



PRODUCER Berkshire Hathaway Direct Insurance Company 1314 Douglas Street Omaha NE, 68102	CONTACT NAME:	
	PHONE 800-507-4495 (A/C, No, Ext):	FAX: 800-589-7316 (A/C, No):
	E-MAIL	
	ADDRESS: service@threeinsurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Wilson Security Solutions, LLC 527 S Broadway Blvd Salina, KS 67401-4326	INSURER A : Berkshire Hathaway Direct Insurance Company	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

REVISION NUMBER:

INSR LTR	TYPE OF INSURANCE					ADDL INSD	SUB R WVD	POLICY NUMBER	POLICY EFF (MM/DD/Y YYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
A	X	COMMERCIAL GENERAL LIABILITY				X		CP140173091P2 021	04/05/2023	04/05/2024	EACH OCCURRENCE		\$ 1,000,000			
		CLAIMS-MADE		X	OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)		\$ 1,000,000			
											MED EXP (Any one person)		\$			
											PERSONAL & ADV INJURY		\$ 1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:										GENERAL AGGREGATE		\$ 3,000,000			
	X	POLICY			PRO- JECT							LOC	PRODUCTS - COMP/OP AGG		\$ SEE GENERAL AGGREGATE	
		OTHER:											\$			
A	AUTOMOBILE LIABILITY					X		CP140173091 P2021	04/05/2023	04/05/2024	COMBINED SINGLE LIMIT (Ea accident)		\$			
		ANY AUTO									BODILY INJURY (Per person)		\$			
		OWNED AUTOS ONLY			X						SCHEDULED AUTOS NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)		\$	
	X	HIRED AUTOS ONLY									PROPERTY DAMAGE (Per accident)		\$			
											HIRED AND NON - OWNED		\$1,000,000/3,000,000			
		UMBRELLA LIAB				OCCUR					EACH OCCURRENCE		\$			
		EXCESS LIAB				CLAIMS-MADE					AGGREGATE		\$			
		DED			RETENTION \$								\$			
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N					N / A		CP140173091 P2021	04/05/2023	04/05/2024	X	PER STATUT E	X	OTHER		
	OFFICER/MEMBER EXCLUDED? N										E.L. EACH ACCIDENT		\$ 1,000,000			
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below										E.L. DISEASE - EA EMPLOYEE		\$ 1,000,000			
											E.L. DISEASE - POLICY LIMIT		\$ 3,000,000			
A	OCCUR					X		CP140173091 P2021	04/05/2023	04/05/2024	PerOccur/Aggregate		\$1,000,000 / 3,000,000			
	ERRORS & OMISSIONS			X												
	CYBER			X												

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Pilot Company is named an Additional Insured.

CANCELLATION

	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p>
	<p>AUTHORIZED REPRESENTATIVE</p> 