



Aero Products & Services JV, LLC

Binder

**March 1, 2025, 12:01 AM
to
March 1, 2026, 12:01 AM**

Submitted to
**Anthony Mershad
Willis Towers Watson Insurance
Services West, Inc.
811 Louisiana St., Ste. 2200,
Houston, TX 77002**

Submitted by
**Trevor Welsch
Arch Insurance Group, Inc.
February 28, 2025**

Program Summary

Named Insured

Aero Products & Services JV, LLC

Domestic entities that are wholly owned subsidiaries will be listed as named insured on the Workers Compensation policies. Entities must have FEIN numbers to be listed as a named insured.

Entities Include:

- Aero Products and Services JV, LLC

Program Summary

LOB	Exposure	Exposure Type
Workers Compensation	38,595,090	WC Payroll
General Liability	89,300,000	Revenue
Auto Liability	1	Power Units
Auto Physical Damage	1	Covered Units
Umbrella Liability	Flat Premium	

Comments

This proposal is valid for 30 days from the date it is issued or the effective date of the program, whichever is earlier.

Minimum earned premium is per below

LOB	Minimum Earned Premium
Workers Compensation	0%
General Liability	25%
Auto Liability	25%
Auto Physical Damage	25%
Umbrella/Excess	25%



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Financial Summary

Aero Products & Services JV, LLC

March 1, 2025 – March 1, 2026

SEE ADDITIONAL DOCUMENTATION FOR FULL COVERAGE AND RATING PLAN DETAILS

Premium & Rates						
LOB	SubLOB	Fixed Cost Rate	Premium	Exposure	Expos Type	Fixed Cost Rate Per
Workers Compensation			217,704	38,595,090	WC Payroll	
General Liability			144,996	89,300,000	Revenue	1,6237 1,000
Auto Liability			2,433	1	Power Units	2,433 1
Auto Physical Damage			1,046	1	Covered Units	1,046 1
Umbrella Liability			180,000	Flat Premium		Flat Premium
Total:			546,179			

Coverage	Amounts and Basis of Retained Loss	ALAE Treatment	Amount
Workers Compensation	each accident for bodily injury by accident, each employee for bodily injury by disease	Not Applicable	0
General Liability	per occurrence bodily injury and property damage liability combined	Not Applicable	0
Auto Liability	per accident	Not Applicable	0
Auto Physical Damage	each covered auto		2,500
Umbrella Liability	per occurrence		10,000

OTHER PROGRAM DETAILS

Payment Plan:	Due Date	WC	GL	AL	AD	UMB	Surcharge & LBA	TOTAL
	03/15/2025	\$217,704	\$144,996	\$2,433	\$1,046	\$180,000	\$5	\$546,184
	04/01/2025						\$0	\$0
	05/01/2025						\$0	\$0
	06/01/2025						\$0	\$0
	07/01/2025						\$0	\$0
	08/01/2025						\$0	\$0
	09/01/2025						\$0	\$0
	10/01/2025						\$0	\$0
	11/01/2025						\$0	\$0
	12/01/2025						\$0	\$0
	01/01/2026						\$0	\$0
	02/01/2026						\$0	\$0
	Total:	\$217,704	\$144,996	\$2,433	\$1,046	\$180,000	\$5	\$546,184

* Including Terrorism, Catastrophe, and Expense Constant ** These surcharges are estimated and may change at policy issuance and/or premium audit.

Commission (included in fixed costs above):			
LOB	\$	%	Basis
Work Comp	10,885	5.0%	% of Fixed Cost Premium
General Liability	18,125	12.5%	% of Fixed Cost Premium
Auto Liability	195	8.0%	% of Fixed Cost Premium
Auto Physical Damage	84	8.0%	% of Fixed Cost Premium
Umbrella Liability	22,500	12.5%	% of Fixed Cost Premium
Total	51,789		

Commission will be paid concurrent with fixed cost installment plan

Comments

GL Policy Limits: 1/2/2 Million. AL Policy Limit: 1 Million. Umbrella Liability Limits: 10 Million excess of 1 Million Ground up GL , 10 Million excess of 1 Million Ground up AL .
Terrorism Premium: Work Comp \$13,050. Customer has rejected Terrorism Coverage for General Liability Commercial Auto is no longer subject to the Terrorism Risk Insurance Act of 2002.
Customer has rejected Terrorism Coverage for Umbrella Liability.
Fixed Cost Premiums are minimums unless otherwise noted in Proposal. Premiums include Terrorism, Catastrophe, and Expense Constant.
Commission will be paid concurrent with fixed cost installment plan.
Surcharges are estimates and may change at policy issuance and/or premium audit.
Auto Liability rates are based on UM/UIM at selected limits.
Any owned autos garaged in Massachusetts (if any) will be issued on a separate MA Auto Policy. The premium for these autos is included in the AL Premiums exhibited above.
The number of Autos at the beginning of the Audit Period will be the number of Autos shown on the Binder.

Payment Plan

Aero Products & Services JV, LLC

March 1, 2025 – March 1, 2026

Due Date	WC	GL	AL	AD	UMB	Surcharge & LBA	TOTAL
03/15/2025	\$217,704	\$144,996	\$2,433	\$1,046	\$180,000	\$5	\$546,184
04/01/2025						\$0	\$0
05/01/2025						\$0	\$0
06/01/2025						\$0	\$0
07/01/2025						\$0	\$0
08/01/2025						\$0	\$0
09/01/2025						\$0	\$0
10/01/2025						\$0	\$0
11/01/2025						\$0	\$0
12/01/2025						\$0	\$0
01/01/2026						\$0	\$0
02/01/2026						\$0	\$0
Total:	\$217,704	\$144,996	\$2,433	\$1,046	\$180,000	\$5	\$546,184



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Surcharge Detail

Aero Products & Services JV, LLC
March 1, 2025 – March 1, 2026

Workers Compensation Surcharges

State	NCCI Name	Rate	Estimated Assessable Base	Estimated Assessment
GA	Insurer's Insolvency Pool	0.00	710	0
		0.00	0	0
		0.00	0	0
		0.00	0	0
		0.00	0	0
		0.00	0	0

General Liability Surcharges

State	NCCI Name	Rate	Estimated Assessable Base	Estimated Assessment	Assessable Base
		0.00	0	0	
		0.00	0	0	
		0.00	0	0	
		0.00	0	0	
		0.00	0	0	

Auto Liability Surcharges

State	NCCI Name	Rate	Estimated Assessable Base	Estimated Assessment	Assessable Base
TX	Auto Theft Prevention	5.00	1	5	Per Owned Vehicle
		0.00	0	0	
		0.00	0	0	
		0.00	0	0	
		0.00	0	0	
		0.00	0	0	

Umbrella/Excess Surcharges

State	NCCI Name	Rate	Estimated Assessable Base	Estimated Assessment	Assessable Base
		0.00	0	0	
		0.00	0	0	
		0.00	0	0	
		0.00	0	0	
		0.00	0	0	

Auto Liability - MI MCCA

State	NCCI Name	Rate	Estimated Assessable Base	Estimated Assessment	Assessable Base
MI	MCCA	6.00	0	0	% of PIP Premium
All Other		PIP Benefits Selection			



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Workers' Compensation and Employer's Liability Coverage

Insured Name: Aero Products & Services JV, LLC
Effective Date: March 1, 2025

Issuing Company: Arch Insurance Company
Policy Number: 81WCI5046002

Issuing Company: Arch Indemnity Insurance Company
Policy Number:

Item Number	Coverage	Limits
3. A.	Workers' Compensation Coverage	Statutory
3. B.	Employer's Liability Coverage	
	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
3. C.	Other States Insurance	All, except Monopolistic States or Self Insured States
	E-mods NCCI	0.67
	Employers Liability Coverage States Covered:	Monopolistic States ND, OH, WA, WY



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Workers' Compensation and Employer's Liability Coverage

Insured Name: Aero Products & Services JV, LLC
Effective Date: March 1, 2025
Issuing Company: Arch Insurance Company
Policy Number: 81WC15046002

FORM NUMBER	FORM TITLE
ARCH MANUSCRIPT	ARCH COVER PAGE
WC 00 04 14 A	NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT
WC 00 04 06 A	PREMIUM DISCOUNT ENDORSEMENT
WC 00 04 19	PREMIUM DUE DATE ENDORSEMENT
05 ML0002 00 12 14	SIGNATURE PAGE - AIC (Other than CA)
VARIOUS	STATE MANDATORY FORMS
05 ML0043 44 01 13	TEXAS WORKERS' COMPENSATION POLICYHOLDER NOTIFICATION OF LOSS CONTROL SERVICES (TX) - AIC
WC 00 00 00 C	WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
WC 89 04 15	WORKERS COMPENSATION CLASSIFICATION SCHEDULE (Other than CA)
WC 00 00 01 A	WORKERS COMPENSATION INFORMATION PAGE (Other than CA)
00 ML0065 00 06 07	US TREASURY DEPARTMENTS OFFICE - OFAC NOTICE
WC 00 03 01 A	ALTERNATE EMPLOYER ENDORSEMENT Alternate Employer: Any required by written contract executed prior to injury State of special or temporary employment: TX Contract or project: Any in TX and all 3A states where permitted by law
00 WC004 00 11 03	EARLIER NOTICE OF CANCELLATION PROVIDED BY US Number of days (except for non-payment of premium per form): 90
WC 00 03 03 C	EMPLOYERS LIABILITY COVERAGE ENDORSEMENT (ND, WA, WY)
WC 34 03 01 C	EMPLOYERS LIABILITY COVERAGE ENDORSEMENT (OH)
WC 00 01 06 A	LONGSHORE AND HARBOR WORKERS COMPENSATION ACT COVERAGE ENDORSEMENT State: Each state named in Item 3.A. or 3.C. of the Information Page
WC 00 02 01 B	MARITIME COVERAGE ENDORSEMENT Description of work: All work undertaken by you involving employees deemed to be classified as master or member of the crew of any vessels Transportation, Wages, Maintenance and Cure Premium \$: Excluded Limit of Liability: Bodily Injury by Accident \$ 1,000,000.Each Accident Bodily Injury by Disease \$ 1,000,000. Aggregate
00 ML0087 00 11 10	NOTICE OF CANCELLATION - CERTIFICATE HOLDERS (SPECIFIED DAYS) 30 days except 10 days for non-payment of premium. Name of Person or Organization: All certificate holders where written notice of the cancellation of this policy is required by written contract, permit or agreement with the Named Insured and whose names and addresses will be provided by the broker or agent listed in the Declarations Page of this policy for the purposes of complying with such request
WC 00 01 09 C	OUTER CONTINENTAL SHELF LANDS ACT COVERAGE ENDORSEMENT No work at this time. We will endorse the policy to include the state to which the work is subject to the OUTER CONTINENTAL SHELF LANDS ACT (43 USC SECTIONS 1331-1356a and applicable amendments) provided the insured notifies us within thirty (30) days of the commencement of the work.
WC 00 03 10	SOLE PROPRIETORS, PARTNERS, OFFICERS AND OTHERS COVERAGE ENDORSEMENT Person: All LLC Members in any state named in Item 3.A. or 3.C. of the Information Page where election is allowed. State: TX
WC 00 03 11 A	VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE ENDORSEMENT Employees: All employees, excluding masters and members of crews, not subject to the workers compensation law State of Employment: Any state named in item 3.A. or 3.C of the information page except HI, MI, NJ & WI. Designated Workers Compensation Law: State of hire
WC 00 03 13	WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT (Other than CA) Any person or organization where waiver of our right to recover is permitted by law and is required by written contract provided such contract was executed prior to date of loss
WC 00 04 21 F	CATASTROPHE (OTHER THAN CERTIFIED ACTS) PREMIUM ENDORSEMENT



Forms exhibited above are countrywide forms unless otherwise noted. At policy issuance, individual state forms may be substituted as per individual state requirements. Forms will be issued based on the most recent edition in effect for Arch unless otherwise indicated.

Workers' Compensation and Employer's Liability Coverage

WC 00 04 22 C

TERRORISM RISK PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT



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DEDUCTIBLE NOTICE OF ELECTION

Texas law permits an employer to obtain workers' compensation insurance with a deductible. The insurance applies only to benefits payable under Texas workers' compensation law. When a deductible is elected, the policyholder is required to reimburse the insurance carrier for benefits payable under the law up to the deductible amount and a credit is applied to the policy. Premium credits are determined based on the deductible selected and the hazard group. The hazard group is determined by the classification that produces the largest amount of estimated Texas standard premium.

You are not required to choose a deductible. If you do choose one, your insurance company will pay the deductible amount for you, but you must reimburse the insurance company within 30 days after they send you notice that payment is due. If you fail to reimburse the insurance company, they may cancel the policy upon ten days written notice, and any resulting premium may be applied to the deductible amount owed.

If a deductible amount is desired, please indicate below.

☐ Yes, I want a deductible of (select only one):

1. \$ _____ per accident

2. \$ _____ per claim

3. \$ _____ medical-only

applied to benefits payable under the Texas Workers Compensation Law. I understand that the company will pay the deductible amount and seek reimbursement _____.
(monthly, quarterly or other)

☐ No, I do not want a deductible applied to benefits payable under the Texas Workers Compensation Law.

☐ Yes, I do want a deductible policy, but am unable to obtain one for the following reason:

The deductible plans have been explained to me.

Signature and Title

Date

Aero Products & Services JV, LLC
Employer Name (print or type)

Address

Arch Insurance Company
Insurance Company

81WCI5046002,
Policy No.

March 1, 2025
Effective Date

DNE-1A (Ed. 6-14)

Arch CornerstoneSM Commercial General Liability Coverage

Insured Name: Aero Products & Services JV, LLC
Effective Date: March 1, 2025

Issuing Company: Arch Insurance Company
Policy Number: 81REG5046002

Coverage Trigger: Occurrence
Policy Type: Admitted

Allocated Loss Adjustment Expense Outside Policy Limits

Coverage	Limits
Each Occurrence Combined Single Limit	1,000,000
Personal & Advertising Injury Limit	1,000,000
General Aggregate Limit – per policy	2,000,000
Product / Completed Operations Aggregate Limit	2,000,000
Damage to Premises Rented to You	100,000
Medical Expense Limit (any one person)	5,000
Deductible Options	See Financial Summary
Employee Benefits Liability Limit (Claims Made)	
Each Wrongful Act	1,000,000
Aggregate	1,000,000
Deductible	1,000
Retro Date	3/1/2023

*** Note:** For insured programs, the limits of coverage as shown above are inclusive of the insured's retained Deductible or Loss Limit amount(s). For self insured programs, the limits of coverage as shown above are in excess of the Self Insured Retention amount. For insured and self insured programs, the retained limit amount is applicable to all coverages.



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Arch CornerstoneSM General Liability Coverage

Insured Name: Aero Products & Services JV, LLC
Effective Date: March 1, 2025
Issuing Company: Arch Insurance Company
Policy Number: 81REG5046002

FORM NUMBER	FORM TITLE
05 REG0001 00 03 20	ARCH CORNERSTONE COMMERCIAL GENERAL LIABILITY DECLARATIONS
00 REG0002 00 03 20	ARCH CORNERSTONE COMMERCIAL GENERAL LIABILITY COVERAGE FORM
IL 00 17	COMMON POLICY CONDITIONS
05 REM0001 00 03 20	ARCH CORNERSTONE COMMON POLICY DECLARATIONS
05 ML0040 00 05 05	POLICYHOLDER NOTICE - TEXAS - LOSS CONTROL ENGINEERING SERVICES
00 ML0039 00 10 13	PREMIUM COMPUTATION ENDORSEMENT
05 ML0002 00 12 14	SIGNATURE PAGE
VARIOUS	STATE MANDATORY FORMS
00 ML0065 00 06 07	US TREASURY DEPARTMENTS OFFICE - OFAC NOTICE
REG0121	ADVISORY NOTICE TO POLICYHOLDERS ARCH CORNERSTONE SM 2023 AND 2024 GENERAL LIABILITY ENDORSEMENTS ADDRESSING DATA PRIVACY, CYBER AND ELECTRONIC DATA
00 REG0115	EXCLUSION – DESIGNATED SUBSTANCES Designated substances: 1. Any chemical, compound, material or substance, in any form, that contains one or more Alkyl carbons on which hydrogen atoms have been partially or completely replaced by Fluorine atoms, including but not limited to: (a) Any chemical, compound, material or substance that contains at least one of these three structures: (1) R-(CF ₂)-CF(R')R", where both the CF ₂ and CF moieties are saturated carbons, and none of the R groups can be hydrogen; (2) R-CF ₂ OCF ₂ -R', where both the CF ₂ moieties are saturated carbons, and none of the R groups can be hydrogen; or (3) CF ₃ C(CF ₃)RR', where all the carbons are saturated, and none of the R groups can be hydrogen; (b) Any polymer, oligomer, monomer or nonpolymer chemicals and their homologues, isomers, telomers, salts, derivatives, precursor chemicals, transformation products, degradation products or by-products; (c) Any perfluoroalkyl acids (PFAA), such as perfluorooctanoic acid (PFOA) and its salts, or perfluorooctane sulfonic acid (PFOS) and its salts; (d) Perfluoropolyethers (PFPE); (e) Any fluorotelomer-based substances; or (f) Side-chain fluorinated polymers; or 2. Any good or product, including containers, materials, parts or equipment furnished in Connection with such goods or products, that consists of or contains any chemical, compound, material or substance designated in Paragraph 1. above in this schedule.
00 REG0071 00 03 20	AMENDMENT OF CONDITIONS - DUTIES IN THE EVENT OF OCCURRENCE, OFFENSE, CLAIM OR SUIT
CG 02 24	EARLIER NOTICE OF CANCELLATION PROVIDED BY US Number of days (except for non-payment of premium per form): 90
CG 04 35	EMPLOYEE BENEFITS LIABILITY COVERAGE - CLAIMS MADE Each Employee Limit: \$1,000,000 Aggregate Limit: \$1,000,000 Retroactive Date: 3/1/2023 Each Employee Deductible: \$1,000 Premium: <i>Included</i>
00 GL0590 00 04 10	FELLOW EMPLOYEE COVERAGE ENDORSEMENT
00 GL0593 00 04 10	INCIDENTAL MEDICAL MALPRACTICE COVERAGE ENDORSEMENT
00 ML0087 00 11 10	NOTICE OF CANCELLATION - CERTIFICATE HOLDERS (SPECIFIED DAYS) Number of Days: 30 days except for 10 days for non-payment of premium Person(s) or Organization(s) including mailing address: All certificate holders where written notice of the cancellation of this policy is required by written contract, permit or agreement with the Named Insured and whose names and addresses will be provided by the broker or agent listed in the Declarations Page of this policy for the purposes of complying with such request
00 REG0052 00 03 20	ARCH CORNERSTONE ADDITIONAL INSURED ENDORSEMENT - BLANKET WHEN REQUIRED BY WRITTEN CONTRACT OR AGREEMENT
00 REG0074 00 03 20	EXCLUSION – CROSS SUITS
00 REG0085 00 03 20	EXCLUSION - POLLUTION CLEAN-UP COSTS



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Arch CornerstoneSM General Liability Coverage

00 REG0105 00 05 22	ARCH CORNERSTONE ADDITIONAL COVERED SITES – INCLUDING LIMITED COVERAGE FOR BODILY INJURY AND PROPERTY DAMAGE ARISING OUT OF QUALIFYING POLLUTION INCIDENTS
00 REG0103 00 05 22	ARCH CORNERSTONE AMENDMENT OF ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY EXCLUSION – ADDITIONAL COVERED SITES
CG 21 06 1223 REG011700 01-24 REG0118	EXCL/ACCESS DISCLOSURE OF CONFIDENTIAL OR PERSONAL MATERIAL ELECTRONIC DATA EXCLUSION ARCH CORNERSTONE SM CYBER INCIDENT EXCLUSION – WITH LIMITED COVERAGE FOR CYBER INCIDENT BODILY INJURY, PROPERTY DAMAGE AND POLLUTION CLEAN-UP COSTS – WITH CYBER INCIDENT AGGREGATE LIMIT Cyber Incident Aggregate Limit: \$500,000
CG 00 69 12-23 GL101100 12-23 GL101000 12-23 00 REG0088	EXCL – VIOLATION OF LAW ADDRESSING DATA PRIVACY EXCL – ACCESS/DISCLOSURE OF CONFIDENTIAL OR PERSONAL MATERIAL (EBL) EXCL – VIOLATION OF LAW ADDRESSING DATA PRIVACY (EBL) COVERAGE TERRITORY AMENDMENT - EXTRATERRITORIAL PRODUCTS-RELATED INJURY OR DAMAGE NOT COVERED
00 REG0044 00 03 20	EXCLUSION OF CERTIFIED ACTS OF TERRORISM



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Commercial Auto Liability Coverage

Insured Name: Aero Products & Services JV, LLC
Effective Date: March 1, 2025

Issuing Company: Arch Insurance Company
Policy Number: 81CAB5046002

Covered Auto Symbol	Automobile Liability Coverage	Limits
1	Combined Single Limit	\$1,000,000
5	Personal Injury Protection	\$ 100,000.
2	Medical Payments	\$5,000
	Uninsured Motorist (UM) & Underinsured Motorist (UIM)	Refer to UM/UIM Addendum

*** Note:** For insured programs, the limits of coverage as shown above are inclusive of the insured's retained Deductible or Loss Limit amount(s). For insured programs, the retained limit amount is applicable to all coverages, see Financial Summary section of this proposal for such retained limit.

Description of Covered Automobile Symbols

Symbol	Description	
1	Any "Auto"	Any "Auto"
2	Only those "autos" you own (and for Liability Coverage any "trailers" you don't own while attached to power units you own). This includes those "autos" you acquire ownership of after the policy begins.	Owned "Autos" Only
3	Only the private passenger "autos" you own. This includes those private passenger "autos" you acquire ownership of after the policy begins.	Owned Private Passenger "Autos" Only
4	Only those "autos" you own that are not of the private passenger type (and for Liability Coverage any "trailers" you don't own while attached to power units you own). This includes those "autos" not of the private passenger type you acquire ownership of after the policy begins.	Owned "Autos" Other Than Private Passenger "Autos" Only
5	Only those "autos" you own that are required to have No-Fault benefits in the state where they are licensed or principally garaged. This includes those "autos" you acquire ownership of after the policy begins provided they are required to have No-Fault benefits in the state where they are licensed or principally garaged.	Owned "Autos" Subject To No-Fault
6	Only those "autos" you own that because of the law in the state where they are licensed or principally garaged are required to have and cannot reject Uninsured Motorists Coverage. This includes those "autos" you acquire ownership of after the policy begins provided they are subject to the same state uninsured motorists requirement.	Owned "Autos" Subject To A Compulsory Uninsured Motorists Law
7	Only those "autos" described in Item Three of the Declarations for which a premium charge is shown (and for Liability Coverage any "trailers" you don't own while attached to any power unit described in Item Three).	Specifically Described "Autos"
8	Only those "autos" you lease, hire, rent or borrow. This does not include any "auto" you lease, hire, rent, or borrow from any of your "employees", partners (if you are a partnership), members (if you are a limited liability company) or members of their households.	Hired "Autos" Only
9	Only those "autos" you do not own, lease, hire, rent or borrow that are used in connection with your business. This includes "autos" owned by your "employees", partners (if you are a partnership), members (if you are a limited liability company), or members of their households.	Non-Owned "Autos" Only

* Notes:

DMV Reporting Requirements

In order to conform to the requirements of the various state DMV laws, we may be requested to make certain filings that provide the state or federal DMV with specific data. Upon binding Auto Liability coverage, you are required to provide us with all requisite data, specifically outlining endorsements that are needed and filings to be made.

Your acceptance of this insurance program constitutes your agreement that the requisite data as well as endorsement needs and filing instructions will be supplied to us in the agreed upon format. In the event that you or your representative has not supplied complete and accurate information, the following may occur after binding:

You may have vehicles, as well as cargo, impounded by authorities and you may not be able to register new vehicles or renew existing registrations.



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Commercial Auto Liability Coverage

In addition, you may be subject to State fines and penalties. Any fines or penalties we incur due to your failure to supply timely and accurate information shall be passed on to you and reimbursed/paid by you.



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Commercial Auto Liability Coverage Uninsured and Underinsured Motorist Addendum

Issuing Company: Arch Insurance Company
Policy Number: 81CAB5046002
Effective Date: March 1, 2025
Insured Name: Aero Products & Services JV, LLC

Covered Auto Symbol	Automobile Liability Coverage	Limits
6	Uninsured Motorist (UM) per insured's selection	Reject /Minimum Required Limits
6	Underinsured Motorist (UIM) – when not included in UM coverage	Reject /Minimum Required Limits

Notes:

The Automobile Liability pricing shown on the Financial Summary reflects the above limit selections and rejection of stacking.

For UM, UIM and Personal Injury Protection (PIP), there are specific election/rejection of coverage forms that must be completed, signed by an officer of the company, and returned to us prior to the Policy(ies) inception date of coverage.

- If the UM, UIM or PIP election/rejection of coverage forms are executed showing different selections, pricing is subject to change. There may be additional charges for this coverage.
- Your failure to return all required selection forms shall be deemed your acceptance that the automobile policy(ies) will be issued and rated assuming rejection of coverage or minimum limits where required by law. Any required minimum UM or UIM limits will be issued as a Combined Single Limit (CSL) if the covered auto liability limit is expressed as CSL.
- In the event you fail to return the signed forms and we apply UM, UIM and PIP limits as described herein, pricing is subject to change and there may be additional charges for the change in coverage.

Your acceptance of this casualty insurance program supersedes anything to the contrary in specification(s), proposal(s), quotation(s), this binder(s) or any other "agreement" or "understanding". It is also agreed that your acceptance of this casualty insurance program confirms your understanding and acknowledgement that you will be responsible for the payment of an UM/UIM/PIP damages within your "retention" or "deductible", if either is applicable.



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Commercial Auto Physical Damage Coverage

Insured Name: Aero Products & Services JV, LLC
Effective Date: March 1, 2025
Issuing Company: Arch Insurance Company
Policy Number: 81CAB5046002

Covered Auto Symbol	Automobile Physical Damage Coverage	Limits	Deductible – Private Passenger	Deductible – All Other
10	Owned Units:			
	Comprehensive	*	\$ 2,500	\$ 2,500
	Collision	*	\$ 2,500	\$ 2,500
8	Hired Cars:		\$ 2,500	\$ 2,500

* **Note:** Physical Damage limits are Actual Cash Value or Cost to Repair, whichever is less.

Description of Covered Automobile Symbols

Symbol	Description	
1	Any "Auto"	Any "Auto"
2	Only those "autos" you own (and for Liability Coverage any "trailers" you don't own while attached to power units you own). This includes those "autos" you acquire ownership of after the policy begins.	Owned "Autos" Only
3	Only the private passenger "autos" you own. This includes those private passenger "autos" you acquire ownership of after the policy begins.	Owned Private Passenger "Autos" Only
4	Only those "autos" you own that are not of the private passenger type (and for Liability Coverage any "trailers" you don't own while attached to power units you own). This includes those "autos" not of the private passenger type you acquire ownership of after the policy begins.	Owned "Autos" Other Than Private Passenger "Autos" Only
5	Only those "autos" you own that are required to have No-Fault benefits in the state where they are licensed or principally garaged. This includes those "autos" you acquire ownership of after the policy begins provided they are required to have No-Fault benefits in the state where they are licensed or principally garaged.	Owned "Autos" Subject To No-Fault
6	Only those "autos" you own that because of the law in the state where they are licensed or principally garaged are required to have and cannot reject Uninsured Motorists Coverage. This includes those "autos" you acquire ownership of after the policy begins provided they are subject to the same state uninsured motorists requirement.	Owned "Autos" Subject To A Compulsory Uninsured Motorists Law
7	Only those "autos" described in Item Three of the Declarations for which a premium charge is shown (and for Liability Coverage any "trailers" you don't own while attached to any power unit described in Item Three).	Specifically Described "Autos"
8	Only those "autos" you lease, hire, rent or borrow. This does not include any "auto" you lease, hire, rent, or borrow from any of your "employees", partners (if you are a partnership), members (if you are a limited liability company) or members of their households.	Hired "Autos" Only
9	Only those "autos" you do not own, lease, hire, rent or borrow that are used in connection with your business. This includes "autos" owned by your "employees", partners (if you are a partnership), members (if you are a limited liability company), or members of their households.	Non-Owned "Autos" Only
10	Owned "Autos" Only Limited – Only those "autos" you own that are: -Light trucks that have a gross vehicle weight of 10,000 pounds or less; or -Medium trucks that have a gross vehicle weight of between 10,001 and 20,000 pounds. This includes any such "autos" you acquire ownership of after the Policy begins. However, the following are excluded: All "trailers".	

* Notes:

DMV Reporting Requirements

In order to conform to the requirements of the various state DMV laws, we may be requested to make certain filings that provide the state or federal DMV with specific data. Upon binding Auto Physical Damage coverage, you are required to provide us with all requisite data, specifically outlining endorsements that are needed and filings to be made.

Your acceptance of this insurance program constitutes your agreement that the requisite data as well as endorsement needs and filing instructions will be supplied to us in the agreed upon format. In the event that you or your representative has not supplied complete and accurate information, the following may occur after binding:

You may have vehicles, as well as cargo, impounded by authorities and you may not be able to register new vehicles or renew existing registrations.



The insurance policies, not this descriptive proposal or binder, will form the contract between the Insured and Company. In the event of a discrepancy between this proposal document and the insurance policies, the policies will dictate the terms of coverage.

Commercial Auto Physical Damage Coverage

In addition, you may be subject to State fines and penalties. Any fines or penalties we incur due to your failure to supply timely and accurate information shall be passed on to you and reimbursed/paid by you.



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Commercial Auto Liability and Physical Damage Coverage

Insured Name: Aero Products & Services JV, LLC
Effective Date: March 1, 2025
Issuing Company: Arch Insurance Company
Policy Number: 81CAB5046002

FORM NUMBER	FORM TITLE
CA 99 03	AUTO MEDICAL PAYMENTS ENDORSEMENT
AU-DEC C/W	BUSINESS AUTO COVERAGE FORM DECLARATIONS
CA 00 01	BUSINESS AUTO COVERAGE FORM
IL 00 17	COMMON POLICY CONDITIONS
FAIC-SKLBUS-CPD	COMMON POLICY DECLARATIONS
VARIOUS	PERSONAL INJURY COVERAGE - PER INSURED'S SELECTION / REJECTION
05 ML 0040 00 05 05	POLICYHOLDER NOTICE - TEXAS - LOSS CONTROL ENGINEERING SERVICES
00 ML 0039 00 04 04	PREMIUM COMPUTATION ENDORSEMENT The number of "autos" at the beginning of the Audit Period will be the number of "autos" shown on the binder.
05 ML 0002 00 12 14	SIGNATURE PAGE
VARIOUS	STATE MANDATORY FORMS
VARIOUS	UNINSURED / UNDERINSURED MOTORIST COVERAGE - PER INSURED'S SELECTION / REJECTION
00 ML0065 00 06 07	US TREASURY DEPARTMENTS OFFICE - OFAC NOTICE
CA 20 70	COVERAGE FOR CERTAIN OPERATIONS IN CONNECTION WITH RAILROADS Scheduled Railroad: Any railroad required by written contract provided such contract was executed prior to loss. The insurance afforded to such railroad will not be broader than that which you are required by the contract or agreement to provide for such railroad. Designated Job Site: Any job site for which you agree in a written contract with the Scheduled Railroad provided such contract was executed prior to the accident or loss.
CA 99 54	COVERED AUTO DESIGNATION SYMBOL Symbol & Covered Auto Designation: <i>Owned "Autos" Only Limited – Only those "autos" you own that are:</i> - Light trucks that have a gross vehicle weight of 10,000 pounds or less; or - Medium trucks that have a gross vehicle weight of between 10,001 and 20,000 pounds <i>This includes any such "autos" you acquire ownership of after the policy begins.</i> <i>However, the following are excluded: All "trailers".</i>
00 CA 0039 00 10 13	EARLIER NOTICE OF CANCELLATION PROVIDED BY US Number of days (except for non-payment of premium per form): 90
CA 20 54	EMPLOYEE HIRED AUTOS
CA 99 33	EMPLOYEES AS INSURED ENDORSEMENT
CA 20 55	FELLOW EMPLOYEE COVERAGE
00 ML 0020 00 11 03	KNOWLEDGE OF OCCURRENCE ENDORSEMENT Name: Any corporate officer of yours, principal, owner or the person or persons responsible for insurance matters.
CA 01 21	LIMITED MEXICO COVERAGE
00 ML 0087 00 11 10	NOTICE OF CANCELLATION - CERTIFICATE HOLDERS (SPECIFIED DAYS) 30 days except 10 days for non-payment of premium Name of Person or Organization: All certificate holders where written notice of the cancellation of this policy is required by written contract, permit or agreement with the Named Insured and whose names and addresses will be provided by the broker or agent listed in the Declarations Page of this policy for the purposes of complying with such request
00 ML 0021 00 11 03	UNINTENTIONAL ERRORS AND OMISSIONS
CA 04 44	WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US Name of Person or Organization: Any person or organization where waiver of our right to recover is permitted by law and is required by written contract provided such contract was executed prior to the accident or loss
00 CA 0115 00 10 13	ADDITIONAL INSURED - BLANKET
CA 20 01	LESSOR - ADDITIONAL INSURED AND LOSS PAYEE Additional Insured (Lessor): Any person or organization where required in a written contract provided that such contract was executed prior to the accident or loss Designation of Leased Autos: Any "leased auto" that was leased or rented to you for a continuous period of 6 months or more
CA 04 49	PRIMARY AND NONCONTRIBUTORY - OTHER INSURANCE CONDITION
CA 99 16	HIRED AUTOS SPECIFIED AS COVERED AUTOS YOU OWN Description Of Auto: Any "auto" you lease, hire, rent or borrow from others for a



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Commercial Auto Liability and Physical Damage Coverage

00 CA 0089 00 10 13	continuous period of 6 months or more
00 CA 0142 00 10 13	ANTI STACKING ENDORSEMENT
IL 00 21	COVERAGE FORM REFERENCES
CA 23 94	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT
CA 23 84	SILICA OR SILICA RELATED DUST EXCLUSION FOR COVERED AUTOS
	EXCLUSION OF TERRORISM



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Arch CornerstoneSM Commercial Excess and Umbrella Liability Coverage

Insured Name: Aero Products & Services JV, LLC
Effective Date: March 1, 2025

Issuing Company: Arch Insurance Company
Policy Number: 81REU5046002

Policy Type: Admitted

Coverage	Limits
Each Occurrence Limit	\$ 10,000,000.
Personal And Advertising Injury Limit (Any one person or organization)	\$ 10,000,000.
Products-Completed Operations Aggregate Limit	\$ 10,000,000.
General Aggregate Limit (Other than Products-Completed Operations)	\$ 10,000,000.
Self-Insured Retention (Each Occurrence or Offense)	\$ 10,000.

Underlying Policies: Arch Cornerstone Commercial General Liability, Arch Commercial Auto and Arch Employers Liability.
No scheduling of non-Arch Insurance policies. Umbrella can only be bound with binding of underlying Arch Insurance policies.

Underlying Policies: (TBD)
Foreign program (Carrier and Policy Number TBD)
Foreign GL
1M Each Occ
2M PCO Agg
4M Gen Agg
6M Master Control Agg
Foreign AL: 1M
Foreign EL: 1M
Umbrella can only be bound with binding of underlying Arch Insurance policies.



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Arch CornerstoneSM Commercial Excess and Umbrella Liability Coverage

Insured Name: Aero Products & Services JV, LLC
Effective Date: March 1, 2025
Issuing Company: Arch Insurance Company
Policy Number: 81REU5046002

FORM NUMBER	FORM TITLE
05 REU0002 00 03 21	ARCH CORNERSTONE COMMERCIAL EXCESS AND UMBRELLA LIABILITY DECLARATIONS
00 UAB0004 00 05 20	COMMERCIAL EXCESS AND UMBRELLA LIABILITY COVERAGE FORM SCHEDULE A - SCHEDULE OF UNDERLYING INSURANCE
00 REU0003 00 03 21	ARCH CORNERSTONE COMMERCIAL EXCESS AND UMBRELLA LIABILITY COVERAGE FORM
IL 00 17	COMMON POLICY CONDITIONS
05 REM0001 00 03 20	ARCH CORNERSTONE COMMON POLICY DECLARATIONS
05 ML0002 00 12 14	SIGNATURE PAGE
VARIOUS	STATE MANDATORY FORMS
00 ML0065 00 06 07	US TREASURY DEPARTMENTS OFFICE - OFAC NOTICE
00 REU0091 00 05 22	ABUSE OR MOLESTATION EXCLUSION – COVERAGES A AND B
00 UAB0008 00 05 20	ANTI-STACKING ENDORSEMENT
00 REU0107	ADVISORY NOTICE TO POLICYHOLDERS ARCH CORNERSTONE 2024 COMMERCIAL EXCESS AND UMBRELLA LIABILITY ENDORSEMENTS ADDRESSING DATA PRIVACY, CYBER AND ELECTRONIC DATA
00 UAB0065 00 05 20	EXCLUSION - COMMUNICABLE DISEASE Scheduled Communicable Diseases: All
00 REU0098 00 05 22	EXCLUSION - DESIGNATED SUBSTANCES - COVERAGES A AND B Designated substances: 1. Any chemical, compound, material or substance, in any form, that contains one or more Alkyl carbons on which hydrogen atoms have been partially or completely replaced by Fluorine atoms, including but not limited to: (a) Any chemical, compound, material or substance that contains at least one of these three structures: (1) R-(CF ₂)-CF(R')R'', where both the CF ₂ and CF moieties are saturated carbons, and none of the R groups can be hydrogen; (2) R-CF ₂ OCF ₂ -R', where both the CF ₂ moieties are saturated carbons, and none of the R groups can be hydrogen; or (3) CF ₃ C(CF ₃)RR', where all the carbons are saturated, and none of the R groups can be hydrogen; (b) Any polymer, oligomer, monomer or nonpolymer chemicals and their homologues, isomers, telomers, salts, derivatives, precursor chemicals, transformation products, degradation products or by-products; (c) Any perfluoroalkyl acids (PFAA), such as perfluorooctanoic acid (PFOA) and its salts, or perfluorooctane sulfonic acid (PFOS) and its salts; (d) Perfluoropolyethers (PFPE); (e) Any fluorotelomer-based substances; or (f) Side-chain fluorinated polymers; or 2. Any good or product, including containers, materials, parts or equipment furnished in Connection with such goods or products, that consists of or contains any chemical, compound, material or substance designated in Paragraph 1. above in this schedule.
00 REU0061 00 03 21	AMENDMENT OF CONDITIONS - DUTIES IN THE EVENT OF OCCURRENCE, OFFENSE, CLAIM OR SUIT
CU 02 04	EARLIER NOTICE OF CANCELLATION PROVIDED BY US Number of days (except for non-payment of premium per form): 90
00 UAB0012 00 05 20	EMPLOYEE BENEFITS LIABILITY FOLLOW FORM ENDORSEMENT - CLAIMS MADE
00 REU0096 00 05 22	NONCONTRIBUTORY OTHER INSURANCE CONDITION
00 ML0087 00 11 10	NOTICE OF CANCELLATION - CERTIFICATE HOLDERS (SPECIFIED DAYS) Number of Days: 30 days except for 10 days for non-payment of premium Person(s) or Organization(s) including mailing address: All certificate holders where written notice of the cancellation of this policy is required by written contract, permit or agreement with the Named Insured and whose names and addresses will be provided by the broker or agent listed in the Declarations Page of this policy for the purposes of complying with such request.
00 REU0064 00 03 21	EXCLUSION - CROSS SUITS
00 REU0107	ADVISORY NOTICE TO POLICYHOLDERS ARCH CORNERSTONE 2024 COMMERCIAL EXCESS AND UMBRELLA LIABILITY ENDORSEMENTS ADDRESSING DATA PRIVACY, CYBER AND ELECTRONIC DATA
REU0103	EXCLUSION-ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL MATERIAL OR INFORMATION-COVERAGES A AND B



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Arch CornerstoneSM Commercial Excess and Umbrella Liability Coverage

REU0104	ELECTRONIC DATA EXCLUSION – COVERAGES A AND B
UAB0092	EXCLUSION-VIOLATION OF LAW ADDRESSING DATA PRIVACY– COVERAGES A AND B
UAB0093	EXCLUSION-CYBER INCIDENTS
UAB0092	Exclusion–Violation Of Law Addressing Data Privacy–Wrongful Act And Exclusion – Access Or Disclosure Of Confidential Or Personal Material Or Information–Wrongful Acts
00 REU0043 00 03 21	EXCLUSION OF CERTIFIED ACTS OF TERRORISM - COVERAGES A AND B
00 UAB0062 00 05 20	AUTO EXCLUSION OF TERRORISM COVERAGE



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General Overview

Aero Products & Services JV, LLC
March 1, 2025

Premium:

The estimated premium shown above may differ from actual premiums shown on the policies and installment bills due to installment charges, estimated taxes and surcharges, changes in experience rating or the Terrorism Risk Insurance Program, as well as rounding.

Coverage:

Coverage outlined in this document is for explanatory and reference purposes only. The coverage provisions do not necessarily confirm to any specifications furnished in the submission received from your agent or broker representative. The policy (or policies) that we issue to you shall contain the full and complete terms, conditions, exclusion and coverages provided under your insurance program. In the case of any conflict between the insurance policy (or policies), and the provisions contained in this proposal, the provisions in the policy (or policies) shall govern. Upon receipt of the policy (or policies), please review thoroughly with your broker and notify us promptly in writing if you have any questions or concerns.

Program Changes:

The calculation of premiums, and other program features, included in this document have been established based upon the information provided by you and your agent or broker representative. Additional locations, changes in exposure, or other variations may make it necessary to re-evaluate this proposal, premium calculations and rating plan factors. Any modification we make shall be based on our evaluation of these changes and whether or not they represent a measurable difference from the insurance program originally contemplated at inception.

Financial Ratings:

Arch Insurance Company and Arch Indemnity Insurance Company (the Company) have an AM Best Financial Strength Rating of A+ and Financial Size Category of XV.

Surcharges, Assessments and Taxes:

Any references made to surcharges, assessments, taxes, or tax rates are subject to change if such item(s) are changed or modified by the respective levying authority(ies) prior to or following inception. We reserve the right to amend our program upon policy issuance and/or at audit for any resultant surcharge, assessment, or tax changes. You shall be obligated for any resulting increase that occurs. If any state regulatory authority that mandates amounts which you have paid as deductible reimbursements are considered premium, and thus are subject to premium taxes and/or assessments makes any claim, we will notify you of the existence of such claim. We will give you the opportunity of joining with us in any proceeding to contest such claim at your own expense, or to contest such claim independently at your own expense. In the event a determination is made that said reimbursed amounts are taxable as premium or subject to assessments, you will be responsible to pay the premium taxes and/or assessments and any related fines, penalties or interest that may be imposed as a result of the non-payment of premium taxes and/or assessment applicable to the Policy or Policies.

Premium Audit:

All policies and premium are subject to audit on either a mid-term or annual basis unless otherwise noted. Changes in operations, exposures, classifications, surcharges, assessments, taxes or bureau rates and experience modifications will be reflected in our audits. The final premiums will be adjusted based on the final audited exposure times the indicated rates subject to the minimum premiums indicated. The final premiums will be determined at the time of audit. Where agent or broker commission is applicable, it may be adjustable or flat.

Commission:

Commission may be included in this program per the request of the agent or broker. If commission is included in this program, such commission will be paid to the agent or broker per the installment plan



The insurance policies, not this descriptive proposal or binder, will form the contract between the Insured and Company. In the event of a discrepancy between this proposal document and the insurance policies, the policies will dictate the terms of coverage.

General Overview

Aero Products & Services JV, LLC
March 1, 2025

contemplated. Final adjustment of the commission will take place after the collection of the final audit(s), or, if applicable, at the time of the first plan adjustment. In the event the Final Audit(s) results in a return premium, the agent or broker shall be obligated to return the appropriate portion of the commission as represented in such return premium.

Payment Terms:

All premiums or amounts, which include but are not limited to deposit, installment, or audit premiums, surcharges and assessments, are due and payable on or before the due date shown on the invoice and must be paid outside of the agency account current.

Required Documentation at Binding:

By accepting this program, the Insured agrees to provide the Company with the correctly completed and signed documents as requested by the Company. All documents requiring signature must be signed by a corporate officer of the Insured.

Documentation	Due Date
All applicable FEIN numbers, DMV reporting information, UAIN information and other necessary information for automobile identification cards, workers compensation posting notices and policy issuance.	Prior to effective dates of the Company's policy(ies).
If terrorism coverage is to be declined for General Liability, signed copy of the TRIA Coverage Disclosure Notice indicating rejection of the coverage.	Prior to effective dates of the Company's General Liability policy(ies).
If applicable, completed UM/UIM/PIP Election/Rejection forms signed and executed by an officer of your company.	Prior to effective date of the automobile coverage.



The insurance policies, not this descriptive proposal or binder, will form the contract between the Insured and Company. In the event of a discrepancy between this proposal document and the insurance policies, the policies will dictate the terms of coverage.

TERRORISM COVERAGE DISCLOSURE NOTICE

TERRORISM COVERAGE PROVIDED UNDER THIS POLICY

The Terrorism Risk Insurance Act of 2002 as amended and extended by the subsequent Terrorism Risk Insurance Program Reauthorization Acts (collectively referred to as the "Act") established a program within the Department of the Treasury, under which the federal government shares, with the insurance industry, the risk of loss from future terrorist attacks. An act of terrorism is defined as any act 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 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.

In accordance with the Act, we are required to offer you coverage for losses resulting from an act of terrorism **that is certified under the federal program** as an act of terrorism. The policy's other provisions will still apply to such an act. Your decision is needed on this question: do you choose to pay the premium for terrorism coverage stated in this offer of coverage, or do you reject the offer of coverage and not pay the premium? You may accept or reject this offer.

If your policy provides commercial property coverage, in certain states, statutes or regulations may require coverage for fire following an act of terrorism. In those states, if terrorism results in fire, we will pay for the loss or damage caused by that fire, subject to all applicable policy provisions including the Limit of Insurance on the affected property. Such coverage for fire applies only to direct loss or damage by fire to Covered Property. Therefore, for example, the coverage does not apply to insurance provided under Business Income and/or Extra Expense coverage forms or endorsements that apply to those coverage forms, or to Legal Liability coverage forms or Leasehold Interest coverage forms.

Your premium will include the additional premium for terrorism as stated in the section of this Notice titled DISCLOSURE OF PREMIUM.

DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. **The federal share equals 80% in years 2020 through 2027 of that portion of the amount of such insured losses that exceeds the applicable insurer deductible during Calendar Year 2020 and each Calendar Year thereafter through 2027.**

DISCLOSURE OF CAP ON ANNUAL LIABILITY

If the aggregate insured terrorism losses of all insurers exceed \$100,000,000,000 during any Calendar Year provided in the Act, the Secretary of the Treasury shall not make any payments for any portion of the amount of such losses that exceed \$100,000,000,000, and if we have met our insurer deductible, we shall not be liable for the payment of any portion of such losses that exceeds \$100,000,000,000.

DISCLOSURE OF PREMIUM

Your premium for terrorism coverage is:

(This charge/amount is applied to obtain the final premium.)

You may choose to reject the offer by signing the statement below and returning it to us. Your policy will be changed to exclude the described coverage. If you chose to accept this offer, this form does not have to be returned.

REJECTION STATEMENT

I hereby decline to purchase coverage for certified acts of terrorism. I understand that an exclusion of certain terrorism losses will be made part of this policy.

Policyholder/Legal Representative/Applicant's
Signature

Aero Products & Services JV, LLC
Named Insured

Print Name of Policyholder/Legal
Representative /Applicant

Arch Insurance Company
Insurance Company

Date: _____

Policy Number: 81REG5046002

00 MLT0027 00 12 19

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In accordance with the Act, we are required to offer you coverage for losses resulting from an act of terrorism **that is certified under the federal program** as an act of terrorism. The policy's other provisions will still apply to such an act. Your decision is needed on this question: do you choose to pay the premium for terrorism coverage stated in this offer of coverage, or do you reject the offer of coverage and not pay the premium? You may accept or reject this offer.

If your policy provides commercial property coverage, in certain states, statutes or regulations may require coverage for fire following an act of terrorism. In those states, if terrorism results in fire, we will pay for the loss or damage caused by that fire, subject to all applicable policy provisions including the Limit of Insurance on the affected property. Such coverage for fire applies only to direct loss or damage by fire to Covered Property. Therefore, for example, the coverage does not apply to insurance provided under Business Income and/or Extra Expense coverage forms or endorsements that apply to those coverage forms, or to Legal Liability coverage forms or Leasehold Interest coverage forms.

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DISCLOSURE OF CAP ON ANNUAL LIABILITY

If the aggregate insured terrorism losses of all insurers exceed \$100,000,000,000 during any Calendar Year provided in the Act, the Secretary of the Treasury shall not make any payments for any portion of the amount of such losses that exceed \$100,000,000,000, and if we have met our insurer deductible, we shall not be liable for the payment of any portion of such losses that exceeds \$100,000,000,000.

DISCLOSURE OF PREMIUM

Your premium for terrorism coverage is:

(This charge/amount is applied to obtain the final premium.)

You may choose to reject the offer by signing the statement below and returning it to us. Your policy will be changed to exclude the described coverage. If you chose to accept this offer, this form does not have to be returned.

REJECTION STATEMENT

I hereby decline to purchase coverage for certified acts of terrorism. I understand that an exclusion of certain terrorism losses will be made part of this policy.

Policyholder/Legal Representative/Applicant's
Signature

Aero Products & Services JV, LLC
Named Insured

Print Name of Policyholder/Legal
Representative /Applicant

Arch Insurance Company
Insurance Company

Date: _____

Policy Number: 81REU5046002

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