

**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

TYPE V INFORMATION PAGE WC 00 00 01 (A)

POLICY NUMBER: UB-7X133616-24-42-G

RENEWAL OF (UB-7X12256A-24-42-G)

INSURER: TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA
A Stock Company

NCCI CO CODE: 13579

1.

INSURED:

BIC SWITCHGEAR SERVICES, INC.
P.O. BOX 101174
BIRMINGHAM, AL 35210

PRODUCER:

BYARS WRIGHT INSURANCE
PO BOX 1309
JASPER, AL 35502-1309

Insured is A CORPORATION

Other work places and identification numbers are shown in the schedule(s) attached.

2. The policy period is from 01-10-24 to 01-10-25 12:01 A.M. at the insured's mailing address.

3. A. **WORKERS COMPENSATION INSURANCE:** Part One of the policy applies to the Workers Compensation Law of the state(s) listed here:
AL

B. **EMPLOYERS LIABILITY INSURANCE:** Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are:

| | | | |
|----------------------------|----|-----------|---------------|
| Bodily Injury by Accident: | \$ | 1,000,000 | Each Accident |
| Bodily Injury by Disease: | \$ | 1,000,000 | Policy Limit |
| Bodily Injury by Disease: | \$ | 1,000,000 | Each Employee |

C. **OTHER STATES INSURANCE:** Part Three of the policy applies to the states, if any, listed here:

AR AZ CA CO CT DC DE FL GA HI IA ID IL IN KS KY LA MA MD ME MI MN
MO MS MT NC NE NH NJ NM NV NY OK OR PA RI SC SD TN TX UT VA VT WI
WV

D. This policy includes these endorsements and schedules:

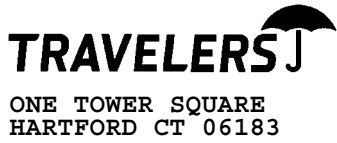
SEE LISTING OF ENDORSEMENTS - EXTENSION OF INFO PAGE

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All required information is subject to verification and change by audit to be made **ANNUALLY**

DATE OF ISSUE: 01-08-24 DS

OFFICE: BIRMINGHAM AL 014

PRODUCER: BYARS WRIGHT INSURANCE HE565



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

TYPE V INFORMATION PAGE WC 00 00 01 (A)

POLICY NUMBER: UB-7X133616-24-42-G

CLASSIFICATION SCHEDULE:

| CLASSIFICATIONS | CODE NO | PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION | RATES PER \$100 OF REMUNERATION | ESTIMATED ANNUAL PREMIUM |
|-----------------|---------|--|---------------------------------------|--------------------------------|
|-----------------|---------|--|---------------------------------------|--------------------------------|

SEE EXTENSION OF INFORMATION PAGE - SCHEDULE(S)

SIC-CODE: 7699 NAICS: 238210

| | | STANDARD |
|---|----|----------|
| TOTAL ESTIMATED ANNUAL STANDARD PREMIUM | \$ | 25275 |
| PREMIUM DISCOUNT | | 784 |
| 0900-01 EXPENSE CONSTANT | | 160 |
| TERRORISM | | 90 |
| CAT (OTHER THAN CERT ACTS OF TERRORISM) | | 174 |
| TOTAL ESTIMATED PREMIUM | | 24915 |
| DEPOSIT AMOUNT DUE | | 24915 |

Minimum Premium: \$ 1239

EMPLOYERS LIABILITY MINIMUM: \$150

DATE OF ISSUE: 01-08-24 DS

OFFICE: BIRMINGHAM AL 014

PRODUCER: BYARS WRIGHT INSURANCE HE565

COUNTERSIGNED-AGENT

**WORKERS COMPENSATION
AND
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EXTENSION OF INFO PAGE-SCHEDULE WC 00 00 01 (A)

POLICY NUMBER: UB-7X133616-24-42-G

INSURER: TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

INSURED'S NAME: BIC SWITCHGEAR SERVICES, INC.

13579-AL

RATE BUREAU ID: 010514193

EXP. MOD. EFFECTIVE DATE: 01-10-24

| CLASSIFICATION | CODE | PREMIUM BASIS | RATES | ESTIMATED |
|--|------|---|------------------------------|--------------------------------|
| | | ESTIMATED TOTAL ANNUAL REMUNERATION | PER \$100 OF REMUNERATION | ANNUAL PREMIUM |
| LOCATION 001 | | | | |
| FEIN 721379950 ENTITY CD 001 00 | | | | |
| BIC SWITCHGEAR SERVICES, INC. | | | | |
| 2804 5TH AVE S IRONDALE , AL 35210 NAICS: 238210 | | | | |
| ELECTRICAL WIRING-WITHIN BUILDINGS & DRIVERS (COUNTY/TOWN CODE 0001) | 5190 | 540000.00 | 5.02 | 27108 |
| SALESPERSONS OR COLLECTORS - OUTSIDE (COUNTY/TOWN CODE 0001) | 8742 | IF ANY | 0.48 | 0 |
| CLERICAL OFFICE EMPLOYEES NOC (COUNTY/TOWN CODE 0001) | 8810 | 155000.00 | 0.23 | 357 |
| CLASSIFICATION | CODE | WAIVER PREMIUM BASIS | RATE | ESTIMATED ANNUAL PREMIUM |
| BLANKET WAIVER OF SUBROGATION SEE ENDT WC 00 03 13 00 | 0930 | 27465 | 0.020 | 549 |



ONE TOWER SQUARE
HARTFORD CT 06183

WORKERS COMPENSATION
AND
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EXTENSION OF INFO PAGE-SCHEDULE WC 00 00 01 (A)

POLICY NUMBER: UB-7X133616-24-42-G

AL MANUAL PREMIUM \$ 27465

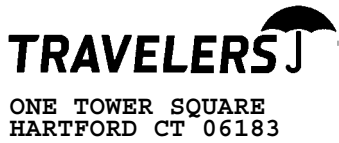
| | | |
|---|----|-------|
| WAIVER OF SUBROGATION | \$ | 549 |
| 1.40% EMPL. LIAB. INCREASED LIMITS(9812) | | 385 |
| TOTAL PREMIUM SUBJECT TO EXPERIENCE MOD. | | 28399 |
| EXPERIENCE MODIFICATION:0.89 MODIFIED PREMIUM | | 25275 |
| 0% SCHEDULE DEBIT(9887) | | 0 |
| TOTAL ESTIMATED ANNUAL STANDARD PREMIUM | | 25275 |
| -3.10% PREMIUM DISCOUNT(0064) | | -784 |
| EXPENSE CONSTANT(0900) | | 160 |
| TERRORISM(9740) | | 90 |
| CAT(OTHER THAN CERT ACTS OF TERRORISM)(9741) | | 174 |
| TOTAL ESTIMATED PREMIUM | | 24915 |
| TOTAL PREMIUM | | 24915 |
| DEPOSIT AMOUNT DUE | | 24915 |

POLICY NUMBER: UB-7X133616-24-42-G

**LISTING OF ENDORSEMENTS
EXTENSION OF INFO PAGE**

We agree that the following listed endorsements form a part of this policy on its effective date.

| | |
|----------------------|--|
| WC 00 00 01 A - 001 | INFORMATION PAGE |
| WC 00 00 01 A - 001 | INFORMATION PAGE 2 |
| WC 00 00 01 A - 001 | EXTENSION OF INFORMATION PAGE - SCHEDULE |
| WC 00 00 01 A - 001 | ENDORSEMENT LISTING |
| WC 00 03 10 00 - 001 | SOLE PROPRIETORS, PARTNERS, OFFICERS END |
| WC 00 03 13 00 - 001 | WAIVER OF OUR RIGHT TO RECOVER |
| WC 00 04 14 A - 001 | NOTIFICATION OF CHG IN OWNR ENDT |
| WC 00 04 22 C - 001 | TERRORISM RISK INS PROG REAUTH ACT ENDT |
| WC 00 04 24 00 - 001 | AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT |
| WC 00 04 25 00 - 001 | EXPER RATING MOD FACTOR REVISION ENDT |
| WC 99 04 28 00 - 001 | PREMIUM MANUALS AND DUE DATE ENDORSEMENT |
| WC 99 06 R4 00 - 001 | NOT OF CAN OR NONREN DESIGN PERS OR ORG |
| WC 99 06 R4 00 - 002 | NOT OF CAN OR NONREN DESIGN PERS OR ORG |
| WC 99 06 R4 00 - 003 | NOT OF CAN OR NONREN DESIGN PERS OR ORG |
| WC 99 06 R4 00 - 004 | NOT OF CAN OR NONREN DESIGN PERS OR ORG |
| WC 00 04 21 F - 001 | CATASTROPHE (O/T CERT ACTS OF TERR) ENDT |
| WC 99 04 08 00 - 001 | PREMIUM DISCOUNT ENDORSEMENT |



**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

ENDORSEMENT WC 00 03 10 (00) –

POLICY NUMBER: UB-7X133616-24-42-G

**SOLE PROPRIETORS, PARTNERS, OFFICERS AND OTHERS COVERAGE
ENDORSEMENT**

An election was made by or on behalf of each person described in the Schedule to be subject to the workers compensation law of the state named in the Schedule. The premium basis for the policy includes the remuneration on such persons.

SCHEDULE

PERSONS

STATE

SOLE PROPRIETOR:

PARTNERS:

OFFICERS:

OTHERS:

MARK A. WOOD

AL

POLICY NUMBER: UB-7X133616-24-42-G

NOTICE OF CANCELLATION OR NONRENEWAL TO DESIGNATED PERSONS OR ORGANIZATIONS

The following is added to **PART SIX – CONDITIONS** :

Notice Of Cancellation Or Nonrenewal To Designated Persons Or Organizations

If we cancel or non-renew this policy for any reason other than non-payment of premium by you, we will provide notice of such cancellation or non-renewal to each person or organization designated in the Schedule below. We will mail or deliver such notice to each person or organization at its listed address at least the number of days shown for that person or organization before the cancellation or nonrenewal is to take effect.

You are responsible for providing us with the information necessary to accurately complete the Schedule below. If we cannot mail or deliver a notice of cancellation or nonrenewal to a designated person or organization because the name or address of such designated person or organization provided to us is not accurate or complete, we have no responsibility to mail, deliver or otherwise notify such designated person or organization of the cancellation or nonrenewal.

SCHEDULE

| Name and Address of Designated Persons or Organizations: | Number of Days Notice: |
|---|-------------------------------|
| ELDECO, INC. 700 CAHABA VALLEY CIRCLE PELHAM AL 35124 | 30 |

All other terms and conditions of this policy remain unchanged.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective
Insured

Policy No.

Endorsement No.
Premium \$

Insurance Company

Countersigned by _____

DATE OF ISSUE: 01-08-24 ST ASSIGN:

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SCHEDULE

| Name and Address of Designated Persons or Organizations: | Number of Days Notice: |
|--|-------------------------------|
| WELLS FARGO BANK N.A. 11625 N. COMMUNITY HOUSE RD. 2ND FLOOR CHARLOTTE NC 28277 | 30 |

All other terms and conditions of this policy remain unchanged.

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SCHEDULE

| Name and Address of Designated Persons or Organizations: | Number of Days Notice: |
|---|-------------------------------|
| CBRE, INC. 3800 COLONNADE PKWY SUITE 475 BIRMINGHAM AL 35243 | 30 |

All other terms and conditions of this policy remain unchanged.

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SCHEDULE

| Name and Address of Designated Persons or Organizations: | Number of Days Notice: |
|---|-------------------------------|
| PNC BANK NATIONAL ASSOCIATION 300 FIFTH AVENUE PITTSBURGH PA 15222-2401 | 60 |

All other terms and conditions of this policy remain unchanged.

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Countersigned by _____

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