lender has taken, charged or accrued interest, fees or charges in excess of that permitted under law, such excess shall be returned to Borrower or credited against the sum due Lender hereunder.
- 9. REFUNDS The Borrower will receive a refund of the finance charge if the account is prepaid in full prior to the last installment due date. The refund shall be computed according to applicable law subject to a nonrefundable service charge of \$16.
- 10. SHORTAGE OR OVERAGE OF RETURNED PREMIUM If Lender does not receive unearned premiums or other funds after cancellation or expiration of the Scheduled Policies of Insurance in an amount sufficient to pay the unpaid balance due under this Agreement, Borrower agrees to pay the deficiency to Lender on demand. Interest shall accrue on the deficiency at the Annual Percentage Rate, or the maximum rate allowed by applicable law, at the option of Lender. If the unearned premiums received by Lender are more than the amount due under this Agreement, the excess shall be returned to Borrower within the time allowed by applicable law. Borrower has no right to any excess of less than the minimum amount required to be paid by applicable law.
- 11. ATTORNEYS FEES/COURT COSTS Borrower agrees to pay all attorneys fees, expenses and costs incurred by Lender in collecting amounts due from Borrower under this Agreement, including attorneys fees incurred on appeal and in bankruptcy, unless prohibited or limited by applicable law.
- 12. LENDER RELATIONSHIP Borrower acknowledges that: (a) Lender is not an insurance agent nor an insurance company, (b) This Agreement is a financing agreement and not an insurance policy or guarantee of insurance coverage, (c) Lender has played no part in the selection or structuring of the financed insurance policies, (d) Lender has no obligation to request reinstatement of any insurance policies properly cancelled after a default under this Agreement, and (e) The decision of whether to reinstate insurance coverage is made solely by the insurance companies providing coverage, not Lender.
- 13. ADDITIONAL PREMIUMS Lender may advance to Producer, as Borrower's agent, or to an insurance company any additional premiums that may become due, less normal down payment, adding the advanced amount, plus any finance charge, to Borrower's balance under this Agreement. However, any additional premium which is owed to the insurance company(ies) named in the Scheduled Policies of Insurance as a result of any misclassification of risk which is not paid in full or tinanced in this Agreement may result in cancellation of the coverage by the insurance company for nonpayment of premium. Lender's payment shall not be applied by the insurer to pay for any additional premium owed by Borrower as a result of any misclassification of risk.
- 14. LENDER LIABILITY Lender is not responsible for any damages resulting from cancellation of the Scheduled Policies of Insurance by Lender, as long as the cancellation was done in accordance with applicable law. Borrower shall be responsible for Lender's reasonable attorneys fees and expenses for any unsuccessful action filed by Borrower seeking damages for improper cancellation. Lender's liability for breach of this Agreement shall be limited to the Principal Balance Financed under this Agreement, if permitted by applicable law.
- 15. RETURNED CHECKS Borrower agrees to pay a returned check fee of \$10, as allowed by applicable law, for each of Borrower's checks returned to Lender for insufficient funds or because the insured has no account in the payor bank.
- 16. WARRANTIES OF BORROWER Borrower warrants that: (a) Each of the Scheduled Policies of Insurance have been issued or a binder has been issued; (b) Borrower has not and will not assign or encumber any unearned premium of the Scheduled Policies of Insurance or grant a power of attorney to cancel the Scheduled Policies of Insurance to anyone other than Lender until all sums due under this Agreement are paid in full; (c) Lender may assign all its rights under this Agreement as allowed by applicable law; (d) No proceeding in bankruptcy or insolvency has been instituted by or against Borrower or is contemplated by Borrower, and (e) No insurance financed by this Agreement was purchased for personal, family or household purposes, unless so indicated on page 1.
- 17. INTEREST CALCULATION Interest is computed on an annual basis of 12 months of 30 days on the balance of the Total Amount Financed, from the effective date of the earliest insurance policy for which premiums are being advanced to the date when all sums due under this Agreement are paid.
- 16. BLANK SPACES Borrower agrees that if any policy financed by this Agreement has not been issued at the time the Agreement is signed, the names of the insurance companies issuing the financed policies, the policy numbers and the due date of the first installment may be inserted in the Agreement after it is signed.
- 19. GOVERNING LAW The Parties agree that the law of the state in which this Agreement is executed shall control the interpretation of the Agreement and the rights of the parties, unless the Agreement is executed in a state without premium finance laws, in which case the law of the State of Florida shall govern.
- 26. SAVINGS CLAUSE The Parties agree that if one or more portions of this Agreement are found to be invalid or unenforceable for any reason, the remaining portions shall remain fully enforceable.
- 21. FINANCING OPTION Entry into this financing arrangement is not a condition of obtaining insurance. You may opt to pay the premium for such insurance without financing such premium, or to obtain financing from some other source if you choose.

IED: November 7, 2007; State: MA

#### SCHEDULED POLICIES OF INSURANCE

V7.1a(0)N15.35

11454

ALLANCE DETECTIVE & SECURITY SERVICE INC.

SOBRUDHAY INTRILITA 102149 KILGORE INS/PEABODY 33 CENTENNIAL DRIVE PEABODY, MA 01960 (978) 531-6550

Premium	6,560.00	Unpaid Balance 26,240.00	Doc Stamps/Fees 0.00		Financed .240.00	Finance (		27,240.00	
Payment 2.724.00	(20.00 %) Payments	Rate 8.23 %	First Due 12/7/2007	Type INVOICE		Status NEW		Contract Type COMMERCIAL	
EFF DATE	COMPANY / B	ROKER	CITY.	SŤ	CO.	TYPE MEP	POLICY NO.	TOTAL PREMIUM	
11/7/2007 CO: 11/7/2008 MGA	TRAVELERS PR	OP CAS	BETHESDA MILBURN	MD NJ	83662 62764	CRIM 0.00 %	98BY1048 312677	3	
	*	4			7		Tota	16,840.00	
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### ADDITIONAL REPRESENTATIONS & WARRANTIES OF PRODUCER

- (F) All information provided above is complete and correct in all respects and the policies listed above are or will be in force on the stated Effective Date and delivered by Producer to the Borrower, except for assigned risk or residual market policies.
- (G) If any information listed above is or becomes incomplete or inaccurate, Producer shall promptly provide correct information to Lender.
- (H) The Producer is an authorized policy issuing agent of the companies issuing the policies listed above or is the authorized agent of the MGA or broke except those policies indicated with an "X".
- placing the coverage directly with the insuring company. (1) None of the policies listed above are subject to reporting or retrospective rating provisions. All policies subject to audit, minimum or fully earned premium provisions are indicated below:

#### Policy No and Prefix No:

- (1) Except as indicated above, all Scheduled Policies of Insurance can be cancelled by Borrower or Lender on 10 days notice and the unearned premium. will be computed pro rata or on the standard short rate table.
- (K) If any Scheduled Policies of Insurance are subject to audit, Producer and Borrower have made good faith determination that the deposit, provisional initial premiums are not less than the anticipated premiums to be earned for the full term of the policy(ies).
- (L) Upon cancellation of any of the Scheduled Policies of Insurance, Producer shall remit to Lender the full amount of the unearned premium, including unearned commission, as well as any other payments or credits received by Producer, up to the unpaid balance due under this Agreement, within 15 days of receipt from the insuring company.

Kilgore Insurance
33 Centennial Drive at Centennial Square

(978) 531-6550

Peabody, MA 01960 FAX (978) 531-9442

LEONARD B. KILGORE (1919-1998) JEFFREY B. KILGORE CYRUS A. KILGORE

409

February 24, 2004

Premium Assignment Corporation P. O. Box 1055
East Brunswick, NJ 08816

RE: Premium Financing

#### Gentlemen:

This letter will confirm that we will return, on a pro-rata basis, fees charged to our insured and included in the financing of their premiums with Premium Assignment Corporation when a policy is cancelled.

We will include with each individual contract a letter showing the breakdown of premium, taxes, company fees and agency fee. I realize we have gotten away from that practice in the recent past but will begin to include with contracts from today forward.

We appreciate our relationship with you and will work with you to resolve any issues in an effort to maintain that relationship.

Sincerely,

A. Kilgore

**CAK/kb** 

KILGORE

Kilgore Insurance

33 Centennial Drive at Centennial Square Peabody, MA 01960

78) 531-6550

FAX (978) 531-9442

LEONARI) B. KILGORE (1919-1998) JEFFREY B. KILGORE CYRUS A. KILGORE

April 14, 2004

Premium Assignment Corporation P.O. Box 1055 East Brunswick, NJ 08816 Via fax 877-834-6618

RE: Security III

Dear Sirs:

In consideration of you including our agency fees in the financing of the insurance premium for the above captioned client we agree to return, on a pro rata basis, any unearned fee should the policy be canceled prior to expiration.

The breakdown is as follows:

Tudor General Liability prer	mium 🦠	4138.00
Surplus Lines Tax		165.52
Processing & Filing fee .		250.00
Agency fee		14000.00
Total Finance		\$18,553.52

Should you have any questions or need to discuss this in greater detail, please feel free to contact me.

Sincerely,

Iffreg B Kilgori

From the desk of Kathy Burke/ Kilgore Insurance

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E: AlliANCE DETECTIVE +	Security	
Contract Breakdown:		
Great American EPL pr	emilm. 1475	S.
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Agency fee	20.0	
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Deposit = 20% EPL	3951.	
20% Gine	2632.66	
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Kilgore Insurance

33 Centennial Drive at Centennial Square Peabody, MA 01960

(978) 531-6550

FAX (978) 531-9442

January 3, 2007

LEONARD B. KILGORE (1919-1996) JEFFREY B. KILGORE CYRUS A. KILGORE

Premium / ssignment Corporation

P.O. Box 155

East Brun: wick, NJ 08816

Via fax 87" -834-6618

RE: Atlas Varm Corp.

Dear Sir oi Madam:

The 'ollowing contract breaks down as follows:

Everest	G/L Premium		53,007.
Surplus line	s tax		2,120.28
Inspection/F	Policy fees		610.00
Agency fee			23,000.
Scottsdale	Umb. Premium		37,483.
Surplus line	s tax		1,499.32
Agency fee		2	15,600.
North River	Umb. Premium		19,800.
Agency fee			7,920.
Total Contra	ect		161,039.60
Total Contra			101,000.0

All ,1 st \$2156.14, of the agency fees are included in the deposit. The remaining apposit represents 10% of premium and refundable taxes and 100% of inspection/ plicy fees.

Shot id the policy be cancelled for any reason we will refund a pro rata portion of the fee.

Sincerely,

Jeffrey B. Kilgore

JBK/kb

PAC550

Kilgore Insurance

33 Centennial Drive at Centennial Square Peabody, MA 01960

(978) 531-6550

ij

FAX (978) 531-9442

LEONARD B. KILGORE (1919-1998) JEFFREY B. KILGORE CYRUS A. KILGORE

January 12, 2007

Premium Assignment Corporation P.O. Box 1055 East Brunswick, NJ 08816 Via fax 877-834-6618

RE: American Flagging & Traffic Control

Dear Sir or Madam:

The following breakdown of the contract is as follows:

Tudor G/L Premium	16,538.00
Processing/Filing Fee	500.00
Agency fee	6,800.00
Scottsdale Umbrella	6,500.00
Surplus lines tax	130.00
Policy fee	300.00
Agency fee	2,775.00

Total Contract

33,543.00

Please be advised the agency fee is included totally in the deposit. Should the policy be cancelled for any reason we agree to return a pro rata amount of fee.

Sincerely,

effrey B. Kilgore

JBK/kb

Kilgore Insurance

33 Cernennial Drive at Certennial Square Peabody, MA 01960

(978) 531-6550

FAX (978) 531-9442

LEONARD B. KILGORE 11918-15801 JEFFREY B. KILGORE CYBUS A. KILGORE

12/3/2005

Premium Assignment Corporation P.O. Box 1055 East Brunswick, NJ 08816 Via fax 877-834-6618

RE: Aegis Protection Group

Dear Sir or Madam:

The following contract breaks down as follows:

Lexington Liability Premium	95,690.	de posit	2397:2.50
Surplus lines tax	3,827.60		38: :7.60
Filing fee	750.00	FI.	7:50.00
Scottsdale Umbrella Premium	15,295.		38::3.75
Surplus lines tax	611.80	*	6   1.80
Policy fee	250.00		2.50,00
Agency fee	38,311.90	**	383   1.90
Totals	154,736.30		100,000.00

Should the policy be cancelled for any reason we will refund a pro rata portion of the fee.

Sincerely,

Jemey B. Kilgore

JBK/kb

# PREMIUM ASSIGNMENT

#### PREMIUM FINANCE AGREEMENT

Massachusetts

P.O. Bo: 3066 - 3522 Thomasville Rd.

Tallahassee, FL 32315

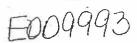
COKF	O K A !	101						Phone	850-907-5610
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THIS AGREEM	ENT, made effec	ctive the	day	of	Novem	nber 1005			between
AEGIS PRO	TECTION GR	OUP							
		t appears in tinanced	bolicies)			50)	OR T	X#	
ADDRESS_P.							A) 75 1		
CITY FRAMII	NGHAM		F	ZIP 01703	E		ONE #		
hereinafter called the	se Borrower, and Pros s described in the S	ernium Assignment C cheduled Policies of I	orporation, a Florida insurance listed in pag	Corporation hereina to 3 to this Agreemen	11.		the pur	nose of financi	ng the purchase
TOTAL	- CASH	= PRINCIPAL	+DOC	= TOTAL	* F	INANCE		TAL OF	ANNUAL
PRICE OF	DOWN	BALANCE	STAMPS &	AMOUNT	1	HARGE		MENTS	INTEREST RATE
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154,736.30	100,000.00	54,736.30	0.00	54,736.30	1.	,894.10	56	630.40	7.48
SELECT BILLI	NG OPTION:	Payment Book	Monthly Invoice	Amount of Mo	nth!	Nui	ber of	Date	First Payment
		EDULE WILL		Payment	-	Pa; r	nents		is Due
		ame day of each s			1				
	until p	aid in full.		5,663.04		1			2/25/2005
FOR VALUE REC	CEIVED, BORRO	WER PROMISES	TO PAY to the an	der of Lender at th	e at dr	ess given at	the top	of this page,	he Total
Amount Financed	and all sums show	en above, including	interest at the Ani	nual Interest Rate	and oth	ner charges: :	is desc.	ibed bereinut	ler, pursuant
to the terms stated	pelow and in pag	e 2 of this Agreem	ent			0			
1. SECURITY FO	OR PAYMENT:	To secure payment	of all sums due under the Scheduled Poli	r this Agreement, B	OTTE WE	r grants Leve i page 3.	ler a sei	unty interest i	n any uncarned
2. LIMITED PO	smile without mak or	TODAY TODAY	en innestacants	A DOMINITE I ENT	DEB A	SATIORNI	Y-TN-1	ACT TO CAR	NCEL THE
2. LIMITED PO	WER OF ATTOR	ANCE AFTER BO	RROWER DEFAUI	TS IN MAKING P	AY AE	NTS UNDI	R THIS	AGREEMEN	Т,

3. NOTICE TO BORROWER: (1) Do not sign this Agreement before you read it, or if it contains my blank space (other men as provided on the next page), (2) You are entitled to have and should retain a completely filled in copy of this Agreement to rotter your legal rights (3) Under the law, you have ount due and under certain conditions to obtain a partial refu td of the serv to charg, and (4) BY SIGNING

BELOW B	PRY OF THE PAYMENT AND ACKNOWLEDGES R	PROVISIONS ABOVE AND ALL ECEIPT OF COPIES OF PAGES	OF THE TE	RMS WITCH AFPEAL ON OF THIS AGREEMEN	THE SECOND PAGE OF THIS
SIGNATU	RE OF ALL INSUREDISTINATION	Prepulsion of Author			PE IMITTED BY LAW:
Date	Name and Title:	1	Date	Nt me and Title:	
Borrower. Insurance of policies, as Borrower is signature(s)	signed Producer represents and (B) The Total Price of Premiums on page 3 of this Agreement. Any well as any refunds or credits on s not subject to any bankruptcy or ) is (are) genuine and authorized, on Borrower's behalf. (E) Producations & Warranties above, as we	shown above has been or will be portion of the Total Price of Pren such policies, shall be promptly p insolvency proceedings and Prod or to the extent permitted by appliant to the literature or will deliver a	cash Down Paused to purchasiums receive aid to Lender, ucer has no recable law, the	yment shown above has been age insure ace policies shown of by Procueur that is no used. (C) To the bost of the indenters to believe that Borrower. Produce has been authorized agreement to Borrower. Procueur, Procueu	in the Scheduled Policies of I to purchase such insurance signed's knowledge and belief, r is insolvent. (D) The Borrower's d b. Borrower to sign this iduater agrees that the
Name $\frac{k}{2}$	CER / AGENCY KILGORE INS/PEABODY 13 CENTENNIAL DRIVE			Kithlun	Burka
	PEABODY, MA 01960	Date	9	PROD ICER'S SIGNATI	JRI:
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DEC 0 8 2005

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#### SCHEDULED FOLICIES OF INSUR

V7.1a(0)NI4.85

AFGIS PROTECTION GROUP P.O. BOX 2288 FRAMINGHAM, MA 01703

EXP DATE

KILGORE INS/PEABODY 33 CENT ENNIAL DE IVE PEABODY, MA 019:0 (978) 531 -6550

11454

Finance Charges Total / Payments Doc Stamps/Fces Amt. Fina iced Unpaid Balance Down Payment Premium 56,630,40 1.894.10 54,736.10 0.00 54,736.30 100,000.00 154,736.30 (64,63 %) Contract Type First Due Type tatus **Payments** Rate Payment INVOICE NEW COMMERCIAL 12/25/2005 7,48 % 10 5,663.04 P DLICY TOTAL TYPE CO. EFF DATE PREMIUM MEI" NO. ST CITY COMPANY / BROKER

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11/25/2006 MGA: SZERLIP & CO	318 E					Ta: es/fees Total	37,449,50 130,299,30		
11/25/2005	CO:	SCOTTSDALE INS CO	ļ	SCOTTSDALE	ΑZ	82802	UNIBR	UN S00188	15,295.00

MILBURN

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62764

NJ

Total

Ta es/Fees

Created By: 11454KB

11/25/2006 MGA: SZERLIP & CO

Auth Code:

### ADDITIONAL REPRESENTATIONS & WARRANTIES OF PRODUCER

- (F) All information provided above is complete and correct in all respects and the policies listed above are or will so in force on the stated Effective Date and delivered by Producer to the Borrower, except for assigned risk or residual market policies.
- (G) If any information listed above is or becomes incomplete or inaccurate, Producer shall promptly provide correst information to Lender.
- (H) The Producer is an authorized policy issuing agent of the companies issuing the policies listed a love or is the unhorized agent of the MGA or broker except those policies indicated with an "X". placing the coverage directly with the insuring company,
- (1) None of the policies listed above are subject to reporting or retrospective rating provisions. All colicies subject to audit minimum or fully earned premium provisions are indicated below:

Policy No and Prefix No:

- (J) Except us indicated above, all Scheduled Policies of Insurance can be cancelled by Borrower or Lender on 10 days note a and the uncarned premiums will be computed pro ratu or on the standard short rate table.
- (K) If any Scheduled Policies of Insurance are subject to audit. Producer and Borrower have made 1 200 faith determination that the deposit, provisional or initial premiums are not less than the anticipated premiums to be earned for the full term of the polic /(ies),
- (L) Upon cancellation of any of the Scheduled Policies of Insurance, Producer shall remit to Lender the full amount of the meaned premium, including uncarned commission, as well as any other payments or credits received by Producer, up to the unpa d balance due under this Agreement, within 15 days of receipt from the insuring company.



#### PREMIUM FINANCE AGREEMENT

Massachusetts P.O. Bux 3066 - 3522 Thomasville Rd.

Tallahassee, FL 32315 Phone 850-907-5610

ALLIANCE DETECTIVE A. SECURITY SERVICE INC.  (ADDRESS 930 BROADWAY  CITY EVERETT  ADDRESS 930 BROADWAY  CITY EVERETT  FORTAL CASH  FRENCIED Common Assignment Compounds in a Florida Corporation herbitaffer called Lawler, for the purpose of financing the put of a parameter policied described in the Sciendard Policies of Incinnace listed in preg. 3 to this Agreement.  FORTAL CASH  FRENCE OF DOWN BLANCE STANES ANDUST CHARGE PAYMENT INTER ANDUST CHARGE PAYMENT OWED ON SERVICE FEE (FANCE) transport or all payments of foorth costs over room all payments of the foorth preg. 1 to the costs over room all payments of foorth preg. 1 to the costs over room all payments of foorth preg. 1 to the costs over room all payments of foorth preg. 1 to the costs over room all payments of foorth preg. 1 to the costs over room all payments of foorth preg. 2 to the foorth preg. 2 to the foot payment due on same day of each succeeding month until paid in full.  FOR VALUE RECEIVED, BORROWER PREMISES TO PAY to the order of Lester at the address given as the tup of this page, the Total Amount Financial and all arms shown allows, including interest if the Annual Interest Rate and other obserge as destribed before said in page 2 of this Agreement.  FOR VALUE RECEIVED, BORROWER PREMISES TO PAY to the order of Lester at the address given as the tup of this page, the Total Amount Financial and all arms shown allows, including interest if the Annual Interest Rate and other obserge as destribed behaviorable, premisting or other sums which that become payable under the Scheduled Policies of Insurance Rate and other obserge as destribed behaviorable, premisting or other sums which that become payable under the Scheduled Policies of Insurance Rate and other obserge to page to the sum of the foot page 10 to the Agreement to page 10 to the page 10 to the Agreement to page 10 to the advention of the Total Scheduled Policies of Insurance and page 3 of this Agreement to page 10 to the agreement and page 2 of this Agreement to predict to proceed predicts a	PERSONAL	<b>SCOMMERCIAL</b>	<b>NEW</b>	□AGEN	<b>VCY RENEW</b>	IAL L	Jadd'L premii	IJM
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ADDRESS 938 BROADWAY  CITY EVERETT  TOTAL VENERATION  TOTAL CASH  FRICE OF DOWN  BLANCE  FRICE OF BULLING OPTION:  Data AND SERVICE FE  FRANCE OF BULLING OPTION:  PREMITIAN  TOTAL  TOT	ALLIANCE DE	TECTIVE & SECURITY	SERVICE INC	/				
CITY EVERETT  STATE MA			icea policies)			\$\$	NORTAX#	
beclinisher called be Services and Prentium Assignment Conjournium, a Florida Corporation Decisionfor called Londer, for the purpose of financing the gus of apparature peticles described in the Schoolable Protects or Insurance Listed in page 3 to this Agreement.    TOTAL		57(39322)	ami ami ani	/ con no	- 40			
of insurance policies described in the Scheckled Policies of haumance listed in page 3 to this Agreement.  TOTAL CASH = FRENCE ADDITION   FRENCE   FORM   FORM   FRENCE   FORM   F								
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YOUR PAYMENT SCHEDULE WILL HE:  Each monthly payment due on same duy of each succeeding month until paid in full.  J. 724.08  10  12/7/200*  FOR VALUE RECEIVED, BORROWER PROMISES TO PAY to the order of Lesider at the address given at the top of this page, the Total Amount Planneed and all sums shown above, including interest in the Annual Interest Rate and other charges as destribed hereinafter, purst of the terms stated below and in page 2 of this Agreement.  SECURITY FOR PAYMENT: To secure payment of all sums due under this Agreement. Borrower grants Lender a security interest in any unexpenditures or other sums which any become payable under the Scheduled Policies of Insurance shows on on page 3.  LIMPED POWER OF ATTORNEY.  SOURCE TO BORROWER, IT DO NOT SIGNATURE AFTER BORROWER DEFAULTS IN MAKING PAYMENTS UNDER THIS AGREEMENT.  SOURCE TO BORROWER, IT DO NOT Sign this Agreement before you read it, or if it contains any blank space (other than as provided on the in page). (2) You are entitled to have and should retain a completely filled in copy of this Agreement to pratect your legal rights. (3) Under the law, you die right to pay of in advance the fill amount due and under certain conditions to abstain a partial refund of the service charge, and (4) BY SIGNING RELOW BORROWER AGREES TO THE PROVISIONS ABOVE AND ALL OF THE TERMS WHICH APPEAR ON THE SECOND PAGE OF TAGREEMENT AND ACKNOWLEDGES RECEIPT OF COPIES OF PAGES 1, 2 AND 3 OF THIS AGREEMENT.  SIGNATURE OF ALL INSUREDISI NAMED IN POLICIES OR ALTHORIZED AGENT OF INSUREDISI, AS PERMITTED BY LAW:  11—12—12—12—12—12—12—12—12—12—12—12—12—1	32,800.00 6	,560.00 26.240.00	0.00	26,2	40.00	1,000.00	27,240.00	8,23
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until paid in full.  2,724,00  10  12/7/200*  Charle Received. Borrower promises to PAV to the order of Leader at the address given as the top of this page, the Total Amount Financed and all sums shown above, including interest at the Annual Interest Rate and other charges as described hereinafter, purst to the terms stated below and in page 2 of this Agreement.  1. SECURITY FOR PAYMENT: To secure payment of all sams due under this Agreement, Borrower grants Lender a security interest in any uncerprentitums or other sums which that become payable under the Scheduled Policies of Instrumer shown on page 3.  2. LIMITED POWER OF ATTORNEY: BORROWER DEFAULTS IN MAKING PAYMENTS UNDER THIS AGREEMENT.  3. NOTICE TO BORROWER; (1) Do not sign this Agreement before you read it, or if it contains any blank space (other than as provided on the nepage). (2) You are entitled to have and should retain a completely filled in copy of this Agreement to protect your legal rights. (3) Under the law, you the right to pay off in advance the full amount due and under certain conditions to abatin a partial refund of the service change, and (4) BY SIGNING RELOW BORROWER GREEFS TO THE PROVISIONS ABOVE AND ALL OF THE TERMS WHICH APPEAR ON THE SECOND PAGE OF TAGES. (2 AND 3 OF THIS AGREEMENT.  SIGNATURE OF ALL INSUREDISI NAMED IN POLICIES OR ATTHORIZED AGENT OF INSUREDISI, AS PERMITTED BY LAW:    Date	YOUR PAY:	MENT SCHEDULE WIL	LBE:		Payment	Payn	rents	is Due
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Amount Financed and all sums shown above, including interest at the Annual Interest Rate and other charges as described hereinafter, purst to the terms stated below and in page 2 of this Agreement.  1. SECURITY FOR PAYMINT: To secure payment of all sums due under this Agreement. Borrower grants Lender a security interest in any uncertainty of other sums which may become payable under the Scheduled Policies of Insurance shown on page 3.  2. LIANTED POWER OF ATTORNEY: BORROWER IRREVOCABLY APPOINTS LENDER AS ATTORNEY-IN-FACT TO CANCEL THIS SCHEDULED POLICIES OF INSURANCE AFTER BORROWER DEFAULTS IN MAKING PAYMENTS UNDER THIS AGREEMENT.  3. NOTICE TO BORROWER; (1) Do not sign this Agreement before you read it, or if it contains any blank space (other than as provided on the napage, (2) You are entitled to have and should retain a completely filled in copy of this Agreement to protect your logal rights, (3) Under the law, you the right to pay off in advance the fill amount due and under certain conditions to obtain a partial reformation of the service change, and (4) RY SIGNING.  BELOW BORROWER AGREES TO THE PROVISIONS ABOVE AND ALL OF THE TERMS WHICH APPEAR ON THE SECOND PAGE OF TAGREEMENT AND ACKNOWLEDGES RECEIPT OF COPIES OF PAGES (, 2 AND 3 OF THIS AGREEMENT.  SIGNATURE OF ALL INSUREDISI NAMED IN POLICIES OR ALTHORIZED AGENT OF INSUREDISI, AS PERMITTED BY LAW:  11—12—22  13—12—24  14—12—25  15—12—25  16—12—26  16—12—26  16—26  17—26  18—26  18—26  18—26  19—27  20  21—27  22  23  24  24  25  26  26  27  27  28  28  29  20  20  21  21  22  23  24  25  25  26  26  27  27  28  28  29  20  20  20  20  20  20  20  20  20	FOR VALUE RECEIVE	O BORROWER PROMIS	ES TO PAY to the	order of Le	eder at the a	ddress given at t	he too of this nas	e. the Total
1. SECURITY FOR PAYMENT: To secure payment of all sums due under this Agreement, Borrower grants Lender a security interest in any uncerprentitums or other sums which may become payable under the Scheduled Policies of Insurance shown on page 3.  2. LIMITED POWER OF ATTORNEY: BORROWER IRREVOCABLY APPOINTS LENDER AS ATTORNEY-IN-FACT TO CANCEL THIS SCHEDULED POLICIES OF INSURANCE AFTER BORROWER DEFAULTS IN MAKING PAYMENTS UNDER THIS AGREEMENT.  3. NOTICE TO BORROWER: (1) Do not sign this Agreement before you read it, or if it contains any blank space (other than as pravided on the nepage). (2) You are entitled to have and should retain a completely filled in copy of this Agreement to protect your legal rights. (3) Under the law, you the right to pay of it advance the full amount due and under certain conditions to obtain a partial refund of the service charge, and (4) BY SIGNING RELOW BORROWER AGREES TO THE PROVISIONS ABOVE AND ALL OF THE TERMS WHICH APPEAR ON THE SECOND PAGE OF TAGREEMENT AND ACKNOWLEDGES RECEIPT OF COPIES OF PAGES 1, 2 AND 3 OF THIS AGREEMENT.  SIGNATURE OF ALL INSUREDISI NAMED IN POLICIES OR AUTHORIZED AGENT OF INSUREDISI, AS PERMITTED BY LAW:  11-12-12-12-12-12-12-12-12-12-12-12-12-1	Amount Financed and a	Il sums shown above, includ	ing interest at the	Annual Inter	rest Rute and	l other charges a	s described herei	nafter, pursu:
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page). (2) You are entitled to have and should retain a completely filled in copy of this Agreement to protect your legal rights. (3) Under the law, you the right to pay off in advance the full amount due and under certain conditions to obtain a partial refund of the service charge, and (4) BY SIGNING RELOW BORROWER AGREES TO THE PROVISIONS ABOVE AND ALL OF THE TERMS WHICH APPEAR ON THE SECOND PAGE OF TAGES IN AGREEMENT AND ACKNOWLEDGES RECEIPT OF COPIES OF PAGES I, 2 AND 3 OF THIS AGREEMENT.  SIGNATURE OF ALL INSURED[S] NAMED IN POLICIES OR ALTHORIZED AGENT OF INSURED[S], AS PERMITTED BY LAW:  11-12/9 X	SCHEDULED POLICIES	OF INSURANCE AFTER B	ORROWER DEFA	UILTS IN M	AKING PAY	MENTS UNDER	THIS AGREEM	ENT.
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The undersigned Producer represents and warrants that:  Any portion of the Total Price of Premiums shown above has been paid by or on behalf of the Surviver. (B) The Total Price of Premiums shown above has been paid by or on behalf of the Surviver. (B) This Total Price of Premiums shown above has been paid by or on behalf of the Surviver. (B) This Total Price of Premiums shown above has been or will be used to purchase insurance policies shown in the Scheduled Policies of Insurance on page 3 of this Agreement. Any portion of the Total Price of Premiums received by Producer that is not used to purchase such insurance on page 3 of this Agreement. Any portion of the Total Price of Premiums received by Producer that is not used to purchase such insurance on page 3 of this Agreement. Any portion of the Total Price of Premiums received by Producer that is not used to purchase such insurance on page 3 of this Agreement. On the estent permitted by applicable law, the Producer has been authorized, or to the estent permitted by applicable law, the Producer has been authorized by Borrower to sign this Agreement on Borrower's behalf. (E) Producer has delivered or will deliver a copy of this Agreement to Borrower. Producer agrees that the Representations & Warranties above, as well as those on page 3 of this Agreement, are a binding contract between Producer and Lender.  PRODUCER / AGENCY Name  Address  33 CENTENNIAL DRIVE  PEABODY, MA 01960  PRODUCER'S SIGNATURE	3. NOTICE TO BORR	OWER: (1) Do not sign this A	Agreement before y	ou read it, or	il it contains	any blank space (	other than as prov	the law you ha
RELOW BORROWER AGREES TO THE PROVISIONS ABOVE AND ALL OF THE TERMS WHICH APPEAR ON THE SECOND PAGE OF TAGREEMENT AND ACKNOWLEDGES RECEIPT OF COPIES OF PAGES 1, 2 AND 3 OF THIS AGREEMENT.  SIGNATURE OF ALL INSUREDISI NAMED IN POLICIES OR ALTHORIZED AGENT OF INSUREDIS], AS PERMITTED BY LAW:  11-12/9/X Mallande Law Date Name and Title:  PRODUCER'S REPRESENTATIONS & WARRANTIES:  The undersigned Producer represents and warrants that:  (A) The Cash Down Payment shown above has been paid by or on behalf of the Borrower. (B) The Total Price of Premiums shown above has been or will be used to purchase insurance policies shown in the Scheduled Policies of Insurance on page 3 of this Agreement. Any portion of the Total Price of Premiums received by Producer that is not used to purchase such insurance policies, as well as any refunds or credits on such policies, shall be promptly paid to Lender. (C) To the best of the undersigned's knowledge and belie Borrower is not subject to any bankruptey or insolvency proceedings and Producer has no reason to believe that Borrower is insolvent. (D) The Borro signature(s) is (are) genuine and authorized, or to the extent permitted by applicable law, the Producer has been authorized by Borrower to sign this Agreement on Borrower's behalf. (E) Producer has delivered or will deliver a copy of this Agreement to Borrower. Producer agrees that the Representations & Warranties above, as well as those on page 3 of this Agreement, are a binding contract between Producer and Lender.  PRODUCER / AGENCY Name Address  KILGORE INS/PEABODY  Address	the right to may off in adv.	ance the full amount due and t	inder cenain condit	ions to obtain	a purtial refu	and of the service	charge, and (4) B	Y SIGNING
SIGNATURE OF ALL INSUREDISI NAMED IN POLICIES OR AUTHORIZED AGENT OF INSUREDISI, AS PERMITTED BY LAW:    11-  12    13	BELOW BORROWER A	GREES TO THE PROVISIO	NS ABOVE AND.	ALL OF THE	TERMS WI	HCH APPEAR C		
Date Name and Title:  PRODUCER'S REPRESENTATIONS & WARBANTIES:  The undersigned Producer represents and warrants that:  (A) The Cash Down Payment shown above has been paid by or on behalf of the Borrover. (B) The Total Price of Premiums shown above has been or will be used to purchase insurance policies shown in the Scheduled Policies of Insurance on page 3 of this Agreement. Any portion of the Total Price of Premiums received by Producer that is not used to purchase such insurance policies, as well as any refunds or credits on such policies, shall be promptly paid to Lender. (C) To the best of the undersigned's knowledge and belie Borrower is not subject to any bankruptcy or insolvency proceedings and Producer has no reason to believe that Borrower is insolvent. (D) The Borro signature(s) is (are) genuine and authorized, or to the extent permitted by applicable law, the Producer has been authorized by Borrower to sign this Agreement on Borrower's behalf. (E) Producer has delivered or will deliver a copy of this Agreement to Borrower. Producer agrees that the Representations & Warranties above, as well as those on page 3 of this Agreement, are a binding contract between Producer and Lender.  PRODUCER / AGENCY Name  Address  SIGNATIRE  Date  PRODUCER'S SIGNATIRE	AGREEMENT AND AC	KNOWLEDGES RECEIPT O	OF COPIES OF PAG	GES 1, 2 ANI	D 3 OF THIS	AGREEMENT.		
Date Name and Title:  PRODUCER'S REPRESENTATIONS & WARBANTIES:  The undersigned Producer represents and warrants that:  (A) The Cash Down Payment shown above has been paid by or on behalf of the Borrower. (B) The Total Price of Premiums shown above has been or will be used to purchase insurance policies shown in the Scheduled Policies of Insurance on page 3 of this Agreement. Any portion of the Total Price of Premiums received by Producer that is not used to purchase such insurance policies, as well as any refunds or credits on such policies, shall be promptly paid to Lender. (C) To the best of the undersigned's knowledge and belie Borrower is not subject to any bankruptcy or insolvency proceedings and Producer has no reason to believe that Borrower is insolvent. (D) The Borro signature(s) is (are) genuine and authorized, or to the extent permitted by applicable law, the Producer has been authorized by Borrower to sign this Agreement on Borrower's behalf. (E) Producer has delivered or will deliver a copy of this Agreement to Borrower. Producer agrees that the Representations & Warranties above, as well as those on page 3 of this Agreement, are a binding contract between Producer and Lender.  PRODUCER / AGENCY Name  Address  BEABODY, MA 01960  Date  PRODUCER'S SIGNATIRE	¥							
Date Name and Title:  PRODUCER'S REPRESENTATIONS & WARBANTIES:  The undersigned Producer represents and warrants that:  (A) The Cash Down Payment shown above has been paid by or on behalf of the Borrower. (B) The Total Price of Premiums shown above has been or will be used to purchase insurance policies shown in the Scheduled Policies of Insurance on page 3 of this Agreement. Any portion of the Total Price of Premiums received by Producer that is not used to purchase such insurance policies, as well as any refunds or credits on such policies, shall be promptly paid to Lender. (C) To the best of the undersigned's knowledge and belie Borrower is not subject to any bankruptcy or insolvency proceedings and Producer has no reason to believe that Borrower is insolvent. (D) The Borro signature(s) is (are) genuine and authorized, or to the extent permitted by applicable law, the Producer has been authorized by Borrower to sign this Agreement on Borrower's behalf. (E) Producer has delivered or will deliver a copy of this Agreement to Borrower. Producer agrees that the Representations & Warranties above, as well as those on page 3 of this Agreement, are a binding contract between Producer and Lender.  PRODUCER / AGENCY Name  Address  BEABODY, MA 01960  Date  PRODUCER'S SIGNATIRE								
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Date Name and Title:  PRODUCER'S REPRESENTATIONS & WARRANTIES:  The undersigned Producer represents and warrants that:  (A) The Cash Down Payment shown above has been paid by or on behalf of the Borrower. (B) The Total Price of Premiums shown above has been or will be used to purchase insurance policies shown in the Scheduled Policies of Insurance on page 3 of this Agreement. Any portion of the Total Price of Premiums received by Producer that is not used to purchase such insurance policies, as well as any refunds or credits on such policies, shall be promptly paid to Lender. (C) To the best of the undersigned's knowledge and belie Borrower is not subject to any bankruptcy or insolvency proceedings and Producer has no reason to believe that Borrower is insolvent. (D) The Borrower is not subject to any bankruptcy or insolvency proceedings and Producer has no reason to believe that Borrower is insolvent. (D) The Borrower is insolvent on Borrower's behalf. (E) Producer has delivered or will deliver a copy of this Agreement to Borrower. Producer agrees that the Representations & Warranties above, as well as those on page 3 of this Agreement, are a binding contract between Producer and Lender.  PRODUCER / AGENCY Name  Address  PEABODY, MA 01960  Address  PEABODY, MA 01960  PRODUCER'S SIGNATIVE  PRODUCER'S SIGNATIVE		00 4	. /					
The undersigned Producer represents and warrants that:  (A) The Cash Down Payment shown above has been paid by or on behalf of the Borrover. (B) The Total Price of Premiums shown above has been or will be used to purchase insurance policies shown in the Scheduled Policies of Insurance on page 3 of this Agreement. Any portion of the Total Price of Premiums received by Producer that is not used to purchase such insurance policies, as well as any refunds or credits on such policies, shall be promptly paid to Lender. (C) To the best of the undersigned's knowledge and belie Borrower is not subject to any bankruptcy or insolvency proceedings and Producer has no reason to believe that Borrower is insolvent. (D) The Borro signature(s) is (are) genuine and authorized, or to the extent permitted by applicable law, the Producer has been authorized by Borrower to sign this Agreement on Borrower's behalf. (E) Producer has delivered or will deliver a copy of this Agreement to Borrower. Producer agrees that the Representations & Warranties above, as well as those on page 3 of this Agreement, are a binding contract between Producer and Lender.  PRODUCER / AGENCY  KILGORE INS/PEABODY  Address  3 CENTENNIAL DRIVE  Date  PRODUCER'S SIGNATURE	11-12/01X Y		MALL			4.07.1		
The undersigned Producer represents and warrants that:  Borrover. (B) The Total Price of Premiums shown above has been or will be used to purchase insurance policies shown in the Scheduled Policies of Insurance on page 3 of this Agreement. Any portion of the Total Price of Premiums received by Producer that is not used to purchase such insurance policies, as well as any refunds or credits on such policies, shall be promptly paid to Lender. (C) To the best of the undersigned's knowledge and belie Borrower is not subject to any bankruptcy or insolvency proceedings and Producer has no reason to believe that Borrower is insolvent. (D) The Borrowing is (are) genuine and authorized, or to the extent permitted by applicable law, the Producer has been authorized by Borrower to sign this Agreement on Borrower's behalf. (E) Producer has delivered or will deliver a copy of this Agreement to Borrower. Producer agrees that the Representations & Warranties above, as well as those on page 3 of this Agreement, are a binding contract between Producer and Lender.  PRODUCER / ACENCY Name  Address  Address  Address  Address  Address  Address  Address  PRODUCER'S SIGNATIRE  PRODUCER'S SIGNATIRE	Date. Name an							
Borrover. (B) The Total Price of Premiums shown above hus been or will be used to purchase insurance policies shown in the Scheduled Policies of Insurance on page 3 of this Agreement. Any portion of the Total Price of Premiums received by Producer that is not used to purchase such insurance policies, as well as any refunds or credits on such policies, shall be promptly paid to Lender. (C) To the best of the undersigned's knowledge and belie Borrover is not subject to any bankruptcy or insolvency proceedings and Producer has no reason to believe that Borrover is insolvent. (D) The Borro signature(s) is (are) genuine and authorized, or to the extent permitted by applicable law, the Producer has been authorized by Borrover to sign this Agreement on Borrover's behalf. (E) Producer has delivered or will deliver a copy of this Agreement to Borrover. Producer agrees that the Representations & Warranties above, as well as those on page 3 of this Agreement, are a binding contract between Producer and Lender.  PRODUCER'S AGENCY Name  Address    Address   Producer Institute   Producer Institute								
Insurance on page 3 of this Agreement. Any portion of the Total Price of Premiums received by Producer that is not used to purchase such insurance policies, as well as any refunds or credits on such policies, shall be promptly paid to Lender. (C) To the best of the undersigned's knowledge and belie Borrower is not subject to any bankruptcy or insolvency proceedings and Producer has no reason to believe that Borrower is insolvent. (D) The Borro signature(s) is (are) genuine and authorized, or to the extent permitted by applicable law, the Producer has been authorized by Borrower to sign this Agreement on Borrower's behalf. (E) Producer has delivered or will deliver a copy of this Agreement to Borrower. Producer agrees that the Representations & Warranties above, as well as those on page 3 of this Agreement, are a binding contract between Producer and Lender.  PRODUCER' AGENCY Name Address    Address   PRODUCER'S SIGNATURE   PRODU	The undersigned Produc	er represents and warrants	that: (A) Ti	e Cash Down	i Payment shi	own above has be	en paid by or on b	chalf of the
policies, as well as any refunds or credits on such policies, shall be promptly paid to Lender. (C) To the best of the undersigned's knowledge and belie Borrower is not subject to any bankruptcy or insolvency proceedings and Producer has no reason to believe that Borrower is insolvent. (D) The Borro signature(s) is (are) genuine and authorized, or to the extent permitted by applicable law, the Producer has been authorized by Borrower to sign this Agreement on Borrower. Borrower is signature. Agreement on Borrower is behalf. (E) Producer has delivered or will deliver a copy of this Agreement to Borrower. Producer agrees that the Representations & Warrauties above, as well as those on page 3 of this Agreement, are a binding contract between Producer and Lender.  PRODUCER / AGENCY Name Address    Address   AGENCY	Borrower, (B) The Total	Frice of Premiums shown above Approximate	ve bus been or will the fretal being of P	ne used to pu	rchase insura	nce policies snow	m in the Selfedules	d Policies of
Borrower is not subject to any bankruptcy or insolvency proceedings and Producer has no reason to believe that Borrower is insolvent. (D) The Borrowsignature(s) is (are) genuine and authorized, or to the extent permitted by applicable law, the Producer has been authorized by Borrower to sign this Agreement on Borrower's behalf. (E) Producer has delivered or will deliver a copy of this Agreement to Borrower. Producer agrees that the Representations & Warrauties above, as well as those on page 3 of this Agreement, are a binding contract between Producer and Lender.  PRODUCER / AGENCY Name Address PEABODY, MA 01960  11 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0 1 28 0	insurance on page 5 or in-	ands or credits on such notice	es, shall be prompti	v oaid to Len	der. (C) To t	he best of the und	lersigned's knowle	due and belief.
Agreement on Borrower's behalf. (E) Producer has delivered or will deliver a copy of this Agreement to Borrower. Producer agrees that the Representations & Warranties above, as well as those on page 3 of this Agreement, are a binding contract between Producer and Lender.  PRODUCER / ACENCY Name Address  Address  Address  PRODUCER'S SIGNATURE  PRODUCER'S SIGNATURE	Borrower is not subject to	any bankruptey or insolvency	proceedings and P	oducer has n	o reason to be	lieve that Borroy	ver is insolvent. (I	D) The Borrows
Representations & Warranties above, as well as those on page 3 of this Agreement, are a binding contract between Producer and Leader.  PRODUCER / AGENCY Name Address  Address  PEABODY, MA 01960  RILGORE INS/PEABODY Date  PRODUCER'S SIGNATURE								
PRODUCER / AGENCY Name Address PEABODY, MA 01960  PEABODY, MA 01960  PRODUCER'S SIGNATURE	Agreement on Borrower's Rem'eventations & Warr	behalf. (E) Producer has deli- auties above, as well as thos	vered or will delive c on page 3 of this	r a copy of th Agreement,	is Agreement are a binding	to Borrower. P	roducer agrees it en Producer and	izithe Lender.
Address PEABODY, MA 01960  Date    Address   A	PRODUCER/AGEN	CY	5		į.		1	
PEABODY, MA 01960 Date PRODUCER'S SIGNATURE	Name KILGORE IN:	NECKEOD!		1/20/2-	1 J	111	1 Kill	
	Address 33 CENTENN	IAL DRIVE		100/01	- 200	THE BONE	TIPE	
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- IN CONSIDERATION of the payment by Lender of the Principal Balance Owed on Premiums shown on page 1 to the insurance companies named in the Scheduled Policies of Insurance shown on page 3 (or the agents of such companies), the Borrower agrees:
- 4. ACCEPTANCE DATE. This Agreement is binding upon its acceptance by Lender. Acceptance shall occur upon payment of the Principal Balance Owed on Premiums to the insurance companies named in the Scheduled Policies of Insurance, or the agents of such companies.
- 5. PAYMENTS Borrower shall make payments directly to Lender in the amounts and at the same time specified on page 1 of this Agreement. Payments shall be made at Lender's address given at the top of page 1 or such other address as Lender may direct in writing. Payments made to any other address, person, firm, corporation or insurance agency (including but not limited to the Producer) shall not constitute payment to Lender. Payments received after cancellation of the Scheduled Policies of Insurance shall be credited to the unpaid balance due under this Agreement and shall not constitute reinstatement of the cancelled policies, nor shall it constitute a waiver by Lender of any rights.
- 6. LATE CHARGES If a payment is more than 10 days late, Borrower agrees to pay a late charge of 5% of the delinquent installment, unless prohibited by applicable law
- 7. DEFAULT/CANCELLATION A default shall occur if Borrower fails to pay any sums required by this Agreement in a timely manner, including interest and Late Charges, or if Borrower fails to carry out any other obligations under this Agreement. After default, any unpaid balance of the Total Amount Financed shall become immediately due and payable in full and Lender may enforce its security interest and its rights under the Limited Power of Attorney. Interest will continue to accrue on the unpaid balance at the Annual Percentage Rate or maximum rate allowed by applicable law, at the option of Lender, until all balances owed under this Agreement are paid. Lender may request cancellation of all or any of the Scheduled Policies of Insurance at the earliest time after default permitted by applicable law. Should Lender cancel the Scheduled Policies of Insurance, Borrower agrees to pay Lender a cancellation fee of 2% of the balance as permitted by applicable law.
- 8. EXCESS INTEREST OR FEES It is the intent of the Lender that no interest, fee or charge in excess of that permitted by applicable law will be charged, taken or become payable under this Agreement. In the event it is determined that Lender has taken, charged or accrued interest, fees or charges in excess of that permitted under law, such excess shall be returned to Borrower or credited against the sum due Lender hereunder.
- 9. REFUNDS The Borrower will receive a refund of the finance charge if the account is prepaid in full prior to the last installment due date. The refund shall be computed according to applicable law subject to a nonrefundable service charge of \$16.
- 10. SHORTAGE OR OVERAGE OF RETURNED PREMIUM If Lender does not receive unearned premiums or other funds after cancellation or expiration of the Scheduled Policies of Insurance in an amount sufficient to pay the unpaid balance due under this Agreement, Borrower agrees to pay the deficiency to Lender on demand. Interest shall accrue on the deficiency at the Annual Percentage Rate, or the maximum rate allowed by applicable law, at the option of Lender. If the unearned premiums received by Lender are more than the amount due under this Agreement, the excess shall be returned to Borrower within the time allowed by applicable law. Borrower has no right to any excess of less than the minimum amount required to be paid by applicable law.
- 11. ATTORNEYS FEES/COURT COSTS Borrower agrees to pay all attorneys fees, expenses and costs incurred by Lender in collecting amounts due from Borrower under this Agreement, including attorneys fees incurred on appeal and in bankruptcy, unless prohibited or limited by applicable law.
- 12. LENDER RELATIONSHIP Borrower acknowledges that: (a) Lender is not an insurance agent nor an insurance company. (b) This Agreement is a financing agreement, and not an insurance policy or guarantee of insurance coverage, (c) Lender has played no part in the selection or structuring of the financed insurance policies. (d) Lender has no obligation to request reinstatement of any insurance policies properly cancelled after a default under this Agreement, and (e) The decision of whether to reinstate insurance coverage is made solely by the insurance companies providing coverage, not Lender.
- 13. ADDITIONAL PREMIUMS Lender may advance to Producer, as Borrower's agent, or to an insurance company any additional premiums that may become due, less normal down payment, adding the advanced amount, plus any finance charge, to Borrower's balance under this Agreement. However, any additional premium which is owed to the insurance company(ies) named in the Scheduled Policies of Insurance as a result of any misclassification of risk which is not paid in full or financed in this Agreement may result in cancellation of the coverage by the insurance company for nonpayment of premium. Lender's payment shall not be applied by the insurer to pay for any additional premium owed by Borrower as a result of any misclassification of risk.
- 14. LENDER LIABILITY Lender is not responsible for any damages resulting from cancellation of the Scheduled Policies of Insurance by Lender, as long as the cancellation was done in accordance with applicable law. Borrower shall be responsible for Lender's reasonable attorneys fees and expenses for any unsuccessful action filed by Borrower seeking damages for improper cancellation. Lender's liability for breach of this Agreement shall be limited to the Principal Balance Financed under this Agreement, if permitted by applicable law.
- 15. RETURNED CHECKS Borrower's checks returned to Lender for Insufficient funds or because the insured has no account in the payor bank.
- 16. WARRANTIES OF BORROWER Borrower warrants that: (a) Each of the Scheduled Policies of Insurance have been issued or a binder has been issued; (b) Borrower has not and will not assign or encumber any uncarried premium of the Scheduled Policies of Insurance or grant a power of attorney to cancel the Scheduled Policies of Insurance to anyone other than Lender until all sums due under this Agreement are paid in full; (c) Lender may assign all its rights under this Agreement as allowed by applicable law; (d) No proceeding in bankruptcy or insolvency has been instituted by or against Borrower or is contemplated by Borrower, and (e) No insurance financed by this Agreement was purchased for personal, family or household purposes, unless so indicated on page 1.
- 17. INTEREST CALCULATION Interest is computed on an annual basis of 12 months of 30 days on the balance of the Total Amount Financed, from the effective date of the earliest insurance policy for which premiums are being advanced to the date when all sums due under this Agreement are paid.
- 18. BLANK SPACES Borrower agrees that if any policy financed by this Agreement has not been issued at the time the Agreement is signed, the names of the insurance companies issuing the financed policies, the policy numbers and the due date of the first installment may be inserted in the Agreement after it is signed.
- 19. GOVERNING LAW The Parties agree that the law of the state in which this Agreement is executed shall control the interpretation of the Agreement and the rights of the parties, unless the Agreement is executed in a state without premium finance laws, in which case the law of the State of Florida shall govern.
- 20. SAVINGS CLAUSE. The Parties agree that if one or more portions of this Agreement are found to be invalid or unenforceable for any reason, the remaining portions shall remain fully enforceable.
- 21. FINANCING OPTION Entry into this financing arrangement is not a condition of obtaining insurance. You may opt to pay the premium for such insurance without financing such premium, or to obtain financing from some other source if you choose.

035801

PREMIUM ASSIGNMENT

IED: November 7, 2007; State: MA

#### SCHEDULED POLICIES OF INSURANCE

V7.1a(0)NI5.35

11454

ALLIANCE DETECTIVE & SECURITY SERVICE INC. 930 BROADWAY EVERETT, MA 02149

fiz:

KILGORE INS/PEABODY
33 CENTENN(AL DRIVE
PEABODY, MA 01960
(978) 531-6550

Premi	וגנו	Down Payment	Unpaid Balance	Doc Stamps/Fees	Amt	. Financed	Finance	Charges	Total / Pnymens
32,800	.00	6,560.00 (20,00 %)	26,240.00	0.00	20	5,240.00	1.00	00.00	27,240,00
Payme	nt	Payments	Rate	First Due		Type	Sta	itus	Contract Type
2.734.	00	10	8.23 %	12/7/2007	17	NVOICE	N	W	COMMERCIAL.
EFF DAT	- 1	COMPANY/BI	ROKER	CITY	şr	CO.	TYPE MEP	POLIC NO.	Y TOTAL PREMIUN
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								Taxer/For Tot	000
1/1/07	Α	ŒNTS CI	ONSULTING	G FEES	82	3698		# #	\$ 9,900.
4 1100		1 1							

#### ADDITIONAL REPRESENTATIONS & WARRANTIES OF PRODUCER

(F) All information provided above is complete and correct in all respects and the policies listed above are or will be in force on the stated Effective Date and delivered by Producer to the Borrower, except for assigned risk or residual market policies.

Auth Code:

- (G) If any information listed above is or becomes incomplete or inaccurate, Producer shall promptly provide correct information to Lender.
- (H) The Producer is an authorized policy issuing agent of the companies issuing the policies listed above or is the authorized agent of the MGA or broker placing the coverage directly with the insuring company, except those policies indicated with an "X".
- (1) None of the policies listed above are subject to reporting or retrospective rating provisions. All policies subject to audit, minimum or fully carned premium provisions are indicated below:

Policy No and Prefix No:

Ero.n

Created By: 11454KB

- (1) Except as indicated above, all Scheduled Policies of Insurance can be cancelled by Borrower or Lender on 10 days notice and the uncarned premiums will be computed pro-rate or on the standard short rate table.
- (K) If any Scheduled Policies of Insurance are subject to audit, Producer and Borrower have made good faith determination that the deposit, provisional or initial premiums are not less than the anticipated premiums to be earned for the full term of the policy(ies).
- (L) Upon cancellation of any of the Scheduled Policies of Insurance, Producer shall remit to Londer the full amount of the uncarned premium, including uncarned commission, as well as any other payments or credits received by Producer, up to the unpaid balance due under this Agreement within 15 days of receipt from the insuring company.

DOCUMENTARY STAMPS REQUIRED BY LAW IF ANY ARE AFFIXED TO MONTHLY JOURNAL AND CANCELLED.

Page 3 .. of 3



Primary Commercial General Liability Insurance Proposal Prepared for:

#### **American Flagging & Traffic Control**

**Policy Exclusions** 

All exclusions listed in the Commercial General Liability Coverage Form CG0001 (12/04) unless otherwise amended by endorsement and referenced in this proposal, Employment Related Practices, Fungi or Bacteria, Securities & Financial Interest; Territory Limitation, Total Pollution with a Building Heating, Cooling & Dehumidifying Equipment Exception and Hostile Fire Exception; Total Asbestos; War or Terrorism, Lead Contamination

Class Code	Description		Rate	Exposure	Expos Type	Deductible
98751	Security and P	atrol Agencies	40.000	\$240,000	Payroll	\$1,000
		and the state of the same of t			-	
				<i></i>	_	*
Premiums		Endorsement //	With Certified Endorse:			
Standard Pre	mium:	\$9,900.00		\$10,560.00	1	*
Optional Cov	erage:	\$.00		\$.00	. 1	
Annual Prem	lum:	\$9,600.00	,	\$10,560.00		
State Tax:		\$197.00		\$216.20	_	
Stamping Fe	es:	\$.00	\$.00			
Processing &	k Filing Fee:	\$250.00		\$250.00	1	
Total Prem	ium:	\$70,047,00	\$1	1,026.20	1	
Commission:		00,000		\$1,056.00		
Net Premiu	ım Due:	\$9,087.00	. 9		endorsement premi	ums are
Conditions to		Signed and Dated Mechanic Group: Five Year Currently Valued Loss Ru Certified Terrorism Disclosure - sign State Surplus Lines Forms (if applica	ns ed by the applic			
f proposal is ac	ceptable, please	sign below and return to our office (	fax: 845-735-83	83)		
	(1)	7 - 3	3			

Andrew W. Crewthen 11/14/07
Signature Date

The proposal of coverage herein is only illustrative and is not intended as a policy of insurance, binder or statement of coverage of any policy of insurance. In every instance, the policy is the only accepted statement of coverage. This is not a binder or confirmation of insurance. I acknowledge that corporations or individuals insured by surplus lines carriers do not have the protection of individuals state insurance guarantee acts to the extent of any right of recovery of the obligation of an insolvent carrier. The Mechanic Group will be held harmless for any damages arising out of the failure of the carrier to fulfill any of its obligations. In addition, The Mechanic Group, Inc. performs substantial services in connection with this policy. These services include but are not limited to procurement of original policies and certificates, negotiations of classifications, rates and premiums; filing of paperwork required by regulatory agencies, assistance in claims processing and handling; assistance in billing and payment matters. In view of the above, it is necessary for The Mechanic Group, Inc. to charge the processing the shorth may be different form those requested in your original submission. As you are the representative of the insured, it is incumbent upon you to review the terms of this quote carefully with your Insured and reconcile any differences form the terms requested in the original submission. The Mechanic Group, Inc. disclaims any responsibility for your failure to reconcile with the insured any differences between the terms quoted below and those terms originally requested. This coverage may not be bound without a fully executed brokerage agreement.

InsureJ

American Flagging & Traffic Control

Quote Date

11/13/2007

Quote Number

11/14/07-02

Insurance Company

Gemin: Insurance Company

#### NOTICE - OFFER OF TERRORISM COVERAGE NOTICE - DISCLOSURE OF PREMIUM

The Terrorism Risk Insurance Act of 2002, as extended in December 2005, established a program within the U.S. Department of the Treasury, under which the federal government shares, with the insurance industry, the risk of loss from future terrorist attacks. The Act applies when the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General, certifies that an event meets the definition of an act of terrorism. The Act provides that, to be certified, an act of terrorism must have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest to coerce the civilian population of the United States or to influence the policy or affect the conduct of the U.S. Government by coercion.

In accordance with the Terrorism Risk Insurance Act, we are required to offer you coverage for losses resulting from an act of terrorism that is certified under the federal program. The policy's other provisions will still apply to such an act. Your decision is needed on this question: do you choose to pay the premium for terrorism coverage stated in this offer of coverage, or do you reject the offer of coverage and not pay the premium? You may accept or reject this offer:

	DISCLOSURE OF PREMIUM AND ACCEPTANCE OR REJECTION OF OFFE	
	Thereby elect to purchase certified terrorism coverage for an Annual premium of	\$979.20
11/	A) Premium through end of 12/31/07	\$128.37
V	B) Estimated Premium beyond 12/31/07	\$850.83
	Lunderstand that the federal Terrorism Risk Insurance Extension Act of 2005 may	
	terminate on December 31, 2007. Should that occur my coverage for terrorism as	
	defined by the Act will also terminate.	74
	This premium does not include any charges for the portion of the loss covered by the federal government	_
- W -	I hereby reject the purchase of certified terrorism coverage. I understand that by rejoffer, I will have no coverage for losses arising from an act of terrorism as defined.	ecting this led above.

**IMPORTANT:** Please note that even if you elect to purchase this coverage, losses caused by war may be excluded from coverage under your policy. Losses resulting from terrorist acts that the Secretary of the Treasury fails to certify as falling within the federal Terrorism Insurance Program also will be excluded from coverage where permitted by state law.

THE PERSON SIGNING THIS NOTICE REPRESENTS SHE OR HE HAS THE REQUISITE AUTHORITY TO BIND THE NAMED INSURED AND YOU WAIVE ANY AND ALL RIGHT YOU MAY HAVE TO REPUDIATE THIS NOTICE ON THE BASIS OF A SUBSEQUENT DEMOTION OR DISMISSAL OF THE PERSON SIGNING THIS NOTICE ON YOUR BENALF.

Apolicant's/Named Insured's Signature

Joseph Juniap

Print Name of Person Signing and Relationship to Applicant/Named Insured

11 14/07

Dale

#### DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

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The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share generally equals ninety (90) percent (eighty-five (85) percent in 2007) of that portion of the amount of such insured losses that exceeds the applicable insurer retention.

THE SUMMARY OF THE ACT AND THE COVERAGE UNDER YOUR POLICY CONTAINED IN THIS NOTICE IS NECESSARILY GENERAL IN NATURE. YOUR POLICY CONTAINS SPECIFIC TERMS, DEFINITIONS, EXCLUSIONS AND CONDITIONS. IN CASE OF ANY CONFLICT, YOUR POLICY LANGUAGE WILL CONTROL THE RESOLUTION OF ALL COVERAGE QUESTIONS. PLEASE READ YOUR POLICY CAREFULLY.

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#### WESTERN WORLD INSURANCE GROUP

#### NOTICE – OFFER OF TERRORISM COVERAGE NOTICE – DISCLOSURE OF PREMIUM GENERAL LIABILITY AND PROPERTY

The Terrorism Risk Insurance Extension Act of 2005 establishes a program within the Department of the Treasury, under which the federal government shares, with the insurance industry, the risk of it as from future terrorist attacks. The Act applies when the Secretary of the Treasury certifies that an event meets the cefinition of an act of terrorism. The Act provides that, to be certified, an act of terrorism must cause losses of at least fifty million dollars in 2006 or one hundred million dollars in 2007 and must have been committed by an individual's acting on behalf of any foreign person or foreign interest to coerce the government or population of the United States.

In accordance with the Terrorism Risk Insurance Extension Act of 2005, we are required to offer you coverage for losses resulting from an act of terrorism that is certified under the federal program as an act of terrorism committed by an individual(s) acting on behalf of a foreign person or foreign interest. The policy's other provisions will still apply to such an act. Your decision is needed on this question: do you theose to pay the premium for terrorism coverage stated in this offer of coverage, or do you reject the offer of coverage and not pay the premium? You may accept or reject this offer.

See the section of this Notice titled DISCLOSURE OF PREMIUM. If you choose to accept this offer of coverage, your premium will include the additional premium for terrorism as stated in such DISCLOSURE.

Failure to pay the premium by the due date will constitute rejection of the offer any your policy will be written to exclude the described coverage.

You may choose to reject the offer by signing the enclosed statement and returning it to us, and your policy will be written to exclude the described coverage.

ACCEPTANCE OR REJECTION OF CERTIFIED TERRORISM INSURANCE ('OVERAGE (CHECK ONE)

# I hereby reject the offer of certified terrorism coverage. I hereby accept the offer of certified terrorism coverage for a prospective premium. DISCLOSURE OF PREMIUM If you accept this offer, the promium for terrorism coverage is \$1,066.00 Security III, Inc. Account Name Thomas Roache 4-7-06 PGL 733 864 Print Name Date Folicy Number

DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES.

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 90% in 2006 and 85% in 2007 of that portion of the amount of such insured losses that exceeds the applicable insurer deductible.

Western Warld Insurance Company - Tailor Impresses Company - Stratford in surance Company and Porton Frankin Lukes, NJ 07417-2606 Telephone: (201) 447-8596

WW 405C DIBNES

## Kilgore Insurance Agency 33 Centennial Drive Peabody, MA 01960 Phone (978) 531-6550 Fax (978) 531-9442

To: Lim Potauxu	Date: _	4-11-07
Mechanic Group		
	Fax#:	845-135-8383
RE: Security III		
	3. 8	
Number of Pages to Follow:	LV.	
	k H	
Please bind General Linbi	1.14	coverage effective
4-11-07 For the above rule	nenc	ed insured per
our quote dated 49.07		
\$12,565.68 which includes		
State tox and Ciling fees - w	1	NO COMMISSION
to our agency - Attached		
	1	e fina signed
binding page and TRIA to	em.	A 1 A
Any questions, ple	ase_	feel free to
and Thank you	4	
Lisa DiCenso	Ė,	
lisadicenso@onceanddone.com		



Primary Commercial General Liability Insurance Proposal Prepared for:

#### Security III, Inc.

Policy Exclusions

Bars, Nightclubs, & Taverns (non alarm only): Employment Related Practices; Fungi or Bacteria, New Entities; Securities & Financial Interest; Territory Limitation, Standard ISO Exclusions; Total Pollution with hostile fire exception; Total Asbestos, War or Terrorism; Lead Contamination; Airport; Canine; Punitive & Exemplary Damages.

Class Code	Description			Rate Exposure		Expos Type	Deductible(*)
98751	98751 Security ≱nd Patrol Agencies			51.260	\$210,000	Payroll	\$1,000
.,,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,		(*) Deductible	Per claim, defense	3 investigative e	expenses includ	ed	
Premiums			tifil d Tarrorism	With Cortified		1	
Standard Premium: Optional Coverage:			\$10,768,00 ~		\$11,842.00		\
Annual Premium:			\$10,765.00		\$11,842.00		1
State Tex: Stamping Fees: Processing & Filing Fee:		X	\$.00		\$473.68 \$.00 \$250.00		
Total Premium:		1/	\$17,445/60	\$*	2 555 CR E	stimated Annual Pi	remium
Commission:		1//	\$1,076.60		\$1,184.20		
Net Premium Due:		1/	10,369.10	\$	11,381.48		
Conditions to		Five Year Curre Certified Terror State Surplus L	ed Meananic Group ently Valued Loss Ru ism Disclosure - sign ines Forms (if applica- return to our office (	ns ed by the applicable)	ant, indicating a		
Signeture 2	red W	Thom	then	9 10	Date	t-11-07	7_

The proposal of coverage herein is only illustrative and is not intended as a policy of insurance, binder or statement of coverage of any policy of insurance. The policy is the only accepted statement of coverage. This is not a binder or confirmation of insurance. I acknowledge that corporations or individuals insured by surplus lines carriers do not have the protection of individual style insurance guarantee acts to the extent of any right of recovery of the obligation of an insolvent carrier. The Mechanic Group with be held hermless for any samages arising out of the failure of the carrier to ruiffill any of its obligations. In addition, The Mechanic Group, Inc. performs systematical in connection with this policy. These services include but are not limited to procurement of original policies and certificates, negotiations of classifications, rates say, are minimized by regulatory agencies; assistance in claims processing and hendling, assistance in billing and payment matters. In view of the above, it is necessary for The Mechanic Group, Inc. to charge the processing tee snown. By signing this memorandum, you agent to pay this processing les at policy inception. Please note that this quote is besed on the coverage, terms and consition, listed above, which may be different form those requested in your original submission. As you are the representative of the Insured, it is incumbent upon you to review the terms of this quote carefully with your insured and reconcile any differences form the terms requested below and those terms originally requested. This coverage may not be bound without a fully executed brokurage agreement.

#### WESTERN WORLD INSURANCE GROUP

#### NOTICE - OFFER OF TERRORISM COVERAGE NOTICE - DISCLOSURE OF PREMIUM GENERAL LIABILITY AND PROPERTY

The Terrorism Risk Insurance Extension Act of 2005 establishes a program within the Department of the Treasury, under which the federal government shares, with the insurance industry, the risk of loss from future terrorist attacks. The Act applies when the Secretary of the Treasury certifies that an event meets the definition of an act of terrorism. The Act provides that, to be certified, an act of terrorism must cause losses of at least fifty million dollars in 2006 or one hundred million dollars in 2007 and must have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest to coerce the government or population of the United States.

In accordance with the Terrorism Risk Insurance Extension Act of 2005, we are required to offer you coverage for losses resulting from an act of terrorism that is certified under the federal program as an act of terrorism committed by an individual(s) acting on behalf of a foreign person or foreign interest. The policy's other provisions will still apply to such an act. Your decision is needed on this question: do you choose to pay the premium for terrorism coverage stated in this offer of coverage, or do you reject the offer of coverage and not pay the premium? You may accept or reject this offer.

See the section of this Notice titled DISCLOSURE OF PREMIUM. If you choose to accept this offer of coverage, your premium will include the additional premium for terrorism as stated in such DISCLOSURE.

Failure to pay the premium by the due date will constitute rejection of the offer and your policy will be written to exclude the described coverage.

You may choose to reject the offer by signing the enclosed statement and returning it to us, and your policy will be written to exclude the described coverage.

ACCEPTANCE OR REJECTION OF CERTIFIED TERRORISM INSURANCE COVERAGE (CHECK ONL)

# I hereby reject the offer of certified terrorism coverage. I hereby accept the offer of certified terrorism coverage for a prospective premium. DISCLOSURE OF PREMIUM If you accept this offer, the premium for terrorism coverage is \$1.120.08 Security III. Inc. Policynoler/Applicant's Signature Account Name Thomas Poche Print Name Date Policy Number

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Western World Insurance Company - Fudor Insurance Company - Stratford Insurance Company 400 Parson's Pond Drive Franklin 1,44es, NJ 074 17-2600 Telephone; (201) 847-8600