

SERVICE PROVIDER AGREEMENT

This SERVICE PROVIDER AGREEMENT (“**Agreement**”) is entered into this ____ day of December 2025 (“**Effective Date**”), by and between the CITY OF ALAMEDA, a municipal corporation (“the **City**”), and **Alarm Full Spectrum, dba AFS Security**, a California corporation, whose address is **970 Detroit Avenue, Suite F, Concord, CA 94518** (“**Provider**”), in reference to the following facts and circumstances:

RECITALS

- A. The City is a municipal corporation duly organized and validly existing under the laws of the State of California with the power to carry on its business as it is now being conducted under the statutes of the State of California and the Charter of the City.
- B. The City is in need of the following services: Keycard Access and Security Control System Installation and Support Services. City staff issued an RFP on August 21, 2025, and after a submittal period of 33 days received 5 proposals. Staff reviewed the proposals and selected the service provider that best meets the City’s needs.
- C. Provider possesses the skill, experience, ability, background, certification and knowledge to provide the services described in this Agreement on the terms and conditions described herein.
- D. Provider’s duties and services under this Agreement shall not include preparing or assisting the City with any portion of the City’s preparation of a request for proposals, request for qualifications, or any other solicitation regarding a subsequent or additional contract with the City. The City shall at all times retain responsibility for public contracting, including with respect to any subsequent phase of this project. Provider’s participation in the planning, discussions, or drawing of project plans or specifications shall be limited to conceptual, preliminary, or initial plans or specifications. Provider shall cooperate with the City to ensure that all bidders for a subsequent contract on any subsequent phase of this project have access to the same information, including all conceptual, preliminary, or initial plans or specifications prepared by Provider pursuant to this Agreement.
- E. Whereas, the City Council authorized the City Manager to execute this agreement on December 16, 2025.
- F. The City and Provider desire to enter into an agreement for Keycard Access and Security Control System Installation and Support Services, upon the terms and conditions herein.

AGREEMENT

NOW, THEREFORE, in consideration of the forgoing, which are incorporated herein by reference, and for good and valuable consideration, the receipt and adequacy of which are hereby acknowledged, the City and Provider agree as follows:

1. TERM:

The term of this Agreement shall commence on the 5th day of January 2026, and shall terminate on the 5th day of June 2027, unless terminated earlier as set forth herein.

2. SERVICES TO BE PERFORMED:

Provider agrees to do all necessary work at its own cost and expense, to furnish all labor, tools, equipment, materials, except as otherwise specified, and to do all necessary work included in Exhibit A as requested. Provider acknowledges that the work plan included in Exhibit A is tentative and does not commit the City to request Provider to perform all tasks included therein.

3. COMPENSATION TO PROVIDER:

a. By the 7th day of each month, Provider shall submit to the City an invoice for the total amount of work done the previous month. Pricing and accounting of charges are to be according to the fee schedule as set forth in Exhibit B and incorporated herein by this reference. Extra work must be approved in writing by the City Manager or their designee prior to performance and shall be paid on a Time and Material basis as set forth in Exhibit B.

Total compensation for work is \$1,958,271 with a 20 percent contingency in the amount of \$391,654 for a total not to exceed of \$2,349,925. Use of contingency shall be for items of work outside the original scope and requires prior written authorization by the City.

4. TIME IS OF THE ESSENCE:

Provider and the City agree that time is of the essence regarding the performance of this Agreement.

5. STANDARD OF CARE:

Provider shall perform all services under this Agreement in a skillful and competent manner, consistent with the standards generally recognized as being employed by professionals in the same discipline in the State of California. Provider represents that it is skilled in the professional calling necessary to perform all services contracted for in this Agreement. Provider further represents that all of its employees and subcontractors shall have sufficient skill and experience to perform the duties assigned to them pursuant to and in furtherance this Agreement. Provider further represents that it (and its employees and subcontractors) have all licenses, permits, qualifications, and approvals of whatever nature that are legally required to perform the services (including a City Business License, as needed); and that such licenses and approvals shall be maintained throughout the term of this Agreement. As provided for in the indemnification provisions of this Agreement, Provider shall perform (at its own cost and expense and without reimbursement from the City) any services necessary to correct errors or omissions which are caused by Provider's failure to comply with the standard of care provided for herein. Any employee of the Provider or its sub-providers who is determined by the City to be uncooperative, incompetent, a threat to the adequate or timely completion of any services under this Agreement, or a threat to the safety of persons or property (or any employee who fails or refuses to perform the services in a manner acceptable to the City) shall be promptly removed by the Provider and shall not be re-employed to perform any further services under this Agreement.

6. INDEPENDENT PARTIES:

Provider hereby declares that Provider is engaged as an independent business and Provider agrees to perform the services as an independent contractor. The manner and means of conducting the services and tasks are under the control of Provider except to the extent they are limited by statute, rule or regulation and the express terms of this Agreement. No civil service status or other right of employment will be acquired by virtue of Provider's services. None of the benefits provided by the City to its employees, including but not limited to unemployment insurance, workers' compensation plans, vacation and sick leave, are available from the City to Provider, its employees or agents. Deductions shall not be made for any state or federal taxes, FICA payments, PERS payments, or other purposes normally associated with an employer-employee relationship from any compensation due to Provider. Payments of the above items, if required, are the responsibility of Provider. Any personnel performing the services under this Agreement on behalf of Provider shall also not be employees of City and shall at all times be under Provider's exclusive direction and control.

7. IMMIGRATION REFORM AND CONTROL ACT (IRCA):

Provider assumes any and all responsibility for verifying the identity and employment authorization of all of its employees performing work hereunder, pursuant to all applicable IRCA or other federal, or state rules and regulations. Provider shall indemnify, defend, and hold the City harmless from and against any loss, damage, liability, costs or expenses arising from any noncompliance of this provision by Provider.

8. NON-DISCRIMINATION:

Consistent with the City's policy and state and federal law that harassment and discrimination are unacceptable conduct, Provider and its employees, contractors, and agents shall not harass or discriminate against any job applicant, City employee, or any other person on the basis of any kind of any statutorily (federal, state or local) protected class, including but not limited to: race, religious creed, color, national origin, ancestry, disability (both mental and physical) including HIV and AIDS, medical condition (e.g. cancer), genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, pregnancy, political affiliation, military and veteran status or legitimate union activities. Such non-discrimination shall include but not be limited to all activities related to initial employment, upgrading, demotion, transfer, recruitment or recruitment advertising, layoff, or termination. Provider agrees that any violation of this provision shall constitute a material breach of this Agreement.

9. HOLD HARMLESS:

a. To the fullest extent permitted by law, Provider shall indemnify, defend (with counsel acceptable to the City) and hold harmless the City, its City Council, boards, commissions, officials, employees, agents and volunteers ("Indemnitees") from and against any and all loss, damages, liability, obligations, claims, suits, judgments, costs and expenses whatsoever, including reasonable attorney's fees and costs of litigation ("Claims"), arising from or in any manner connected to Provider's performance of its obligations under this Agreement or out of the operations conducted by Provider even if the City is found to have been negligent. If the Claims filed against Indemnitees allege negligence, recklessness or willful misconduct on the part of Provider, Provider shall have no right of reimbursement against Indemnitees for the costs of

defense even if negligence, recklessness or willful misconduct is not found on the part of Provider. Provider shall not have any obligations to indemnify Indemnitees if the loss or damage is found to have resulted solely from the negligence or the willful misconduct of the City. The defense and indemnification obligations of this Agreement are undertaken in addition to, and shall not in any way be limited by, the insurance obligations contained in this Agreement.

b. As to Claims for professional liability only, Provider's obligation to defend Indemnitees (as set forth above) is limited as provided in California Civil Code Section 2782.8.

c. Provider's obligation to indemnify, defend and hold harmless Indemnitees shall expressly survive the expiration or early termination of this Agreement.

10. INSURANCE:

a. On or before the commencement of the terms of this Agreement, Provider shall furnish the City's Risk Manager with certificates showing the type, amount, class of operations covered, effective dates and dates of expiration of insurance coverage in compliance with Sections 10.b. (1) through (5). The Certificate Holder should be The City of Alameda, 2263 Santa Clara, Ave., Alameda, CA 94501. Such certificates, which do not limit Provider's indemnification, shall also contain substantially the following statement:

"Should any of the above insurance covered by this certificate be canceled or coverage reduced before the expiration date thereof, the insurer affording coverage shall provide thirty (30) days' advance written notice to the City of Alameda. Attention: Risk Manager."

Provider shall maintain in force at all times during the performance of this Agreement all appropriate coverage of insurance required by this Agreement with an insurance company licensed to offer insurance business in the State of California with a current A.M. Best's rating of no less than A:VII or Standard & Poor's Rating (if rated) of at least BBB unless otherwise acceptable to the City. Provider shall deliver updated insurance certificates to the City at the address described in Section 17.f. prior to the expiration of the existing insurance certificate for the duration of the term of Agreement. Endorsements naming the City, its City Council, boards, commissions, officials, employees, agents, and volunteers as additional insured shall be submitted with the insurance certificates.

RL
Provider Initials

b. COVERAGE REQUIREMENTS:

Provider shall maintain insurance coverage and limits at least as broad as:

(1) Workers' Compensation:

Statutory coverage as required by the State of California, as well as a Waiver of Subrogation (Rights of Recovery) endorsement.

(2) Liability:

Commercial general liability coverage in the following minimum limits:

Bodily Injury:	\$1,000,000 each occurrence \$2,000,000 aggregate - all other
Property Damage:	\$1,000,000 each occurrence \$2,000,000 aggregate

If submitted, combined single limit policy with per occurrence limits in the amounts of \$2,000,000 and aggregate limits in the amounts of \$4,000,000 will be considered equivalent to the required minimum limits shown above. Provider shall also submit declarations and policy endorsements pages. Additional Insured Endorsement naming the City, its City Council, boards, commissions, officials, employees, agents, and volunteers is required. The Additional Insured Endorsement shall include primary and non-contributory coverage at least as broad as the CG 2010.

(3) Automotive:

Comprehensive automobile liability coverage (any auto) in the following minimum limits:

Bodily injury:	\$1,000,000 each occurrence
Property Damage:	\$1,000,000 each occurrence

or

Combined Single Limit:	\$2,000,000 each occurrence
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Additional Insured Endorsement naming the City, its City Council, boards, commissions, officials, employees, agents, and volunteers is required.

(4) Professional Liability:

Professional liability insurance which includes coverage appropriate for the professional acts, errors and omissions of Provider's profession and work hereunder, including, but not limited to, technology professional liability errors and omissions if the services being provided are technology-based, in the following minimum limits:

\$2,000,000 each claim

Technology professional liability errors and omissions shall include, or be endorsed to include, property damage liability coverage for damage to, alteration of, loss of, or destruction of electronic data and/or information "property" of the City in the care, custody, or control of Provider. If not covered under Provider's liability policy, such "property" coverage of the City may be endorsed onto Provider's Cyber Liability Policy as covered property as follows: cyber liability coverage in an amount sufficient to cover the full replacement value of damage to, alteration of, loss of, or destruction of electronic data and/or information "property" of the City that will be in the care, custody, or control of Provider.]

(5) Cyber Liability:

Coverage shall be sufficiently broad to respond to the duties and obligations as are undertaken by Provider in this Agreement and shall include, but not be limited to, claims involving infringement of intellectual property, copyright, trademark, trade dress, invasion of privacy violations, information theft, damage to or destruction of electronic information, release of private information, alteration of electronic information, extortion and network security. The policy shall provide coverage for breach response costs as well as regulatory fines and penalties as well as credit monitoring expenses with limits sufficient to respond to these obligations with the following minimum limits:

\$2,000,000 per occurrence or claim.

As to commercial general liability and automobile liability insurance, such insurance will provide that it constitutes primary insurance with respect to claims insured by such policy, and, except with respect to limits, that insurance applies separately to each insured against whom claim is made or suit is brought. Such insurance is not additional to or contributing with any other insurance carried by or for the benefit of the City.

c. SUBROGATION WAIVER:

Provider hereby agrees to waive rights of subrogation that any insurer of Provider may acquire from Provider by virtue of the payment of any loss. Provider agrees to obtain any endorsement that may be necessary to affect this waiver of subrogation, but this provision applies regardless of whether the City has received a waiver of subrogation endorsement from the insurer. The Workers' Compensation policy shall be endorsed with a waiver of subrogation in favor of the City for all work performed by Provider, its employees, agents and subcontractors.

d. FAILURE TO SECURE:

If Provider at any time during the term hereof should fail to secure or maintain the foregoing insurance, the City shall be permitted to obtain such insurance in Provider's name or as an agent of Provider and shall be compensated by Provider for the costs of the insurance premiums at the maximum rate permitted by law and computed from the date written notice is received that the premiums have not been paid.

e. ADDITIONAL INSURED:

The City, its City Council, boards, commissions, officials, employees, agents, and volunteers shall be named as additional insured(s) under all insurance coverages, except workers' compensation and professional liability insurance. The naming of an additional insured shall not affect any recovery to which such additional insured would be entitled under this policy if not named as such additional insured. An additional insured named herein shall not be held liable for any premium, deductible portion of any loss, or expense of any nature on this policy or any extension thereof. Any other insurance held by an additional insured shall not be required to contribute anything toward any loss or expense covered by the insurance provided by this policy. Additional Insured coverage under Provider's policy shall be primary and non-contributory and will not seek contribution from the City's insurance or self-insurance. Any available insurance proceeds broader than or in excess of the specified minimum insurance coverage requirements and/or limits shall be available to the additional insured(s).

f. SUFFICIENCY OF INSURANCE:

The insurance limits required by the City are not represented as being sufficient to protect Provider. Provider is advised to consult Provider's insurance broker to determine adequate coverage for Provider. The coverage and limits shall be (1) the minimum coverage and limits specified in this Agreement; or (2) the broader coverage and maximum limits of the coverage carried by or available to Provider; whichever is greater.

g. EXCESS OR UMBRELLA LIABILITY:

If any Excess or Umbrella Liability policies are used to meet the limits of liability required by this Agreement, then said policies shall be true "following form" of the underlying policy coverage, terms, conditions, and provisions and shall meet all of the insurance requirements stated in this Agreement, including but not limited to, the additional insured, SIR, and primary insurance requirements stated therein. No insurance policies maintained by the indemnified parties or Additional Insureds, whether primary or excess, and which also apply to a loss covered hereunder, shall be called upon to contribute to a loss until all the primary and excess liability policies carried by or available to the Provider are exhausted. **If a Provider is using an Excess Liability policy to supplement any insurance coverage required by this Agreement, they must submit the Excess Liability policy in full.**

11. CONFLICT OF INTEREST:

Provider warrants that it is not a conflict of interest for Provider to perform the services required by this Agreement. Provider may be required to fill out a conflict of interest form if the services provided under this Agreement require Provider to make certain governmental decisions or serve in a staff capacity as defined in Title 2, Division 6, Section 18700 of the California Code of Regulations.

12. PROHIBITION AGAINST TRANSFERS:

a. Provider shall not assign, sublease, hypothecate, or transfer this Agreement, or any interest therein, directly or indirectly, by operation of law or otherwise, without prior written consent of the City Manager. Provider shall submit a written request for consent to transfer to the City Manager at least thirty (30) days in advance of the desired transfer. The City Manager or their designee may consent or reject such request in their sole and absolute discretion. Any attempt to do so without said consent shall be null and void, and any assignee, sublessee, hypothecate or transferee shall acquire no right or interest by reason of such attempted assignment, hypothecation or transfer. However, claims for money against the City under this Agreement may be assigned by Provider to a bank, trust company or other financial institution without prior written consent.

b. The sale, assignment, transfer or other disposition of any of the issued and outstanding capital stock, membership interest, partnership interest, or the equivalent, which shall result in changing the control of Provider, shall be construed as an assignment of this Agreement. Control means fifty percent or more of the voting power of Provider.

13. APPROVAL OF SUB-PROVIDERS:

a. Only those persons and/or businesses whose names and resumés are attached to this Agreement shall be used in the performance of this Agreement. However, if after the start of this

Agreement, Provider wishes to use sub-providers, at no additional costs to the City, then Provider shall submit a written request for consent to add sub-providers including the names of the sub-providers and the reasons for the request to the City Manager at least five (5) days in advance. The City Manager may consent or reject such requests in their sole and absolute discretion.

b. Each sub-provider shall be required to furnish proof of workers' compensation insurance and shall also be required to carry general, automobile and professional liability insurance (as applicable) in reasonable conformity to the insurance carried by Provider.

c. In addition, any tasks or services performed by sub-providers shall be subject to each provision of this Agreement. Provider shall include the following language in their agreement with any sub-provider: "Sub-providers hired by Provider agree to be bound to Provider and the City in the same manner and to the same extent as Provider is bound to the City."

d. The requirements in this Section 13 shall not apply to persons who are merely providing materials, supplies, data or information that Provider then analyzes and incorporates into its work product.

14. PERMITS AND LICENSES:

Provider, at its sole expense, shall obtain and maintain during the term of this Agreement, all appropriate permits, certificates and licenses, including a City business license that may be required in connection with the performance of the services and tasks hereunder.

15. REPORTS:

a. Each and every report, draft, work product, map, record and other document produced, prepared or caused to be prepared by Provider pursuant to or in connection with this Agreement shall be the exclusive property of the City.

b. No report, information or other data given to or prepared or assembled by Provider pursuant to this Agreement shall be made available to any individual or organization by Provider without prior approval of the City Manager or their designee.

c. Provider shall, at such time and in such form as City Manager or their designee may require, furnish reports concerning the status of services and tasks required under this Agreement.

16. RECORDS:

a. Generally, the City has the right to conduct audits of Provider's financial, performance and compliance records maintained in connection with Contractor's operations and services performed under the Agreement. In the event of such audit, Contractor agrees to provide the City with reasonable access to Contractor's employees and make all such financial (including annual financial statements signed by an independent CPA), performance and compliance records available to the City. City agrees to provide Contractor an opportunity to discuss and respond to any findings before a final audit report is filed.

b. Provider shall maintain complete and accurate records with respect to the services, tasks, work, documents and data in sufficient detail to permit an evaluation of Provider's

performance under the Agreement, as well as maintain books and records related to sales, costs, expenses, receipts and other such information required by the City that relate to the performance of the services and tasks under this Agreement (collectively the “**Records**”).

c. All Records shall be maintained in accordance with generally accepted accounting principles and shall be clearly identified and readily accessible. Provider shall provide free access to the Records to the representatives of the City or its designees during regular business hours upon reasonable prior notice. The City has the right to examine and audit the Records, and to make copies or transcripts therefrom as necessary, and to allow inspection of all proceedings and activities related to this Agreement. Such Records, together with supporting documents, shall be kept separate from other documents and records and shall be maintained by Provider for a period of three (3) years after receipt of final payment.

d. If supplemental examination or audit of the Records is necessary due to concerns raised by the City’s preliminary examination or audit of records, and the City’s supplemental examination or audit of the records discloses a failure to adhere to appropriate internal financial controls, or other breach of this Agreement or failure to act in good faith, then Provider shall reimburse the City for all reasonable costs and expenses associated with the supplemental examination or audit.

17. NOTICES:

a. All notices shall be in writing and delivered: (i) by hand; or (ii) sent by registered, express, or certified mail, with return receipt requested or with delivery confirmation requested from the U.S. postal service; or (iii) sent by overnight or same day courier service at the party’s respective address listed in this Section.

b. Each notice shall be deemed to have been received on the earlier to occur of: (x) actual delivery or the date on which delivery is refused; or (y) three (3) days after notice is deposited in the U.S. mail or with a courier service in the manner described above (Sundays and City holidays excepted).

c. Either party may, at any time, change its notice address (other than to a post office box address) by giving the other party three (3) days prior written notice of the new address.

d. All notices, demands, requests, or approvals from Provider to the City shall be addressed to the City at:

City of Alameda
Public Works
950 West Mall Square
Alameda, CA 94501
ATTENTION: Mike Billington, Facilities Manager
Ph: (510) 747-7947 / Email: mbillington@alamedaca.gov

e. All notices, demands, requests, or approvals from the City to Provider shall be addressed to Provider at:

AFS Security
970 Detroit Avenue, Suite F
Concord, CA 94518
ATTENTION: Richard W. Lyall, President & CEO
Ph: (925) 698-1142

f. All updated insurance certificates from Provider to the City shall be addressed to the City at:

City of Alameda
Public Works
950 West Mall Square
Alameda, CA 94501
ATTENTION: Mike Billington, Facilities Manager
Ph: (510) 747-7947 / Email: mbillington@alamedaca.gov

18. SAFETY:

a. Provider will be solely and completely responsible for conditions of all vehicles owned or operated by Provider, including the safety of all persons and property during performance of the services and tasks under this Agreement. This requirement will apply continuously and not be limited to normal working hours. In addition, Provider will comply with all safety provisions in conformance with U.S. Department of Labor Occupational Safety and Health Act, any equivalent state law, and all other applicable federal, state, county and local laws, ordinances, codes, and any regulations that may be detailed in other parts of the Agreement. Where any of these are in conflict, the more stringent requirements will be followed. Provider's failure to thoroughly familiarize itself with the aforementioned safety provisions will not relieve it from compliance with the obligations and penalties set forth herein.

b. Provider will immediately notify the City within 24 hours of any incident of death, serious personal injury or substantial property damage that occurs in connection with the performance of this Agreement. Provider will promptly submit to the City a written report of all incidents that occur in connection with this Agreement. This report must include the following information: (i) name and address of injured or deceased person(s); (ii) name and address of Provider's employee(s) involved in the incident; (iii) name and address of Provider's liability insurance carrier; (iv) a detailed description of the incident; and (v) a police report.

19. TERMINATION:

a. In the event Provider fails or refuses to perform any of the provisions hereof at the time and in the manner required hereunder, Provider shall be deemed in default in the performance of this Agreement. If such default is not cured within two (2) business days after receipt by Provider from the City of written notice of default, specifying the nature of such default and the steps necessary to cure such default, the City may thereafter immediately terminate the Agreement forthwith by giving to Provider written notice thereof.

b. The foregoing notwithstanding, the City shall have the option, at its sole discretion and without cause, of terminating this Agreement by giving seven (7) days' prior written notice to Provider as provided herein.

c. Upon termination of this Agreement either for cause or for convenience, each party shall pay to the other party that portion of compensation specified in this Agreement that is earned and unpaid prior to the effective date of termination. The obligation of the parties under this Section 19.c. shall survive the expiration or early termination of this Agreement.

20. ATTORNEYS' FEES:

In the event of any litigation, including administrative proceedings, relating to this Agreement, including but not limited to any action or suit by any party, assignee or beneficiary against any other party, beneficiary or assignee, to enforce, interpret or seek relief from any provision or obligation arising out of this Agreement, the parties and litigants shall bear their own attorney's fees and costs. No party or litigant shall be entitled to recover any attorneys' fees or costs from any other party or litigant, regardless of which party or litigant might prevail.

21. HEALTH AND SAFETY REQUIREMENTS.

Provider acknowledges that the City shall have the right to impose, at the City's sole discretion, requirements that it deems are necessary to protect the health and safety of the City employees, residents, and visitors. Provider agrees to comply with all such requirements, including, but not limited to, mandatory vaccinations, the use of personal protective equipment (e.g. masks), physical distancing, and health screenings. Provider also agrees to make available to the City, at the City's request, records to demonstrate Provider's compliance with this Section.

22. COMPLIANCE WITH ALL APPLICABLE LAWS:

During the term of this Agreement, Provider shall keep fully informed of all existing and future state and federal laws and all municipal ordinances and regulations of the City of Alameda which affect the manner in which the services or tasks are to be performed by Provider, as well as all such orders and decrees of bodies or tribunals having any jurisdiction or authority over the same. Provider shall comply with all applicable laws, state and federal and all ordinances, rules and regulations enacted or issued by the City. Provider shall defend, indemnify, and hold City (including its officials, directors, officers, employees, and agents) free and harmless from any claim or liability arising out of any failure or alleged failure to comply with such laws and regulations pursuant to the indemnification provisions of this Agreement.

23. CONFLICT OF LAW:

This Agreement shall be interpreted under, and enforced by the laws of the State of California without regard to any choice of law rules which may direct the application of laws of another jurisdiction. The Agreement and obligations of the parties are subject to all valid laws, orders, rules, and regulations of the authorities having jurisdiction over this Agreement (or the successors of those authorities). Any suits brought pursuant to this Agreement shall be filed with the courts of the County of Alameda, State of California.

24. WAIVER:

A waiver by the City of any breach of any term, covenant, or condition contained herein shall not be deemed to be a waiver of any subsequent breach of the same or any other term, covenant, or condition contained herein, whether of the same or a different character.

25. INTEGRATED CONTRACT:

Subject to the language of Section 30, the Recitals and exhibits are a material part of this Agreement and are expressly incorporated herein. This Agreement represents the full and complete understanding of every kind or nature whatsoever between the parties hereto, and all preliminary negotiations and agreements of whatsoever kind or nature are merged herein. No verbal agreement or implied covenant shall be held to vary the provisions hereof. Any modification of this Agreement will be effective only by written execution signed by both the City and Provider.

26. PREVAILING WAGES:

Provider is aware of the requirements of California Labor Code Section 1720, et seq., and 1770, et seq. as well as California Code of Regulations, Title 8, Section 1600, et seq., ("Prevailing Wage Laws") which require the payment of prevailing wage rates and the performance of other requirements on "public works" and "maintenance" projects. Provider agrees to fully comply with such Prevailing Wage Laws if the services are being performed as part of an applicable "public works" or "maintenance" project as defined by the Prevailing Wage Laws and if the total compensation is \$1,000 or more. City, upon Provider's request, shall provide Provider with a copy of the prevailing rates of per diem wages in effect at the commencement of this Agreement. Provider shall make copies of the prevailing rates of per diem wages for each craft, classification, or type of worker needed to execute the services available to interested parties upon request; and shall post copies at the Provider's principal place of business and at the project site. Provider shall defend, indemnify, and hold the City (its elected officials, officers, employees, and agents) free and harmless from any claim or liability arising out of any failure or alleged failure to comply with the Prevailing Wage Laws.

27. CAPTIONS:

The captions in this Agreement are for convenience only, are not a part of the Agreement and in no way affect, limit or amplify the terms or provisions of this Agreement.

28. COUNTERPARTS:

This Agreement may be executed in any number of counterparts (including by fax, PDF, DocuSign, or other electronic means), each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

29. SIGNATORY:

By signing this Agreement, signatory warrants and represents that they executed this Agreement in their authorized capacity and that by their signature on this Agreement, they or the entity upon behalf of which they acted, executed this Agreement.


30. CONTROLLING AGREEMENT:

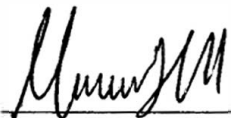
In the event of a conflict between the terms and conditions of this Agreement (as amended, supplemented, restated or otherwise modified from time to time) and any other terms and conditions wherever contained, including, without limitation, terms and conditions included within exhibits, the terms and conditions of this Agreement shall control and be primary.

[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK]

IN WITNESS WHEREOF, the parties have each caused this Agreement to be duly executed on its behalf as of the Effective Date.

Alarm Full Spectrum, Inc
dba AFS Security
a California corporation



Richard W. Lyall
President & CEO

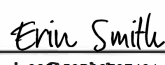
Michael Lyall
Vice President of Operations

CITY OF ALAMEDA
a municipal corporation



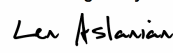
Adam Politzer
Interim City Manager

RECOMMENDED FOR APPROVAL

Signed by:


Erin Smith
Public Works Director

APPROVED AS TO FORM:
City Attorney

DocuSigned by:


Len Aslanian
Assistant City Attorney

Exhibit A



Alarms * CCTV * Access Control * Locksmithing
9/23/25

Mr. Mike Billington
% City of Alameda Public Works Department
950 West Mall Square Room 119
Alameda, Ca. 94510
Via email: mbillington@alamedaca.gov

Cover Letter

AFS Project Numbers: 25.1044 Main City Hall, 25.1045 City Hall West, 25.1046 Parks and Recreation Building

Dear Mr. Billington,

Thank you for your continued interest in AFS Security Systems Inc. After our site walk on September 3rd, 2025 we are pleased to offer the following proposal for your serious consideration. As you are Aware we have proven our ability over the past few years working with the City of Alameda installing the Brivo Card Access platform in the City Hall building, The Police Department and the Library complex. As you are aware my staff is well aware of the city's needs and we have a plan to install the additional protection as needed throughout not only these 3 buildings but also for any future growth you may desire to add in the future to protect your staff and facilities. AFS has been in the security business since 2014 which has been an extension of my prior family business which started in 1964. AFS installs and currently services hundreds of large scale projects all over the Northern California area. AFS counts among our customer base the City of St. Helena, Joseph Phelps winery and the LVMH portfolio sister facilities throughout Napa and Sonoma, Air Communities multi Family residential communities (multiple sites), plus numerous other large sites around the Northern California region.

As you know I am the President, CEO and Founder of AFS Security Systems. I personally have over 45 years of security industry experience starting as a tech technician, moving to a project Manager/ Security consultant, then I became a Vice President for 25 years running the consulting and design group. I have designed and deployed over 8,000 security systems around the world. Prior to starting AFS Security, I served 4 years as a Global Senior Director of Security, Facilities and Real Estate for a Global Telecommunications and Military Contractor named Powerwave Technologies in Santa Ana Ca. where I managed a Global deployment of all security systems for over 4 Million square feet of buildings (27 total properties) in 14 different countries. I also bring with me qualified staff consisting of Christopher Goetze Senior Director of Field Operations with 36 year of installation experience, Michael Lyall AFS Project Manager who has 7 years of experience running large deployments and installations,

970 Detroit Avenue, Suite F * Concord, Ca. 94518
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State Contractor License C-7 & C-10 * State Alarm Operators License # ACO8153



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and our onsite Project Manager Drew Copene who has been with AFS and Managed numerous larger projects over his 6 years with AFS. There are a number of Brivo Certified technicians which report to my Management staff detailed above.

AFS is currently located at 970 Detroit Ave Ste F, Concord Ca. 94568 where we maintain our Headquarters and warehouse facilities. AFS is currently looking at space in Martinez to expand and may be relocating 1st quarter of 2026. AFS maintains a large fleet of service vehicles which are dispatched from numerous different cities around the Greater Bay Area. AFS maintains office staff for our purchasing operations, Finance staff for banking and billing purposes and we maintain our Project Management and design staff in Concord. We do also have a small office in Dayton Nevada with a small accounting/ Purchasing support staff as well.

AFS excels at highly complex projects and we maintain a list of Sub Contractors and Manufacturers relationships who we have vetted and used on multiple projects over the years.. For the City's projects I am anticipating using Dave's Lock Service (DLS) as our hardware sub contractor who will work in conjunction with Lance Gebhardt from Allegion (Schlage Lock Company) who at our request walked through the sites and has worked with his engineers to come up with the best possible hardware deployment for these 3 buildings. Lance is the Electronic Systems sales engineer for Allegion who is working with my staff and Nate Whittmeyer from DLS to be sure we have the best possible solution to deploy so we can achieve the same high level results we were able to provide on the 3 buildings we already have installed and continue to service for the City of Alameda. As per your RFP I am providing here 4 references who can be contacted if desired to discuss our performance and their satisfaction with our services and the products deployed within their facilities.

References as provided

All of these contracts are multiple years and over \$1,000,000.00 + at term except the city of St. Helena which is a much smaller project but done within the past year.

Thomas McKenzie,
Facility Manager for Joseph Phelps Winery we currently manage all of their facilities in Napa and Sonoma with hundreds of doors and Car Gates controlled & protected as well as Sister companies owned by LVMH throughout Napa area

Primary address is 200 Taplin Road, St. Helena Ca. 94574

cell (707) 299 - 8278

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City of St. Helena Police Department (Small City but good reference)
1088 College Ave., St. Helena Ca. 94574

Chris Hartley
Police Chief
Cell (707) 252-9363

Steve Gant
Logistics Director Harlan Estates Winery , Bond Winery, Promontory Winery with
Multiple sites from Corporate offices, Wine Libraries, wineries and distribution facilities in Vallejo and
Napa valley Addresses are under an Non Disclosure Agreement

Cell (707) 815 - 8738

Ted Weisser
Facility Manager
Heitz Cellars/ Lawrence Wine group multiple locations throughout Napa and Vallejo including Wineries,
Corporate offices, Storage and Logistics facilities and the tasting facilities

Cell (415) 515 - 5171

***I choose these references as they all are multiple Larger scale sites (except again City of St. Helena)
with a large user base of cards and a large managed door count. All 3 have at least 5 years of
experience dealing with AFS Security Systems and my staff so you can get a feel for not only the
installation process and quality of our work but also the ongoing support that we provide to our
clients going forward during the term of the agreement.***

Miscellaneous Information

- AFS has had no litigation of any kind in 14 years being in business.
- DLS does many large school district projects and larger corporate accounts such as Google so we have every confidence in their ability to perform and we have numerous years of experience with Nate and his crews.
- Materials would be ordered and billed for each project and deployed as we get each building completed. We will need to work with facilities if awarded the contract to determine which order you would like the projects to be installed.

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General Notes and Conditions

- AFS may request to work after working hours to make movement and installation processes flow more effectively if allowed. Otherwise our normal work hours are 8 am - 5 pm Monday thru Friday.
- Due to the age of some of these doors and jambs there is a possibility of some cracking or spalling which may require some touch up paint to be done by others.
- AFS will require 110 VAC at all of our head end and sub head end locations and would be done by others and not included within the scope of this proposal. AFS can work with City staff or provided vendors to determine locations and requirements if awarded the contract.
- AFS will work with Demetrius and the IT department to coordinate connectivity to The City's IT networks for communications with the head end devices as necessary.
- DLS Locksmithing service will be managed by AFS' Project Management staff and scheduled at the pace of installation
- AFS Project Managers will coordinate with the Facility Department for any power requirements and any space needed to mount our head end and sub head end control devices prior to installation.
- All pricing is good for 90 days based on Tariffs and changing market conditions pricing may vary after 90 days from date of proposal

Thank you again for your continuing support of AFS Security Systems Inc! If I can Answer any questions, you may have or clarify anything contained within this proposal, please do not hesitate to call me on my cell phone @ (925) 698-1142

Best regards,

A handwritten signature in blue ink, appearing to read "R. Lyall", written over a light blue circular background.

Richard W. Lyall
President and CEO

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AFS Security City Of Alameda Access Control Proposal

Submittal Date September 23rd, 2025

- AFS Security Electronic Security Proposal
- Dave's Lock Service Proposal for all Hardware
- Exhibit "B" AFS Material cost Breakdowns
- AFS currently has a "Service Provider Agreement" on file and all of our Insurance paperwork is already listing the City of Alameda as additional insured with the required coverages. We have no issue with the verbiage as detailed in the proposal request.

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Brivo Access Control Proposals

Library Existing AFS Brivo System

No Installation Charges

32 - Doors of Cloud Service as is

Monthly Cloud Service Charges with New Additions

\$448.00

Per Month
Billed Quarterly

Alameda Police Department Existing AFS Brivo System

No Installation Charges

12 - Doors of Cloud Service as is

Monthly Cloud Service Charges with New Additions

\$225.00

Per Month
Billed Quarterly

Addition to Existing AFS Installed Brivo System for Main City Hall AFS Project #25.1044

Leave existing Brivo ACS 300E control Panels for 3 - Existing doors as is

Add 3 - New Brivo Tri Tech smart Proximity Card readers 1 - per door to existing systems

4 - New Exterior Doors to system

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69 - New Interior doors and control hardware and Brivo Tri Tech Proximity Card readers per specifications

AFS to connect all Electric Strikes to be installed by DLS Lock Service

Lock Power supplies

1 - Year warranty

Total Electronic Installation Investment

\$365,520.00

Monthly Cloud Service Charges

\$1,064.00

Per Month

Billed Quarterly

City Hall West AFS Project # 25.1045

9 - New Exterior Doors to system

127 - New Interior doors and control hardware and Brivo Tri Tech Proximity Card readers per specifications

AFS to connect all Electric Strikes and or electrified hardware to be installed by DLS Lock Service

Lock Power supplies

1 - Year warranty

Total Electronic Installation Investment

\$496,460.00

Monthly Cloud Service Charges

\$1,904.00

Per Month

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Billed Quarterly

Parks and Recreation Building AFS Project # 25.1046

6 - New Exterior Doors to system

34 - New Interior doors and control hardware and Brivo Tri Tech Proximity Card readers per specifications

AFS to connect all Electric Strikes and or electrified hardware to be installed by DLS Lock Service

Lock Power supplies

1 - Year warranty

Total Electronic Installation Investment

\$188,990.00

Monthly Cloud Service Charges

\$560.00

Per Month

Billed Quarterly

Miscellaneous Support Material

1 - High Capacity dual sided card printer with card hopper ***\$5,530.00***

1 - Digital Camera for picture capture ***\$875.00***

Card design to be determined

(tripod and background not included)

Utilizing Brivo Software for card management and control

2 Additional Ribbons ***\$252.00 Each***

Cleaning kits available if requested would be ***\$130.00 per kit***

Total Investment

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\$6,909.00

Brivo Double sided Printable Proximity cards

\$ 4.25 Ea.

Costs per card could drop with larger quantity orders

Training and set up

AFS has included 8 - hours of set up and training in this proposal additional hours can be purchased for \$295.00 per hour if desired.

DLS Hardware Proposal Attached

AFS will add a 12% Project Management fee to the DLS Proposal for our Project managers and techs working with their staff to coordinate and facilitate the work to be done by Dave's Lock Service (DLS).

Project Management Fee Added and incorporated into AFS proposal to Manage DLS work

\$60,350.00

Total Installation Investment AFS

\$1,118,229.00

Includes DLS Project Management Expenses

Total Investment Dave's Lock Service for Hardware installation

\$502,723.51

Total Project Combined Investment

\$1,620,952.51

Combined Monthly Cloud Service fees

\$4,201.00

Per Month

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Sales taxes are included in the AFS Proposals

Hardware Notes

Per the City of Alameda's request we have worked with our lock manufacturers and subcontractors to find a way to maintain the existing lock hardware's current patina and look in the Main City hall Building. We have found a way to use the existing trim kits and modify the existing door locking hardware in place while changing the cylinder to allow for the deployment of the new Schlage/ Allegion keying system. AFS and DLS will work in conjunction to modify the existing hardware and convert everything to full Card access compatibility using the existing handles and lock bodies in use at City Hall.

Existing City Hall, Police Station and Library systems Quantity Discounts

Costs of monthly Cloud Subscriptions have been lowered to volume discounts due to new door totals and existing contracts for the 3 - existing system already deployed by AFS Security will adjust down if AFS is awarded the contract for the next phase and 5 year service provider agreement.

Termination of Existing AFS Brivo Contracts (If AFS is not the chosen Vendor)

If AFS is not chosen as the Vendor moving forward, AFS will need to work with the new Vendor to transfer the service for these 3 locations and Brivo requires a 1 month notice to allow for all verifications and service transfers to occur. If AFS is maintained and chosen for the new contract the lowered monthly cloud fees will go into effect 30 days from contract signing.

Warranty and Service

All AFS installed systems have a 1 - year parts and labor warranty. After expiration of the initial year of warranty AFS' standard labor rates will apply as outlined in the cost schedule attached herewith.

Best regards,

A handwritten signature in blue ink, appearing to read "R. Lyall", written in a cursive style.

Richard W. Lyall
President and CEO



**Alarms * CCTV * Access Control * Locksmithing
9/23/25**

Exhibit B Cost Breakdowns

AFS Security Systems Unit Costs for AFS Materials

Brivo ACS6100LE Control Panel (2 - door controller included) **\$2,975.00 Ea.**

2 - Door Brivo Door Boards **\$525.00 Ea.**

ACS 300 E 2 - Door stand alone Controller **\$1,280.00 Ea.**

Brivo Tri Tech Readers with Mobile Pass **\$560.00 Ea.**

DTC4500E YMCKO Dual Sided high volume Printer with 200 card hopper **\$5,530.00**

Additional Printer Ribbons **\$252.00**

Digital Camera to capture staff pictures **\$875.00**

Miscellaneous Conduit and back boxes if needed will be procured and included if needed

Final Engineering and head end locations to be performed after contract award and meeting with Facility Staff for the City of Alameda.

Wire and Cable Market prices change based on Copper market

Labor rate for Brivo Certified Technicians at Prevailing Wage would be \$265.00 per hour , Programmers and Project Managers would be billed at a rate of \$295.00 if additional labor is needed for project

Service calls require 1 - hour minimums to encompass travel time and then convert to 15 minute billable increments from the 1 - hour minimum. Labor rates vary based on Tech's position and skill level.



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10/28/2025

Mr. Mike Billington
C/o City of Alameda Public Works Department
950 West Mall Square Room 119
Alameda, Ca. 94510

Via Email: mbillington@alamedaca.gov

AFS Project # 25.1074 City of Alameda Main Corporation Yard
Location: 1616 Fortman Way, Alameda Ca, 94502

Dear Mr. Billington,

Thank you for your continued interest in AFS Security Systems Inc. As per our discussion I have prepared an estimate to add the Corporation yard to the overall proposal we prepared in September. After multiple site visits and walks we have reviewed your plans and have asked DLS lock service to get us their proposal to install all the new hardware necessary to get this building installed. Please find our proposal for the electronic portion of the system and the proposal DLS has provided me to accomplish the work. The schedule of protection used is the exact same pricing we used within the main proposal you have from September. The schedule of protection will be as follows:

Brivo Card Access Addition City of Alameda Main Corp Yard

Add 16 - Exteriors doors entering the main administration building

Add 28 - Interior doors in main administration building

Connect to 3 - Vehicle gates using existing motors and relays replace existing gate controls to allow single card control and management

Gates may require a wireless interface and a nema enclosure which would be additional if needed

AFS to control to DLS installed new ADA Schlage Electrified Hardware

AFS to connect to DLS Provided armoured power take off cords or Power transfer hinges based on application

Lock Power supplies

As per request from the original instructions for the main City project no door hold open contacts, Piezo sounders or Request to exit devices to be installed.

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10/28/2025

1 year warranty

Total AFS Installation of Electronic Brivo Card Access Investment

\$197,200.00

DLS Locksmith Proposal dated 10/12/2025

\$69,699.22

AFS 12% Project Management Fee for coordinating and scheduling DLS portion of the Project

\$8,365.00

Total Additional Project Investment

\$275,264.22

Monthly Monitoring

\$616.00

Per Month

Billed Quarterly

Thank you again for your continuing support of AHS Security Systems Inc! If I can Answer any questions you may have or clarify anything contained within this proposal please do not hesitate to call me on my cell phone @ (925) 698-1142

Best regards,

A handwritten signature in blue ink, appearing to read 'R. Lyall', with a stylized flourish at the end.

Richard W. Lyall
President and Chief Executive Officer

970 Detroit Avenue, Suite F * Concord, Ca. 94518

Preferred Phone: (925) 698-1142

State Contractor License C-7 & C-10 * State Alarm Qualified Manager ACO 6026 * Locksmith License No. 6120



Alarms * CCTV * Access Control * Locksmithing
10/28/2025

970 Detroit Avenue, Suite F * Concord, Ca. 94518

Preferred Phone: (925) 698-1142

State Contractor License C-7 & C-10 * State Alarm Qualified Manager ACO 6026 * Locksmith License No. 6120

Exhibit B

Proposal	Facility/Item	Installation	Rekey	Monthly Subscription
RFP	Library	\$ -	\$ -	\$ 448
RFP	Police	\$ -	\$ -	\$ 225
RFP	City Hall	\$ 365,520	\$ -	\$ 1,064
RFP	City Hall West	\$ 496,460	\$ -	\$ 1,904
RFP	ARPD	\$ 188,990	\$ -	\$ 560
RFP	Card Printer	\$ 5,530	\$ -	\$ -
RFP	Digital Camera	\$ 875	\$ -	\$ -
RFP	Ribbons	\$ 504	\$ -	\$ -
RFP	CH, CHW, ARPD	\$ -	\$ 502,724	\$ -
RFP	Project Management	\$ 60,350		
		\$ 1,118,229	\$ 502,724	\$ 4,201

Proposal	Facility/Item	Installation	Rekey	Monthly Subscription
Supplemental	MSC	\$ 197,200	\$ 69,699	\$ 616
Supplemental	Project Management	\$ 8,365		\$ -
		\$ 205,565	\$ 69,699	\$ 616

Summary	Costs
RFP (Installation & Rekey)	\$ 1,620,953
Supplemental Installation & Rekey	\$ 275,264
RFP Annual Subscription	\$ 50,412
Supplemental Annual Subscriptions	\$ 7,392
Keycards Qty 1000	\$ 4,250
Sub-Total	\$ 1,958,271
Contingency (20%)	\$ 391,654
Total	\$ 2,349,925



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/19/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Diamond Legacy Insurance 2027 Grand Canal Blvd #35 Stockton CA 95207	CONTACT NAME: Anthony Lugo PHONE (A/C, No, Ext): (925) 495-2233 E-MAIL: anthony@diamondlegacyins.com ADDRESS: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A : HISCOX INS CO INC</td> <td>10200</td> </tr> <tr> <td>INSURER B : UNITED FNCL CAS CO</td> <td>11770</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : HISCOX INS CO INC	10200	INSURER B : UNITED FNCL CAS CO	11770	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER E :															
INSURER F :															
INSURED Alarm Full Spectrum 970 Detroit Ave Concord CA 94518															

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			P103.580.338.2	06/27/2025	06/27/2026	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							\$
	OTHER:							\$
B	AUTOMOBILE LIABILITY			983171363	07/03/2025	01/03/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input checked="" type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> AUTOS ONLY							\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
	DED	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / N	N / A				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

Job: Key Card Access

Initial

LC

12/22/2025

CERTIFICATE HOLDER**CANCELLATION**

The City of Alameda

2263 Santa Clara Ave.

Alameda CA 94501

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Anthony Lugo



Hiscox Insurance Company Inc.

Policy Number: P103.580.338.2
Named Insured: Alarm Full Spectrum
Endorsement Number: 6
Endorsement Effective: 06/28/2025

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – AUTOMATIC STATUS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

A. Section II – Who Is An Insured is amended to include as an additional insured any person(s) or organization(s) for whom you are performing operations or leasing a premises when you and such person(s) or organization(s) have agreed in writing in a contract or agreement that such person(s) or organization(s) be added as an additional insured on your policy. Such person or organization is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

A person's or organization's status as an additional insured under this endorsement ends when your operations or lease agreement for that additional insured are completed.



Hiscox Insurance Company Inc.

Policy Number: P103.580.338.2
Named Insured: Alarm Full Spectrum
Endorsement Number: 20
Endorsement Effective: 06/28/2025

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A.** The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy, provided:

1. you have agreed in a written contract or agreement to add such additional insured to a policy providing the type of coverage afforded by this policy; and
2. you have agreed in a written contract or agreement with such additional insured that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.



Hiscox Insurance Company Inc.

Policy Number: P103.580.338.2
Named Insured: Alarm Full Spectrum
Endorsement Number: 21
Endorsement Effective: 06/28/2025

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

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

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

The following is added to Paragraph **8. Transfer Of Rights Of Recovery Against Others To Us** of **Section IV – Conditions**:

You may waive your rights against another party so long as you do so in writing prior to: (i) an offense arising out of your business that caused a “personal and advertising injury”; or (ii) an “occurrence” that caused “bodily injury” or “property damage”.



CERTIFICATE OF LIABILITY INSURANCE

Acct#: 3094038

DATE (MM/DD/YYYY)

11/25/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER
LOCKTON COMPANIES, LLC
3657 Briarpark Dr., Suite 700
Houston, TX 77042

CONTACT**NAME:****PHONE****(A/C, No, Ext):****E-MAIL****ADDRESS:**

888-828-8365

FAX**(A/C, No):**

insperitycerts@locktonaffinity.com

INSURER(S) AFFORDING COVERAGE**NAIC #****INSURER A:** Indemnity Insurance Company of North America

43575

INSURED
ALARM FULL SPECTRUM, INC.
970 DETROIT AVE STE E
CONCORD, CA 94518-2528

INSURER B:**INSURER C:****INSURER D:****INSURER E:****INSURER F:****COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
							MED EXP (Any one person)
							PERSONAL & ADV INJURY
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG
	OTHER:						
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> SCHEDULED AUTOS						
	<input type="checkbox"/> NON-OWNED AUTOS						
	UMBRELLA LIAB						EACH OCCURRENCE
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE
	<input type="checkbox"/> OCCUR						
	<input type="checkbox"/> CLAIMS-MADE						
	DED <input type="checkbox"/> RETENTION \$						
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	C74064681	10/01/2025	10/01/2026	E.L. EACH ACCIDENT
							E.L. DISEASE - EA EMPLOYEE
							E.L. DISEASE - POLICY LIMIT

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

WAIVER OF SUBROGATION IN FAVOR OF CERTIFICATE HOLDER WHERE REQUIRED BY WRITTEN CONTRACT.

CERTIFICATE HOLDER

City of Alameda
2263 Santa Clara Ave.
Alameda CA 94501

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

WORKERS' Compensation and Employers' Liability Policy

Named Insured ALARM FULL SPECTRUM, INC. 970 DETROIT AVE STE E CONCORD, CA 94518-2528	Endorsement Number
Policy Period 10/01/2025 TO 10/01/2026	Policy Number Symbol: WLR Number: C74064681 Effective Date of Endorsement 11/25/2025
Issued By (Name of Insurance Company) Indemnity Insurance Company of North America	
Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy. This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.	

CALIFORNIA WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because California is shown in Item 3.A. of the Information Page.

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule, but this waiver applies only with respect to bodily injury arising out of the operations described in the Schedule, where you are required by a written contract to obtain this waiver from us.

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

Schedule

1. (X) Specific Waiver
 Name of person or organization:
 City of Alameda

 2263 Santa Clara Ave.

 Alameda, CA 94501

- () Blanket Waiver
 Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.

2. Operations:

3. Premium:

The premium charge for this endorsement shall be INCLUDED percent of the California premium developed on payroll in connection with work performed for the above person(s) or organization(s) arising out of the operations described.

4. Minimum Premium: INCLUDED



Authorized Agent



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/11/2025

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PRODUCER Diamond Legacy Insurance 2027 Grand Canal Blvd #35 Stockton CA 95207	CONTACT NAME: Anthony Lugo PHONE (A/C, No, Ext): (925) 495-2233 E-MAIL: anthony@diamondlegacyins.com ADDRESS:														
INSURED Alarm Full Spectrum 970 Detroit Ave Concord CA 94518	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : HISCOX INS CO INC</td> <td>10200</td> </tr> <tr> <td>INSURER B : UNITED FNCL CAS CO</td> <td>11770</td> </tr> <tr> <td>INSURER C : Century Insurance Group</td> <td>36951</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : HISCOX INS CO INC	10200	INSURER B : UNITED FNCL CAS CO	11770	INSURER C : Century Insurance Group	36951	INSURER D :		INSURER E :		INSURER F :	
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A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			P103.580.338.2	06/27/2025	06/27/2026	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:								
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
B	AUTOMOBILE LIABILITY			983171363	07/03/2025	01/03/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input checked="" type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/>	<input type="checkbox"/>						\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB			SUB117098	12/09/2025	12/09/2026	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR					AGGREGATE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE							\$
	DED RETENTION \$							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / N					E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

Job: Key Card Access

CERTIFICATE HOLDER**CANCELLATION**

The City of Alameda

2263 Santa Clara Ave.

Alameda CA 94501

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Anthony Lugo



Hiscox Insurance Company Inc.

Policy Number: P103.580.338.2
Named Insured: Alarm Full Spectrum
Endorsement Number: 6
Endorsement Effective: 06/28/2025

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – AUTOMATIC STATUS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

A. Section II – Who Is An Insured is amended to include as an additional insured any person(s) or organization(s) for whom you are performing operations or leasing a premises when you and such person(s) or organization(s) have agreed in writing in a contract or agreement that such person(s) or organization(s) be added as an additional insured on your policy. Such person or organization is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

A person's or organization's status as an additional insured under this endorsement ends when your operations or lease agreement for that additional insured are completed.



Hiscox Insurance Company Inc.

Policy Number: P103.580.338.2
Named Insured: Alarm Full Spectrum
Endorsement Number: 20
Endorsement Effective: 06/28/2025

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A.** The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy, provided:

1. you have agreed in a written contract or agreement to add such additional insured to a policy providing the type of coverage afforded by this policy; and
2. you have agreed in a written contract or agreement with such additional insured that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.



Hiscox Insurance Company Inc.

Policy Number: P103.580.338.2
Named Insured: Alarm Full Spectrum
Endorsement Number: 21
Endorsement Effective: 06/28/2025

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

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

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

The following is added to Paragraph **8. Transfer Of Rights Of Recovery Against Others To Us** of **Section IV – Conditions**:

You may waive your rights against another party so long as you do so in writing prior to: (i) an offense arising out of your business that caused a “personal and advertising injury”; or (ii) an “occurrence” that caused “bodily injury” or “property damage”.

PROGRESSIVE
PO BOX 94739
CLEVELAND, OH 44101

Policy Holder:

Alarm Full Spectrum
1380 Fern Hill Lane
Concord, CA 94521

The attached endorsements listed below applies to policy number: 983171363

Form 2366 (02/11) Blanket Additional Insured Endorsement
Form 2367 (06/10) Blanket Waiver of Subrogation Endorsement

Endorsement effective: December 12, 2025

Endorsements listed above are effective until policy cancellation date. Fees will be waived on your current policy term.

Form 2366 (02/11) M_CL

Blanket Additional Insured Endorsement

This endorsement modifies insurance provided by the Commercial Auto Policy, Motor Truck Cargo Legal Liability Coverage Endorsement, and/or Commercial General Liability Coverage Endorsement, as appears on the **declarations page**. All terms and conditions of the policy apply unless modified by this endorsement.

If **you** pay the fee for this Blanket Additional Insured Endorsement, **we** agree with **you** that any person or organization with whom **you** have executed a written agreement prior to any **loss** is added as an additional **insured** with respect to such liability coverage as is afforded by the policy, but this insurance applies to such additional **insured** only as a person or organization liable for **your** operations and then only to the extent of that liability. This endorsement does not apply to acts, omissions, products, work, or operations of the additional **insured**.

Regardless of the provisions of paragraph a. and b. of the "Other Insurance" clause of this policy, if the person or organization with whom **you** have executed a written agreement has other insurance under which it is the first named **insured** and that insurance also applies, then this insurance is primary to and non-contributory with that other insurance when the written contract or agreement between **you** and that person or organization, signed and executed by **you** before the **bodily injury** or **property damage** occurs and in effect during the policy period, requires this insurance to be primary and non-contributory.

In no way does this endorsement waive the "Other Insurance" clause of the policy, nor make this policy primary to third parties hired by the **insured** to perform work for the **insured** or on the **insured's** behalf.

ALL OTHER TERMS, LIMITS, AND PROVISIONS OF THE POLICY REMAIN UNCHANGED.

Form 2367 (06/10)M_CL

Blanket Waiver of Subrogation Endorsement

This endorsement modifies insurance provided by the Commercial Auto Policy, Motor Truck Cargo Legal Liability Coverage Endorsement, and/or Commercial General Liability Coverage Endorsement, as appears on the **declarations page**. All terms and conditions of the policy apply unless modified by this endorsement.

If **you** pay the fee for this Blanket Waiver of Subrogation Endorsement, **we** agree to waive any and all subrogation claims against any person or organization with whom a written waiver agreement has been executed by the named insured, as required by written contract, prior to the occurrence of any **loss**.

ALL OTHER TERMS, LIMITS AND PROVISIONS OF THE POLICY REMAIN UNCHANGED.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/25/2025

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PRODUCER Joy Olivier Insurance Agency 2027 Grand Canal Blvd. Suite #35 Stockton, CA 95207	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: Joy Olivier</td> </tr> <tr> <td>PHONE (A/C, No, Ext): 209-929-1144</td> <td>FAX (A/C, No):</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: service@diamondlegacyins.com</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A : At Bay Stance</td> <td>NAIC # 524</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	CONTACT NAME: Joy Olivier		PHONE (A/C, No, Ext): 209-929-1144	FAX (A/C, No):	E-MAIL ADDRESS: service@diamondlegacyins.com		INSURER(S) AFFORDING COVERAGE		INSURER A : At Bay Stance	NAIC # 524	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Cyber Liability			C-4MA1-280966-CYBER-2025	11/25/2025	11/25/2026	2,000,000

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

Job: Key card access

CERTIFICATE HOLDER**CANCELLATION**

The City of Alameda
 2263 Santa Clara Ave.
 Alameda, CA 94501

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AUTHORIZED REPRESENTATIVE

Joy Olivier

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	OTHER:							\$
B	AUTOMOBILE LIABILITY			983171363	07/03/2025	01/03/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> AUTOS ONLY							\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB			SUB117098	12/09/2025	12/09/2026	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE	\$ 1,000,000
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE							\$
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / N					E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
D	Professional Liability	Y	Y	6461864	12/18/2025	12/18/2025	Each Occurance	\$ 1,000,000
							Aggregate	\$ 1,000,000

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

Job: Key Card Access

CERTIFICATE HOLDER**CANCELLATION**

The City of Alameda

2263 Santa Clara Ave.

Alameda CA 94501

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Anthony Lugo

E&S/Specialty Loss Run

Requested Date & Time: 04/11/2025 06:17:14 AM

Loss Run Report					
Policy Number:	CXS4037512	Agency Name:	COASTAL BROKERS INS.SCVS,INC.	Department:	0000D - CONTRACT EXCESS/UMBRELLA
Policy Term:	11/08/2024 - 06/27/2025	Agency Number:	04068	Company:	SCOTTSDALE INSURANCE COMPANY
Insured:	ALARM FULL SPECTRUM				
Address:	970 DETROIT AVE F				
	CONCORD, ,CA 94158				

Policy Number	Policy Term	Total Claims	Total Paid L&ALAE HTD	Total Incurred L&ALAE HTD
CXS4037512	11/08/2024 - 06/27/2025	0	0	0
TOTAL:		0	0	0

Policy Number	Policy Effective	Policy Expiration	Total Claims	Open Claims	Paid Loss	Loss Reserve	Incurred Loss	Paid ALAE	Reserve ALAE	Incurred ALAE	Recovery	Total Incurred Net of Recovery	Refund
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*Access to information on a select group of sensitive claims and policies has been restricted at the request of Claim Management. If you have questions regarding a restricted claim or policy, please contact the Claim Division at 1-480-365-2809.



E&S/Specialty Loss Run

Requested Date & Time: 04/11/2025 06:17:14 AM

Loss Run Report					
Lead Policy:	CXS4037512	Agency Name:	COASTAL BROKERS INS.SCVS,INC.	Department:	0000D - CONTRACT EXCESS/UMBRELLA
Policy Term:	11/08/2024 - 06/27/2025	Agency Number:	04068	Company:	SCOTTSDALE INSURANCE COMPANY
Insured:	ALARM FULL SPECTRUM				
Address:	970 DETROIT AVE F				
	CONCORD, ,CA 94158				

Claim Number	Loss Incurred Date	Report Date	Close Date / Reopen Date	Loss Location	Claimant	Covg Type	Record Type (incident, WRO, Claim)	Claim Status	Loss Desc.	Paid Loss	Loss Reserves	Incurred Loss	Paid ALAE	Reserve ALAE	Incurred ALAE	Recovery / Refund	Total Incurred Net of Recovery	Total Incurred excluding Recovery
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										Paid Loss	Loss Reserves	Incurred Loss	Paid ALAE	Reserve ALAE	Incurred ALAE	Recovery / Refund	Total Incurred Net of Recovery	Total Incurred excluding Recovery
									Total: Open	0	0	0	0	0	0	0	0	0
									Total: Closed	0	0	0	0	0	0	0	0	0
									Total: Reopened	0	0	0	0	0	0	0	0	0
Insured:		ALARM FULL SPECTRUM							Grand Total	0	0	0	0	0	0	0	0	0

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Insured:	ALARM FULL SPECTRUM				
Address:	970 DETROIT AVE F				
	CONCORD, ,CA 94158				

Coverage Type	Paid Loss	Loss Reserve	Incurred Loss	Paid ALAE	Reserve ALAE	Incurred ALAE	Recovery
	0	0	0	0	0	0	0

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Requested Date & Time: 04/11/2025 06:17:14 AM

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Claim No	Trans Type	Recovery Category	Amount
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Insured:	ALARM FULL SPECTRUM				
Address:	970 DETROIT AVE F				
	CONCORD, ,CA 94158				

Claim No	Reported Dt	Policy No	Description	Claimant Flag	First Name	Last Name	Veh Year	Veh Make	Veh Model
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