



436 Walnut Street, 8th Floor
Philadelphia, PA 19106

Telephone (215) 640-1000
Facsimile (215) 640-5476

March 28, 2025

Quad Us Bidco, Inc
In care of Willis Towers Watson
Licensed Producer: Jenna Freund
c/o:
200 N Warner Road Ste 300
King Of Prussia, PA 19406

BINDER

Subject:	Quad Us Bidco, Inc		
Policy Type	Policy Number	Effective Date	Underwriting Company
WORK COMP	71838863	03/31/2025	Federal Insurance Company
AUTO	99507896	03/31/2025	Great Northern Insurance Company
EXCESS	78199554	03/31/2025	Federal Insurance Company

IMPORTANT BINDER CONDITIONS:
Coverage has been bound on this account.
Please refer to your producer contract to confirm your payment obligation for premium due.

IMPORTANT: Remit premium payment to the address displayed on your statement.

This binder is intended for use as evidence that insurance described above has been effected for the term indicated, against which the above policy/policies will be duly issued. Please advise us immediately of any discrepancies, inaccuracies or necessary changes.

This binder does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from offering or providing insurance. To the extent any such prohibitions apply, this binder is void ab initio.

Sincerely,

Tamer Aziz
Life Sciences Underwriter

<i>Underwriting Service Team</i>	<i>Phone</i>	<i>Email</i>
Tamer Aziz		Tamer.Aziz@chubb.com

QUAD US BIDCO, INC

PREMIUM SUMMARY

<u>Policy Type</u>	<u>Premium</u>	<u>Commission</u>	<u>Payment Options</u>
Workers' Compensation Federal Insurance Company Policy No.: (25) 7183-88-63	\$123,610	10%	Annual/Agency Bill
Expense Constant	\$300	0%	Annual / Agency Bill
Portion attributable to Taxes and Surcharges	\$2,510	0%	Prepaid
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Automobile Insurance Great Northern Insurance Company Policy No.: 9950-78-96	\$20,238	17.5%	Annual/Agency Bill
Taxes and Surcharges	\$0	0%	Prepaid
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Excess Insurance Federal Insurance Company Policy No.: 7819-95-54	\$7,749	17.5%	Annual/Agency Bill
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Please note the underwriting company in which this quote is being offered. All insurers of the Chubb Group of Insurance Companies share the same financial ratings.

The portion attributable to Taxes, Surcharges and Other Charges is an estimate. The Insured is responsible for the total amount, if bound, shown on the premium bill and/or premium summary, regardless of the amount shown above.

Terrorism

Portion of premium attributable for Terrorism - Included in above premium

Workers' Comp **\$4,868**

Excess **REJECTED**

Should the insured not elect coverage for acts of Terrorism in any of the underlying insurance, and elects the option above which includes coverage for acts of terrorism in this quotation, we reserve the right to withdraw our offer for coverage to which this quotation pertains.

“Terrorism” refers to terrorism losses covered by the Terrorism Risk Insurance Act of the United States of America (15 USC 6701 note). Please refer to the Important Notice to Policyholders which outlines both the Federal Government’s and the Insurance Company’s obligation of payment under the Terrorism Risk Insurance Act.

WORKERS' COMPENSATION

Policy Number: (26) 7183-88-63

Company: Federal Insurance Company

Effective Date: March 31, 2025 to March 31, 2026

Experience Modification:

.93	NCCI	Actual
0.97	New York	Actual

Rating Summary:

Standard Premium	\$124,241
Premium Discount	-\$10,401
Expense Constant	\$300
Catastrophe-Other than Certified Acts of Terrorism	\$2,072
Terrorism	\$4,868
* Surcharges/Assessments/Taxes	\$2,510
Deposit Premium	\$123,610
Total Payroll	\$28,291,350

Detailed list of applicable Surcharges/Assessments/Taxes (included in the Workers' Compensation Premium Summary):

CA ADMIN REVOLVING FUND ASSESS	0.01237	\$42
CA FRAUD ASSESSMENT	0.004096	\$14
CIGA SURCHARGE	0	\$0
CA UNINS EMPL BENEFITS ASSESS	0.000818	\$3
CA SUBS INJ BENEFITS ASSESS	0.030148	\$103
CA OCC SAFETY & HEALTH FUND	0.001885	\$6
CA LECF ASSESSMENT	0.001058	\$4
SIF SURCHARGE	0.0225	\$9
WC COMMISSION ASSESSMENT	0.022	\$8
WC COMMISSION ASSESSMENT(USLH)	0.031	\$0
FWCIGA SURCHARGE		
IL WC COMM OPER FD SURCHARGE	.0109	\$1
INSIF SURCHARGE	.009	
MA DIA ASSESSMENT	.0468	\$3
MOSIF SURCHARGE	0.03	\$21
MO ADMIN SURCHARGE	0.015	\$0
MOSIF SUPPLEMENTAL	0	\$0
NJSIF SURCHARGE	0.0358	\$19
NJUEF SURCHARGE	0	\$0
NY STATE ASSESSMENT SURCHARGE	0.071	\$31
WC SECURITY FUND SURCHARGE	0	\$0
ORWCA SURCHARGE	.098	\$28
EMPLOYER ASSESSMENT (NON-COAL)	.0242	\$2,218
VTWCAFA SURCHARGE	.015	

Please be advised that Chubb may be required to include independent contractors/subcontractors cost in the determination of premium unless there is valid proof of Workers Compensation insurance for the independent contractors/subcontractors.

Premiums shown are estimates and subject to the final rates, premium discounts and other modifications at the time of policy issuance.

The Missouri Notification of Additional Mesothelioma Benefits Endorsement is part of the quotation and policy. If you choose to reject the Additional Benefits provided under Section 287.200.4, subdivision (3) of Missouri Revised Statutes, you must notify us as soon as possible by completing and executing the Rejection Of Additional Mesothelioma Benefits form. Please contact your Chubb Underwriter for a copy of this Rejection Of Additional Mesothelioma Benefits form in the event you are rejecting such Additional Benefits.

Coverage	Limits of Insurance
States Covered: CA, CT, DE, FL, GA, IL, IN, KS, MA, MD, MI, MO, NC, NJ, NV, NY, OR, PA, VA, VT	

Coverage A – Workers’ Compensation

Statutory

Coverage B – Employer’s Liability

Bodily Injury By Accident (Each Accident)	\$1,000,000
Bodily Injury By Disease (Policy Limit)	\$1,000,000
Bodily Injury By Disease (Each Employee)	\$1,000,000

Coverage C - Other States except: ND, OH, WA, WY

The state in which this policy is issued may require that we advise you that if available, the following condition is added to your policy:

All references in the policy to “spouse” include a party to a civil union or domestic partnership recognized under the applicable law of the jurisdiction having authority.

SELECTED EXCLUSIONS, ENDORSEMENTS OR OTHER FORMS

The following endorsements will be attached to the policy:

POLICY FORMS		
08 02 0109	04/84	WORK COMP POLICY COVER PAGE
08 02 0261	03/12	CIVIL UNIONS OR DOMESTIC PARTNERSHIPS
WC 00 00 01A	05/88	SCHEDULE OF NAMES & LOCATIONS
WC 00 00 00C	01/15	WORKERS COMPENSATION AND EMPLOYERS LIAB
WC 00 00 01A	05/88	INFORMATION PAGE WC AND EMPL LIABIL POL
WC 00 00 01A	05/88	WC CLASSIFICATION SCHEDULE
WC 00 00 01A	05/88	SCHEDULE OF NAMED INSURED(S)
WC 00 03 13	04/84	WAIVER OF OUR RIGHT TO RECOVER
WC 00 04 06	08/84	PREMIUM DISCOUNT ENDT
WC 00 04 06 A	07/95	PREMIUM DISCOUNT ENDT
WC 00 04 14	07/90	NOTIFICATION OF CHANGE IN OWNERSHIP ENDT
WC 00 04 14 A	01/19	90DAY REPORT-NOTIF CHANGE IN OWNERSHIP
WC 00 04 19	01/01	PREMIUM DUE DATE ENDORSEMENT
WC 00 04 19 A	08/22	PREMIUM AMENDATORY ENDORSEMENT
WC 00 04 21 E	01/21	CATASTROPHE (OTHER THAN CERT ACTS) ENDT
WC 00 04 21 F	08/22	CATASTROPHE (OTHER THAN CERT ACTS) ENDT
WC 00 04 21 F	08/22	CATASTROPHE (OTHER THAN CERT ACTS) ENDT
WC 00 04 22 C	01/21	TERRORISM RISK PGM REAUTH ACT DISCL ENDT
WC 00 04 22 C	01/21	TERRORISM RISK PGM REAUTH ACT DISCL ENDT
WC 00 04 24	01/17	AUDIT NONCOMPLIANCE CHARGE ENDT
WC 00 04 25	05/17	EXPERIENCE RATING MODIFICATION FCTR REV
WC 04 03 01 D	02/18	CA POLICY AMENDATORY ENDORSEMENT
WC 04 03 60 B	01/15	CA EMPLOYERS' LIAB COV AMENDATORY ENDT
WC 04 04 21	01/08	CA OPTIONAL PREMIUM INCREASE ENDORSEMENT

SELECTED EXCLUSIONS, ENDORSEMENTS OR OTHER FORMS

The following endorsements will be attached to the policy:

POLICY FORMS		
WC 04 06 01 B	01/22	CA CANCELTION ENDT
WC 06 03 01	04/84	CT APPLICATION OF WORKERS COMPENSATION
WC 06 03 03 C	07/11	CT WC FUNDS COVERAGE ENDT
WC 06 06 01 A	10/17	CT NONRENEWAL & RENEWAL ENDT
WC 07 04 08	07/99	DE MERIT RATING PLAN ENDT
WC 07 06 01	07/88	DE NONRENEWAL ENDT
WC 09 03 03	08/05	FL EMPLOYERS LIAB COV. ENDT
WC 09 04 03 C	01/21	FL TERRORISM RISK INS PROGRAM REAUTH ACT
WC 09 04 07 A	03/24	FL NON-COOPERATION W/ PREMIUM AUDIT ENDT
WC 09 06 06	10/98	FL EMPLOYMENT AND WAGE INFO RELEASE
WC 09 06 07 A	07/19	FL WC GUARANTY SURCHARGE ENDT
WC 09 06 09 A	01/25	FL CANCELTION AND NONRENEWAL ENDT
WC 10 06 01 C	07/18	GA CANCELTION NONRENEWAL & CHANGE ENDT
WC 12 06 01 F	01/19	IL AMENDATORY ENDORSEMENT
WC 12 06 03	01/19	IL RENEWAL ENDT
WC 15 04 01 A	01/10	KS FINAL PREMIUM ENDT
WC 15 06 01 A	04/84	KS CANCELTION AND NONRENEWAL ENDT
WC 19 06 01 G	10/17	MD CANCELTION AND NONRENEWAL ENDT
WC 19 06 02	01/14	MD NOTIF 45-DAY UNDERWRITING PERIOD ENDT
WC 20 03 01	04/84	MA LIMITS OF LIABILITY ENDT
WC 20 03 02 A	09/08	MA ASSESSMENT CHARGE
WC 20 03 03 D	08/10	MA NOTICE TO POLICYHOLDER ENDT
WC 20 04 05	06/01	MA PREMIUM DUE DATE ENDT
WC 20 06 01 A	07/08	MA CANCELTION ENDT
WC 21 03 03 A	06/97	MI NOTICE TO POLICYHOLDER ENDT
WC 21 03 04	04/84	MI LAW ENDORSEMENT
WC 24 03 02	01/14	MO NOTIF OF ADDL MESOTHELIOMA BEN ENDT
WC 24 04 06 D	08/16	MO EMPLOYER PAID MEDICAL ENDORSEMENT
WC 24 06 01 B	01/96	MO CANCELTION AND NONRENEWAL ENDT
WC 24 06 02 B	07/06	MO PROPERTY & CASUALTY GUARANTY ASSOC
WC 24 06 04 C	09/19	MO AMENDATORY ENDORSEMENT
WC 27 06 01 C	10/08	NV CANCELTION AND NONRENEWAL ENDT
WC 29 03 06 B	07/07	NJ PART TWO EMPLOYERS LIABILITY ENDT
WC 31 03 08	04/84	NY LIMIT OF LIABILITY ENDT
WC 31 03 19 N	04/24	NY CONST CLASS PREM ADJ ENDT
WC 31 06 18 A	05/20	NY POLICY NOTICE OF RIGHT TO APPEAL
WC 32 03 01 D	07/18	NC AMENDED COVERAGE ENDT
WC 32 06 02	01/10	PRO-RATA CANCELTION ENDORSEMENT
WC 36 03 06	01/02	OR LIMITS OF LIABILITY ENDORSEMENT
WC 36 06 01 E	01/08	OREGON CANCELTION ENDORSEMENT
WC 36 06 02	01/11	OR CONFIDENTIALITY ENDT

SELECTED EXCLUSIONS, ENDORSEMENTS OR OTHER FORMS

The following endorsements will be attached to the policy:

POLICY FORMS		
WC 36 06 03	01/11	OR EMP PAID MED CLAIMS ENDT
WC 36 06 04	01/17	OREGON AMENDATORY ENDORSEMENT
WC 37 04 01	01/17	PA AUDIT NONCOMPLIANCE CHARGE ENDT
WC 37 06 01	04/84	PA SPECIAL ENDT- INSPECTION OF MANUALS
WC 37 06 02	04/84	PA NOTICE
WC 37 06 03 A	08/95	PA ACT 86-1986 ENDT
WC 44 06 01	04/84	VT LAW ENDORSEMENT
WC 44 06 02 C	01/21	VT CANCELLATION AND NONRENEWAL ENDT
WC 45 06 02	07/93	VA AMENDATORY ENDT
WC 90 03 75	05/18	CA WAIVER OF OUR RIGHT TO RECOVER FROM
WC 90 04 34	09/22	TABLE OF CONTENT & NOTICE OF IMPT PROV
WC 99 07 73	11/06	TRADE OR ECONOMIC SANCTIONS

This Notice pertains to the following quotation issued by an insurer that is a member of the Chubb Group. If you have more than one Chubb policy, you will receive individual notice(s) for each policy to which the Terrorism Risk Insurance Act applies.

Mailing Date 03/12/2025
Insured Name QUAD US BIDCO, INC
Mailing Street Address 3 Chelsea Parkway, Ste 305
Mailing City, State, Zip BOOTHWYN, PA 19061

Policy Type	Policy Number	Effective Date	Underwriting Company
Workers' Compensation	(26) 7183-88-63	03/31/2025	Federal Insurance Company

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**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

Coverage for acts of terrorism is included in your policy. You are hereby notified that the Terrorism Risk Insurance Act, as amended in 2019, defines an act of terrorism in Section 102(1) of the Act: The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury - in consultation with the Secretary of Homeland Security, and the Attorney General of the United States - to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 80% beginning on January 1, 2020, of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is \$4,868, and does not include any charges for the portion of losses covered by the United States government under the Act.

MARYLAND NOTIFICATION OF 45-DAY UNDERWRITING PERIOD ENDORSEMENT

1. Your policy is subject to a 45-day underwriting period beginning on the effective date of coverage. In accordance with Md. Code Ann. Ins. §12-106, if we discover a material risk factor during the underwriting period, we may:
 - a. Cancel this policy during the underwriting period if you do not meet our underwriting standards; or
 - b. Recalculate your premium from the effective date of the policy if you meet our underwriting standards.

A material risk factor means a risk factor that:

- Was incorrectly recorded or not disclosed by the insured in an application for insurance;
- Was in existence on the date of the application; and
- Modifies estimated annual premium charged on the policy in accordance with the rates and supplementary rating information filed by the carrier

A material risk factor does not include:

- Information that constitutes a material misrepresentation; or
- A change initiated by an insured, including any request by the insured that results in a change in coverage, change in deductible, or other change to a policy.

2. If we recalculate your premium because we discovered a material risk factor during the underwriting period, we will provide to you, by certificate of mailing or by delivery of electronic means in accordance with Md. Code Ann. Ins. §27-601.2, written notice of the following information by no later than the end of the underwriting period:
 - a. The amount of the recalculated premium;
 - b. The reason for the increase or reduction in the premium; and
 - c. Your right to cancel this policy and receive a pro rata refund of any premium paid by notifying us of the cancellation.
3. If you cancel this policy following receipt of a notice of recalculated premium, you will receive a pro rata refund of any premium paid, regardless of whether your policy is a retrospectively rated policy.
4. Nothing in this endorsement prohibits us from conducting an audit in accordance with the provisions of your policy or charging and collecting the final premium based on the results of the audit.
5. This endorsement does not apply if your policy is a renewal policy.

CALIFORNIA NOTICE OF WORKERS' COMPENSATION COVERAGE

Effective January 1, 2017, as amended and effective beginning on July 1, 2018 as a result of Senate Bill No. 189 ("SB 189"), California Labor Code mandates that corporate officers and directors, general partners, managing members of limited liability corporations, owners of professional corporations or an officer or member of the board of directors of a cooperative organization will be covered employees unless such individuals qualify and elect to opt out of workers' compensation by submitting a signed written waiver to the Insurer.

For further information regarding the definition of an employee and who may be excluded, please refer to SB 189 and to WCIRB Bulletin No. 2017-26 on SB 189, available at www.wcirb.com. Please note that the Insurer may not provide legal advice or interpret how the law may impact any particular individual or circumstance, such as whether a particular person meets the definition of an employee under the California Labor Code.

Waiver Qualification

(i) *Officers & Members of Boards of Directors:*

Who Can Waive: Officers and members of the board of directors, while rendering actual service for the corporation for pay, will be covered by workers' compensation unless the individual owns either (1) at least ten percent (10%) of the issued and outstanding stock of the named insured corporation, or (2) at least one percent (1%) of the issued and outstanding stock of the corporation if his or her parent, grandparent, sibling, spouse, or child owns at least ten percent (10%) of the issued and outstanding stock of the corporation and is covered by a health insurance policy or a health service plan and executes a written waiver.

Who Cannot Waive: Officers and members of boards of directors who own less than 10 percent (10%) of the issued and outstanding stock of the corporation unless such person owns at least 1 percent (1%) of the issued and outstanding stock of the corporation and his or her parent, grandparent, sibling, spouse or child owns at least 10 percent (10%) of the issued and outstanding stock of the corporation, do not qualify for opting out of workers' compensation.

(ii) *General Partners & LLC Managing Members:*

Who Can Waive: Working members of a partnership or limited liability company, receiving wages irrespective of profits, will be covered by workers' compensation unless the individual is a general partner of a partnership or a managing member of a limited liability company and executes a written waiver.

Who Cannot Waive: Limited partners of a partnership and non-managing members of a limited liability company do not qualify for opting out of workers' compensation.

(iii) *Owners of Professional Corporations:*

Who Can Waive: An owner, who is not the sole shareholder of a private professional corporation, and who is a practitioner rendering professional services for which the professional corporation is organized, will be covered by workers compensation unless he or she executes a written waiver, certifies that he or she is covered by a health care service plan or a health insurance policy and provides such waiver to other owners of the corporation.

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Who is Not Covered, but May Elect to Be Included: A sole shareholder of a private or professional corporation is automatically excluded from workers' compensation coverage, but may elect to be subject to workers' compensation. If such individual wishes to elect to be subject to liability for workers' compensation, please notify your insurance agent or broker.

(iv) ***Officers or Directors of a Cooperative Corporation:***

Who Can Waive: Officers or directors of a cooperative corporation organized pursuant to the Cooperative Corporation Law as set forth in the Corporations Code will be covered by workers' compensation unless the individual executes a written waiver, and certifies that he or she is covered by a health care service plan or health insurance policy, and a disability insurance policy that is comparable in scope and coverage to a workers' compensation policy.

Who is Not Covered, but May Elect to Be Included: An officer or director of a private cooperative corporation, who is the sole shareholder of the private cooperative corporation, is automatically excluded from workers' compensation coverage, but may elect to be subject to workers' compensation. If such individual wishes to elect to be subject to liability for workers' compensation, please notify your insurance agent or broker.

(v) ***Revocable Trusts:***

Who Can Waive: A person who holds the power to revoke a trust owning shares of a private corporation, or interests in a general partnership or limited liability company and is also either 1) an officer or member of boards of directors of quasi-public or private corporations (see (i) above); or 2) a working member of a partnership or limited liability company receiving wages irrespective of profits from the partnership or limited liability company (see (ii) above), may elect to be excluded from coverage under the insured's workers' compensation policy.

Please note the waiver is effective on the date of receipt and acceptance by us, we may elect to backdate the acceptance of the waiver up to 15 days prior to the receipt of the waiver, and it will remain in effect until a written withdrawal of opt-out election is accepted by us for the individual. Accordingly, the waiver is required only for those qualifying individuals who wish to opt out of workers' compensation and have not previously opted out by submitting a waiver accepted by us. We will indicate our acceptance of a waiver by issuing an endorsement to the policy excluding such employees from coverage, and the waiver's effective date will be the effective date of the endorsement.

For previously executed waivers to exclude workers' compensation coverage, including but not limited to, waivers that were executed prior to January 1, 2017 and accepted prior to December 31, 2017, we have confirmed acceptance of such waivers by the issuance of an endorsement. Our acceptance shall be deemed effective as of the date we receive such waivers, which will be the effective date of the endorsement, unless we advise you otherwise at the time of audit.

Please see the required waiver form for exclusion of the above qualifying individuals, provided to you by us as part of your policy/program proposal.



POLICYHOLDER NAME:

POLICY TERM:

CALIFORNIA WAIVER OF WORKERS' COMPENSATION COVERAGE

Individual Waiver of California Workers' Compensation Coverage

- (i) Pursuant to California Labor Code section 3352(a)(16)(A)(i), I hereby certify, under penalty of perjury, that I am an officer or director as described in Labor Code section 3351, subdivision (c) of the above-named insured, and that I either (1) own at least ten percent (10%) of the issued and outstanding stock of the above named insured corporation, or (2) own at least one percent (1%) of the issued and outstanding stock of the corporation if my parent, grandparent, sibling, spouse, or child owns at least ten percent (10%) of the issued and outstanding stock of the corporation and am covered by a health insurance policy or a health service plan; **OR**
- (ii) Pursuant to California Labor Code section 3352(a)(17)(A), I hereby certify, under penalty of perjury, that I am a general partner (if the insured is a partnership) or a managing member (if the insured is a limited liability company) of the above-named insured: **OR**
- (iii) Pursuant to California Labor Code section 3352(a)(18)(A), I hereby certify, under penalty of perjury, that I am an owner of a professional corporation as defined in Section 13401 of the California Corporations Code, am a practitioner rendering professional services for which the professional corporation is organized, am covered by a health care service plan or health insurance policy and have provided a copy of this waiver form to all other owners of the professional corporation, and will keep a copy of my waiver on file; **OR**
- (iv) Pursuant to California Labor Code section 3352(a)(19)(A), I hereby certify, under penalty of perjury, that I am an officer or member of the board of directors of a cooperative corporation organized pursuant to California Cooperative Corporation Law and am covered by a health care service plan or health insurance policy, and a disability insurance policy that is comparable in scope and coverage, as determined by the California Insurance Commissioner, to a workers' compensation policy, and have provided a copy of my waiver to all other officers and members of the board of directors of the cooperative corporation, and will keep a copy of my waiver on file.

As a qualifying officer, director, general partner, managing member, owner or member, I elect to be excluded from the insured's workers' compensation insurance policy issued by the Insurer. I understand and agree that this written waiver will be effective upon the date of receipt and acceptance by the Insurer, that the Insurer may elect to backdate the acceptance of the waiver up to 15 days prior to the date of receipt of the waiver, and it shall remain in effect until I provide the Insurer with a written withdrawal of this waiver. I understand and agree that by signing this waiver, I will not be entitled to coverage under the insured's workers' compensation insurance policy with the Insurer if an employment-related injury occurs and that I am waiving my rights under the California Labor Code.



Please indicate your relationship to the above-named insured by marking the appropriate title below.

I am a:

- ☐ Officer or Director (including those who hold power to revoke a trust)
- ☐ General Partner (including those who hold power to revoke a trust)
- ☐ Managing Member (including those who hold power to revoke a trust)
- ☐ Owner of Professional Corporation
- ☐ Officer or Member of the Board of Directors of a Cooperative Corporation

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

FULL NAME (PLEASE PRINT)

TITLE

SIGNATURE

DATE

NOTE TO EMPLOYER/INSURED: The person electing exclusion must sign this form. Employer/Insured's representatives may not sign on behalf of the individual. Please limit to one exclusion per form; use additional forms if needed.

The exclusion will be endorsed to the policy upon our receipt and acceptance of a signed and properly completed form. The issuance of the exclusion endorsement will indicate our acceptance of the form.

Please return signed form(s) by mail, email or fax to the underwriter handling this account.

AUTOMOBILE INSURANCE

Policy Number: 9950-78-96
Company: GREAT NORTHERN INSURANCE COMPANY
Effective Date: March 31, 2025 to March 31, 2026

Coverage	Limits of Insurance	Symbol
Liability	\$1,000,000	1
Personal Injury Protection	Statutory or Limits	5
Auto Medical Payments	\$5,000	2
Uninsured/Underinsured Motorist Coverage	\$1,000,000	10
Physical Damage Coverage		
Comprehensive Deductible	“See Schedule”	2,8
Collision Deductible	“See Schedule”	2,8
Towing	\$50 each disablement of a private passenger auto	3
Rental Reimbursement	See Schedule	
Hired Car Physical Damage Coverage		8
Comprehensive Deductible	\$1,000	
Collision Deductible	\$1,000	
Physical Damage Limit	Actual Cash Value, or Cost of Repair, whichever is less, minus deductible for each covered auto, but no deductible applies to loss caused by fire or lightning	

Rating is based on the following:

	Annual Cost of Hire - Excess
\$22,500	Annual Cost of Hire - Primary
# of Employees:	403

The following amendments will be attached to your Business Auto Policy:

SELECTED EXCLUSIONS, ENDORSEMENTS OR OTHER FORMS		
16-02-0153	01-06	PREMIUM STATEMENT - VARIOUS STATES
16-0201531	01-06	PREMIUM STATEMENT - VARIOUS STATES
16-02-0282	02-04	COMPLIANCE W/APPLIC TRADE SANCTION LAWS
16-10-0270	05-06	RENTAL VEHICLE COV ADVISORY NOTICE - PA
1622517	09-16	SIGNATURE PAGE - GREAT NORTHERN INS. CO.
IL 00 03	09-08	CALCULATION OF PREMIUM
IL 00 17	11-98	COMMON POLICY CONDITIONS
IL 00 21	09-08	NUCLEAR ENERGY LIABILITY EXCLUSION ENDT
IL 02 46	09-07	PENNSYLVANIA CHANGES-CANC & NONRENL
IL 09 10	07-02	PENNSYLVANIA NOTICE
16020214-1	10-13	BUSINESS AUTO COVERAGE FORM DECLARATIONS
16020214-2	10-13	BUSINESS AUTO COVERAGE FORM DECLARATIONS
16020214-3	10-13	SCHEDULE OF COVERED AUTOS YOU OWN
16020214-4	10-13	BUSINESS AUTO COVERAGE FORM DECLARATIONS
16020214-5	10-13	BUSINESS AUTO COVERAGE FORM DECLARATIONS
16020214-6	10-13	BUSINESS AUTO COVERAGE FORM DECLARATIONS
16020214-7	10-13	BUSINESS AUTO COVERAGE FORM DECLARATIONS
16020214-8	10-13	BUSINESS AUTO COVERAGE FORM DECLARATIONS
16-02-0292	11-16	CHUBB BROAD FORM ENDORSEMENT
16-10-0196	01-01	REDUCING AUTO LOSSES
16-10-0232	12-01	IMPORTANT NOTICE UM - FLORIDA
16-10-0254	02-04	ADVISORY NOTICE TO POLICYHOLDERS - OFAC
99-10-0872	06-07	IMPORTANT NOTICE
CA 00 01	10-13	BUSINESS AUTO COVERAGE FORM
CA 01 28	01-21	FLORIDA CHANGES
CA 01 80	03-21	PENNSYLVANIA CHANGES
CA 21 72	06-17	FL UNINSURED MOTORISTS COV - NON STACKED
CA 21 92	09-22	PA UM COVERAGE NON-STACKED
CA 21 93	09-22	PA UIM MOTORISTS COVERAGE NON-STACKED
CA 22 10	01-21	FL PERSONAL INJURY PROTECTION
CA 22 37	10-13	PA BASIC FIRST PARTY BENEFIT
CA 23 85	10-13	EXCL OF TERRORISM INVOLVING NUC/BIO/CHEM
CA 99 03	10-13	AUTO MEDICAL PAYMENTS COVERAGE
CA 99 23	10-13	RENTAL REIMBURSEMENT COVERAGE
CA 99 54.	10-13	COVERED AUTO DESIGNATION SYMBOL
IL N 129	02-06	PENNSYLVANIA AUTO FRAUD STATEMENT
IL N 166	05-10	FL NOTIF OF AVAILABILITY OF UM COVERAGE
IL U 002	05-10	FL UM COVERAGE SELECTION/REJECTION
IL U 005	02-12	PA UM COVERAGE SELECTION/REJECTION
IL U 006	02-12	PA UIM COVERAGE SELECTION/REJECTION
MAN-AU001	01-01	COVERED AUTO DESIGNATION SYMBOL 10

Coverage for terrorism involving nuclear, biological or chemical terrorism will be excluded.

Changes to the vehicle schedule which we receive subsequent to this quote may affect Experience Rating calculations and, therefore, the premium shown on the Premium Summary page above.

Schedule of Automobiles:

Auto No.	Yr & Model	Last 5 of VIN#	Liability Limit (In Thousands)	PIP Limit	APIP Limit	Med Pay Limit	Uninsured Limit (In Thousands)	Underinsured Limit (In Thousands)	Comp Ded	Coll Ded	Towing Limit	Rental Limit/ # of Days Varies
FL-2	22 Niss	86087	1000	10000		5000	1000	1000	2500	2500		75
PA-1	19 Ford	05375	1000	1ST PARTY			1000	1000	5000	5000		75

EXCESS INSURANCE

Policy Number: 7819-95-54
Company: Federal Insurance Company
Effective Date: March 31, 2025 to March 31, 2026

<u>Policy Type</u>	<u>Premium</u>	<u>Commission</u>	<u>Payment Options</u>
Excess Insurance	\$7,749 (Includes Terrorism under this policy, when included in Controlling Underlying)	17.5%	Agency Bill / Prepaid

Federal Insurance Company
Policy No.: 7819-95-54

Terrorism

*Premium for Optional **Terrorism** Coverage included in the “**Premium**” above:*

Excess REJECTED

Should the insured not elect coverage for acts of Terrorism in the Controlling Underlying Insurance, then our policy will not cover acts of Terrorism.

Option One		Limits
\$5,000,000		Other Aggregate Limit (as applicable)
Not Covered		Products Completed Operations Aggregate Limit
\$5,000,000		Each Occurrence Limit

Excess Of:		
\$1,000,000		Aggregate Limit - not including primary coverage limits
\$1,000,000		Each Occurrence Limit - not including primary coverage limits

Underlying Limits of Insurance		
Total Including Controlling Limits (In Excess Of):		
Auto Liability		
\$1,000,000		Each Accident
Employers Liability		
\$1,000,000		Bodily Injury By Accident - Each Accident Limit
\$1,000,000		Bodily Injury By Disease - Policy Limit
\$1,000,000		Bodily Injury By Disease - Each Employee
Non-Owned & Hired Auto Liability		
\$1,000,000		Each Accident

RATING EXPOSURES

This quotation is based upon the following information. A change in any of the exposure units before our policy inception may result in an adjustment to our quoted premium.

Number of Employees	403
Payroll	\$28,291,350
Number of Locations	
Light Trucks	1
Medium Trucks	1
Non-Owned Vehicles: (Owner Operators, Independent or Sub Contractors, Contract Carriers, Salespeople, etc.)	0

UNDERLYING POLICIES

This quotation is based upon the following information. A change in any of the following information before or during our policy period may result in an adjustment to our quoted premium and/or our policy terms.

COVERAGE/ CARRIER	LIMIT	
CONTROLLING Auto Liability GREAT NORTHERN INSURANCE COMPANY		
Policy No: 99507896	Policy Period: From: 03/31/2025 To: 03/31/2026	
\$1,000,000 Each Accident		
CONTROLLING Employers Liability FEDERAL INSURANCE COMPANY		
Policy No: 71838863	Policy Period: From: 03/31/2025 To: 03/31/2026	
\$1,000,000	Bodily Injury By Accident - Each Accident Limit	
\$1,000,000	Bodily Injury By Disease - Policy Limit	
\$1,000,000	Bodily Injury By Disease - Each Employee	
CONTROLLING Non-Owned & Hired Auto Liability GREAT NORTHERN INSURANCE COMPANY		
Policy No: 99507896	Policy Period: From: 03/31/2025 To: 03/31/2026	
\$1,000,000 Each Accident		

No underlying Excess Liability policies may be more restrictive than the Controlling Underlying Insurance.

Until their policy limits are exhausted, all underlying policies must provide unlimited defense in addition to the limits shown above unless specifically noted.

All underlying policies must use an occurrence/offense trigger unless specifically noted.

All underlying carriers must be rated A-VI or better by A.M. Best. In addition, if rated by Standard & Poor's, a rating of BBB or better is required.

This quotation is subject to the standard policy terms and conditions set forth in the contract noted below. We reserve the right to amend our policy based upon a full review of underlying policies' terms and conditions.

The following endorsements will be attached to the policy.

POLICY FORMS	
99-10-0732	01-15 IMPORTANT NOTICE TO POLICYHOLDERS-TRIPRA
99-10-0792	09-04 IMPORTANT NOTICE - OFAC
99-10-0872	06-07 AOD IMPORTANT POLICYHOLDER NOTICE
07-02-2268	02-09 COMMERCIAL EXCESS FOLLOW-FORM DECLARATIONS
07-02-0909	05-05 CHUBB COMMERCIAL EXCESS FOLLOW-FORM INSURANCE
07-02-1028	05-05 PENNSYLVANIA MANDATORY
07-02-0919	05-05 EXCL - POLLUTION - ABSOLUTE
07-02-1432	01-15 EXCL-TOBACCO OR NICOTINE DELIVERY DEVICES
07-02-1568	05-10 EXCL - INTELLECTUAL PROPERTY LAWS OR RIGHTS
07-02-1569	05-05 EXCL - CARE, CONTROL OR CUSTODY
07-02-1694	05-05 EXCL - BIOLOGICAL AGENTS
07-02-2196	03-08 ASBESTOS, SILICA, OTHER INCL MIXED DUST EXCL
07-02-2214	03-06 SPECIFIC DISEASES EXCLUSION
07-02-2294	03-10 LIFE SCIENCES INDUSTRY - EXCESS
07-02-2297	03-10 EXCL-SCHEDUL PRODUCTS OR CLASSES OF PRODUCTS
07-02-2300	03-10 EXCL-HEALTHCARE OR SCHEDULED PROFESSIONAL SVC
07-02-2736	03-17 EXCLUSION - WAR
07-02-2979	04-23 EXCLUSION – VIOLATION OF LAWS ADDRESSING DATA PRIVACY
07-02-3010	03-24 CONDITION - ADDITIONAL BENEFITS
07-02-2173	06-23 EXCLUSION - RECORDING AND DISTRIBUTION OF MATERIAL OR INFORMATION IN VIOLATION OF LAW
07-02-2850	04-23 EXCLUSION – ACCESS TO OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL MATERIAL OR INFO & ELECTRONIC DATA-RELATED LIABILITY WITH EXCEPTIONS

State Mandatories where required.

Other endorsements may apply. Please refer to your producer for details.

Should the insured **not elect** coverage for acts of Terrorism, the following exclusion will be attached to the policy:

07-02-1954 EXCL - CERTIFIED ACTS OF TERRORISM

Should the insured **elect** coverage for acts of Terrorism, the following exclusion will be attached to the policy:

07-02-1957 CAP ON CERTIFIED TERRORISM LOSSES

Actual coverage is limited to the terms and conditions of the policy as issued.

This Notice pertains to the following quotation issued by an insurer of the Chubb Group of Insurance Companies. If you have more than one Chubb policy, you will receive individual notice(s) for each policy to which the Terrorism Risk Insurance Act applies.

Mailing Date 03/12/2025
Insured Name QUAD US BIDCO, INC
Mailing Street Address 3 CHELSEA PARKWAY, STE 305
Mailing City, State, Zip BOOTHWYN, PA 19061

Policy Type	Policy Number	Effective Date	Underwriting Company
Excess	7819-95-54	03/31/2025	Federal Insurance Company



IMPORTANT NOTICE TO POLICYHOLDER TERRORISM RISK INSURANCE ACT

You are hereby notified that pursuant to the Terrorism Risk Insurance Act (the "Act") we are making available to you insurance for losses arising out of certain acts of terrorism. Terrorism is defined as any act certified by the Secretary of the Treasury of the United States to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States Mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that the insurance provided by your policy for losses caused by acts of terrorism is partially reimbursed by the United States of America under the formula set forth in the Act. Under this formula, the United States of America pays 85% of covered terrorism losses that exceed the statutorily established deductible to be paid by the insurance company providing the insurance. Beginning in 2016, the Federal share will be reduced by 1% per year until it reaches 80%, where it will remain.

However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

The portion of your annual premium that is attributable to insurance for such acts of terrorism is: \$232.

This Notice pertains to the following quotation issued by an insurer of the Chubb Group of Insurance Companies. If you have more than one Chubb policy, you will receive individual notice(s) for each policy to which the Terrorism Risk Insurance Act applies.

Mailing Date 03/12/2025
Insured Name QUAD US BIDCO, INC
Mailing Street Address 3 CHELSEA PARKWAY, STE 305
Mailing City, State, Zip BOOTHWYN, PA 19061

Policy Type	Policy Number	Effective Date	Underwriting Company
Excess	7819-95-54	03/31/2025	Federal Insurance Company

Under the Act, you have thirty (30) days from the date of this notice to consider whether or not you wish to maintain insurance for terrorism losses covered by the Act.

If you elect not to maintain this insurance, please so indicate by placing an “X” in the space provided on the next page, sign and return this disclosure notice to your agent or broker as soon as possible. By electing not to maintain this insurance, you agree that we may attach a terrorism exclusion or sublimits to your policy. If you do not sign and return this disclosure notice, you will be deemed to have decided to maintain this insurance, subject to the next paragraph.

If you elect to maintain this insurance, you must pay the premium disclosed above, otherwise we will avail ourselves of our normal remedies for nonpayment of premium, including cancellation of your policy in accordance with its terms.

This Notice pertains to the following quotation issued by an insurer of the Chubb Group of Insurance Companies. If you have more than one Chubb policy, you will receive individual notice(s) for each policy to which the Terrorism Risk Insurance Act applies.

Mailing Date 03/12/2025
Insured Name QUAD US BIDCO, INC
Mailing Street Address 3 CHELSEA PARKWAY, STE 305
Mailing City, State, Zip BOOTHWYN, PA 19061

Policy Type	Policy Number	Effective Date	Underwriting Company
Excess	7819-95-54	03/31/2025	Federal Insurance Company

Rejection of terrorism insurance:

☐ I hereby reject terrorism insurance and elect to have a terrorism exclusion, sublimit or other limitation included in my policy. I understand that I will have no, or limited, coverage for losses arising from acts of terrorism.

Policyholder/Applicant's Name:

Policyholder/Applicant's Signature:

Date:
