flock safety

# INVOICE

**Flock Group Inc dba Flock Safety**
www.flocksafety.com

| | |
|---|---|
| Invoice Number | INV-103536 |
| Invoice Date: | 8/31/2026 |
| Due Date: | 9/30/2026 |
| Payment Terms: | Net 30 |
| PO#: | 250362 |

W-9 Form [Download]
Certificates of Insurance [Download]

Bill To: MS - Madison County SO
2941 Us Hwy 51
Canton, Mississippi, 39046

Ship To: MS - Madison County SO
2941 Us Hwy 51
Canton, Mississippi 39046

Billing Company Name: MS - Madison County SO
Billing Contact Name: Kristen Byrd
Billing Email Address: kristen.byrd@madison-co.com

Payment Terms: Net 30
Contracted Billing Structure: Annual - First Year at Signing

Notes: MS - Madison County SO - Phase 1: Year 2 of 24 Month Term, 2026 - 2027

*Please note a minor change to our invoices starting February 1, 2025 updating product/SKU names listed in each line item. This change is only to naming conventions and will not affect the products, functionality, or services you receive from Flock Safety. Please update your payment system to reflect these new product/SKU names as needed.*

| ITEMS | QTY | UNIT PRICE | SALES TAX | TOTAL |
|---|---|---|---|---|
| Flock Safety LPR, fka Falcon | 8 | $3,000.00 | $0.00 | $24,000.00 |

Unless otherwise noted on the Order Form, the Term shall commence upon first installation and validation of Flock Hardware.
Link to Location of Services: https://planner.flocksafety.com/public/222a1300-d43e-4560-86bf-ec87c2d0b84d

| | |
|---|---|
| **Subtotal:** | **$24,000.00** |
| **Sales Tax:** | **$0.00** |
| **Credit:** | **$0.00** |
| **Payments:** | **$0.00** |
| **Balance Due:** | **$24,000.00** |

**If you have questions about your invoice, are providing an exemption certificate or need to update your billing contact information, please email billing@flocksafety.com or call 866-901-1781, option 3.**

flock safety

# INVOICE

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www.flocksafety.com

| | |
|---|---|
| Invoice Number | INV-103536 |
| Invoice Date: | 8/31/2026 |
| Due Date: | 9/30/2026 |
| Payment Terms: | Net 30 |
| PO#: | 250362 |

| Payment Remittance Information | |
|---|---|
| **Pay by Check:** | **Pay by ACH:** |
| Payable to: Flock Group Inc<br>Memo: INV-103536<br>Mail to: PO Box 121923<br>Dallas, TX 75312-1923 | Account Legal Name: Flock Group Inc.<br>Account Number: 3302113966<br>Account Type: Checking<br>Routing / SWIFT Code: 121140399 / SVBKUS6S |
| *If paying by check, please include the remittance slip below.* | *If paying by ACH, please include your invoice number in the memo section of the ACH transfer request.* |

Please be aware that failure to pay the invoice by the due date may result in an interest penalty or disconnection of service, as specified in your contract.

Detach and Return with Payment

**Make Checks Payable to: Flock Group Inc**

If sending via USPS:
Flock Group Inc
PO Box 121923
Dallas, TX 75312-1923

Or

If sending via UPS, FedEx or USPS:
Flock Group Inc
891923
885 East Collins Boulevard,
Suite 110
Richardson, TX 75081

Account: MS - Madison County SO

Invoice # INV-103536

Amount Due: **$24,000.00**

Amount Enclosed: $_____

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

**Go to *www.irs.gov/FormW9* for instructions and the latest information.**

**Give form to the requester. Do not send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See *Specific Instructions* on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

Flock Group Inc

2 Business name/disregarded entity name, if different from above.

Flock Safety

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☑ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

**Note:** Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

*(Applies to accounts maintained outside the United States.)*

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

5 Address (number, street, and apt. or suite no.). See instructions.

3284 Northside Parkway NW, Suite 150

Requester's name and address (optional)

6 City, state, and ZIP code

Atlanta, GA 30327

7 List account number(s) here (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

**Social security number**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | – | | | – | | | | |

**or**

**Employer identification number**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 8 | 2 | – | 0 | 5 | 9 | 4 | 8 | 7 | 5 |

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign Here** | **Signature of U.S. person** | Signed by: 1024FAF1F68A40F... | **Date** 6/11/2026

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

## What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/03/2026

**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**
MARSH RISK & INSURANCE SERVICES
FOUR EMBARCADERO CENTER, SUITE 1100
CALIFORNIA LICENSE NO. 0437153
SAN FRANCISCO, CA 94111

CN134017657--GAUWa-25-26

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

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| **INSURER A :** Berkley National Insurance Company | 38911 |
| **INSURER B :** Federal Insurance Company | 20281 |
| **INSURER C :** Homeland Insurance Company Of New York | 34452 |
| **INSURER D :** QBE SPECIALTY INSURANCE COMPANY | 11515 |
| **INSURER E :** Vantage Risk Specialty Insurance Company | 16275 |
| **INSURER F :** QBE Underwriting Ltd, Syndicate 5555; AA-1120067 | 1120067 |

**INSURED**
Flock Group Inc
DBA Flock Safety
3284 Northside Pkwy NW Suite 150
Atlanta, GA 30327

**COVERAGES** **CERTIFICATE NUMBER:** SEA-003980279-21 **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 | X **COMMERCIAL GENERAL LIABILITY**<br>CLAIMS-MADE [X] OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>[X] POLICY [X] PRO-JECT [ ] LOC<br>OTHER: | | | VGL 9750843-10 | 10/23/2025 | 10/23/2026 | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG | $<br>$<br>$<br>$<br>$<br>$ | 1,000,000<br>100,000<br>10,000<br>1,000,000<br>2,000,000<br>2,000,000 |
| B | **AUTOMOBILE LIABILITY**<br>X ANY AUTO<br>OWNED AUTOS ONLY [ ] SCHEDULED AUTOS<br>HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY | | | (25) 7365-58-85 | 10/23/2025 | 10/23/2026 | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident) | $<br>$<br>$<br>$ | 2,000,000 |
| D<br>E<br>F | X **UMBRELLA LIAB** X OCCUR<br>**EXCESS LIAB** CLAIMS-MADE<br>DED X RETENTION $ 10,000 | | | 140010841 (Primary $3M)<br>P03XC0000093270 ($3.5M p/o $7M)<br>B0509MPSPB2504930 ($3.5M p/o $7M) | 10/23/2025<br>10/23/2025<br>10/23/2025 | 10/23/2026<br>10/23/2026<br>10/23/2026 | EACH OCCURRENCE<br>AGGREGATE | $<br>$ | 10,000,000<br>10,000,000 |
| B | **WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y/N<br>ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [N]<br>**(Mandatory in NH)**<br>If yes, describe under DESCRIPTION OF OPERATIONS below | N / A | | 71845256 | 10/23/2025 | 10/23/2026 | X PER STATUTE [ ] OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT | $<br>$<br>$ | 1,000,000<br>1,000,000<br>1,000,000 |
| C | Errors & Omissions / Cyber | | | 730000029-0001<br>'SIR: $100,000' | 08/23/2025 | 08/23/2026 | Limit: | | 5,000,000 |

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

**CERTIFICATE HOLDER**

Flock Group
DBA Flock Safety
3284 Northside Pkwy NW Suite 150
Atlanta, GA 30327

**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**

*Marsh Risk & Insurance Services*

AGENCY CUSTOMER ID: CN134017657
LOC #: San Francisco

# ADDITIONAL REMARKS SCHEDULE



| AGENCY | NAMED INSURED |
|---|---|
| MARSH RISK & INSURANCE SERVICES | Flock Group Inc<br>DBA Flock Safety<br>3284 Northside Pkwy NW Suite 150<br>Atlanta, GA 30327 |
| POLICY NUMBER | |
| CARRIER / NAIC CODE | EFFECTIVE DATE: |

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

1st Excess Errors & Omissions / Cyber:
Policy No: P03CY0000092600
Carrier: Vantage Risk Specialty Insurance Company
Effective Date: 10/07/2025
Expiration Date: 08/23/2026
Limit (xs $10M): $5,000,000

2nd Excess Errors & Omissions / Cyber:
Policy No: 02-841-50-40
Carrier: AIG Specialty Insurance Company
Effective Dates: 10/07/2025 to 08/23/2026
Limit (xs $15M): $5,000,000

Aviation (AERO)
Policy Number: 9043580
Carrier: Global Aerospace, Inc.
Effective Date: 01/14/2025
Expiration Date: 01/14/2026
Limit: 2,000,000

flock safety

Flock Group Inc.
**Payment Information**

Flock accepts payment by mail in check and ACH. See below for remittance addresses.

## Mail in Checks can be sent to either of the below addresses.

Flock Group Inc
PO BOX 121923
DALLAS TX 75312- 1923

OR

Flock Group Inc
LBX# 891923
1501 NORTH PLANO RD STE 100
RICHARDSON TX 75081

## If you would like to pay by ACH.

**Account Legal Name:** Flock Group Inc
**Account Number:** 3302113966
**Account Opening Date:** 03/06/2017
**Account Type:** Checking
**Routing Number/SWIFT Code:** 121140399 / SVBKUS6S

Thank you,
Billing Department