

Michigan Department of Licensing and Regulatory Affairs
 Bureau of Commercial Services
 Licensing Division
 SECURITY ALARM REGULATION
 P.O. Box 30018, Lansing, MI 48909
 (517) 241-8205
 www.michigan.gov/securityalarm

SECURITY ALARM CONTRACTORS INSURANCE AMENDATORY ENDORSEMENT

AUTHORITY: P.A. 330 of 1968, as amended
 COMPLETION: Voluntary
 PENALTY: No license will be issued unless bond or liability insurance

Section 9 of PA 330 of 1968, as amended provides in part, "In lieu of a bond, the applicant may furnish a policy of insurance issued by an insurer authorized to do business in this state, naming the licensee and the state as co-insureds.

In conformity with the above statement, the following agreement becomes part of:

| | | |
|--|-------------------|-------------------------------------|
| Policy Number | Date Entered Into | Between (Name of Insurance Company) |
| and (Name of License Holder) | | DBA (Licensed Agency Name) |
| as the named insured and the State of Michigan as the co-insured, covering the period of | | |
| from: | | to: |

Coverage is in the amount of \$25,000.00 for property damages, \$100,000.00 for injury to or death of 1 person, and \$200,000.00 for injuries to or deaths of more than 1 person arising out of the operation or conduct of such licensed activity.

In the event any person is injured by the willful, malicious, negligent or wrongful acts of the licensee, or any of his agents or employees, and an action is brought against the policy under Section 9 of PA 330 of 1968, as amended, and judgment is rendered, the insurance company shall pay all of the deductible amount to effect settlement of any claim or suit and, upon notification of the action taken, the licensee shall be fully accountable to, and shall promptly reimburse, the company for such part of the deductible amount which has been paid by the company.

The insurance company agrees that any provision in the policy inconsistent with PA 330 of 1968, as amended, is hereby amended to comply with that section.

| | | |
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| Signature of Authorized Agent | Title | Date |
| Insurance Company | | |

RETURN ORIGINAL ENDORSEMENT TO:

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