



# Starr Indemnity & Liability Company

November 05, 2024

Willis Towers Watson Northeast, Inc.  
200 Liberty Street  
New York, NY 10281

Attn: Alexis Horstman  
Phone: 215-246-1836  
Fax:  
email: alexis.horstman@wtwco.com

Re: Albireo Holdings, Inc.  
Version 2

Dear Alexis,

We are pleased to advise that coverage is bound for the captioned account according to the following terms:

\*\*The terms and conditions of this indication may differ materially from those requested in your submission.  
Please read the policy forms and endorsements carefully.\*\*

**INSURED'S ADDRESS:** 3 Ethel Rd Ste 300  
Edison, NJ 08817

**POLICY PERIOD:** From: October 16, 2024 To: October 16, 2025  
At 12:01 A.M. standard time at the address of the Named Insured.

**CARRIER:** Starr Indemnity & Liability Company  
Administrative Office: 399 Park Avenue, 2nd Floor, New York, NY 10022

**COVERAGE FORM:** Commercial General Liability Coverage Form CG 00 01 04 13

**Retro Date:**

**POLICY NUMBER:** 1000090871241

**ATTACHMENTS:**

Forms and Endorsements attached to the policy may broaden or restrict coverage. Please read the policy form and endorsements carefully.

**Title:**

Policyholder Notice - Wildfire Exclusion  
Claim Reporting Guidelines  
Amendment - Notice of Cancellation For Third Parties  
Commercial General Liability Declarations  
Signature Page  
U.S. Treasury Department's Office Of Foreign Assets Control (OFAC) Advisory  
Notice To Policyholders  
Schedule of Forms & Endorsements  
Schedule Of Named Insured  
Common Policy Conditions  
Nuclear Energy Liability Exclusion Endorsement (Broad Form)

**Form Number:**

PNSI 001 (10/14)  
CLAIMS RPT  
SIIL 102 (10/14)  
GCGL 001 D (08/13)  
SIIL 0000 (12/12)  
IL P 001 01 04  
  
PC 101 (02/09)  
SIIL DS 04 (0118)  
IL 00 17 11 98  
IL 00 21 09 08

<b>Title:</b>	<b>Form Number:</b>
New Jersey - Civil Union	IL 01 41 09 08
New Jersey Changes - Cancellation and Nonrenewal	IL 02 08 09 07
Commercial General Liability Coverage Form	CG 00 01 04 13
Employee Benefits Liability Coverage	CG 04 35 12 07
New Jersey Changes - Loss Information	CG 26 20 10 93
Earlier Notice of Cancellation Provided by Us	CG 02 24 10 93
Primary And Noncontributory - Other Insurance Condition	CG 20 01 12 19
Additional Insured - Owners, Lessees Or Contractors - Scheduled Person Or Organization	CG 20 10 12 19
Additional Insured - Owners, Lessees Or Contractors - Scheduled Person Or Organization	CG 20 10 12 19
Additional Insured - Owners, Lessees Or Contractors - Scheduled Person Or Organization	CG 20 10 12 19
Additional Insured - Owners, Lessees Or Contractors - Scheduled Person Or Organization	CG 20 10 12 19
Additional Insured - Owners, Lessees Or Contractors - Scheduled Person Or Organization	CG 20 10 12 19
Additional Insured - Owners, Lessees Or Contractors - Scheduled Person Or Organization	CG 20 10 12 19
Additional Insured - Owners, Lessees Or Contractors - Scheduled Person Or Organization	CG 20 10 12 19
Additional Insured - Owners, Lessees Or Contractors - Scheduled Person Or Organization	CG 20 10 12 19
Additional Insured - Managers Or Lessors Of Premises	CG 20 11 12 19
Additional Insured - State Or Governmental Agency Or Subdivision Or Political Subdivision - Permits Or Authorizations	CG 20 12 12 19
Additional Insured - Vendors	CG 20 15 12 19
Additional Insured - Mortgagee, Assignee Or Receiver	CG 20 18 12 19
Additional Insured - Designated Person Or Organization	CG 20 26 12 19
Additional Insured - Designated Person Or Organization	CG 20 26 12 19
Additional Insured - Designated Person Or Organization	CG 20 26 12 19
Additional Insured - Designated Person Or Organization	CG 20 26 12 19
Additional Insured - Designated Person Or Organization	CG 20 26 12 19
Additional Insured - Designated Person Or Organization	CG 20 26 12 19
Additional Insured - Designated Person Or Organization	CG 20 26 12 19
Additional Insured - Designated Person Or Organization	CG 20 26 12 19
Additional Insured - Designated Person Or Organization	CG 20 26 12 19
Additional Insured - Lessor Of Leased Equipment	CG 20 28 12 19
Additional Insured - Owners, Lessees Or Contractors - Completed Operations	CG 20 37 12 19
Additional Insured - Owners, Lessees Or Contractors - Completed Operations	CG 20 37 12 19
Additional Insured - Owners, Lessees Or Contractors - Completed Operations	CG 20 37 12 19
Additional Insured - Owners, Lessees Or Contractors - Completed Operations	CG 20 37 12 19
Additional Insured - Owners, Lessees Or Contractors - Completed Operations	CG 20 37 12 19
Additional Insured - Owners, Lessees Or Contractors - Completed Operations	CG 20 37 12 19
Additional Insured - Owners, Lessees Or Contractors - Completed Operations	CG 20 37 12 19
Exclusion - Access or Disclosure of Confidential or Personal Information and Data-Related Liability - With Limited Bodily Injury Exception Not Included	CG 21 07 05 14
Communicable Disease Exclusion	CG 21 32 05 09
Employment-Related Practices Exclusion	CG 21 47 12 07
Exclusion - Designated Operations Covered By A Controlled (Wrap-Up) Insurance Program	CG 21 54 12 19
Total Pollution Exclusion With A Hostile Fire Exception	CG 21 55 09 99
Fungi Or Bacteria Exclusion	CG 21 67 12 04
Exclusion - Engineers, Architects Or Surveyors Professional Liability	CG 22 43 04 13
Waiver Of Transfer Of Rights Of Recovery Against Others To Us (Waiver of Subrogation)	CG 24 04 12 19
Waiver Of Transfer Of Rights Of Recovery Against Others To Us (Waiver of Subrogation)	CG 24 04 12 19

<b>Title:</b>	<b>Form Number:</b>
Waiver Of Transfer Of Rights Of Recovery Against Others To Us (Waiver of Subrogation)	CG 24 04 12 19
Waiver Of Transfer Of Rights Of Recovery Against Others To Us (Waiver of Subrogation)	CG 24 04 12 19
Waiver Of Transfer Of Rights Of Recovery Against Others To Us (Waiver of Subrogation)	CG 24 04 12 19
Waiver Of Transfer Of Rights Of Recovery Against Others To Us (Waiver of Subrogation)	CG 24 04 12 19
Waiver Of Transfer Of Rights Of Recovery Against Others To Us (Waiver of Subrogation)	CG 24 04 12 19
Waiver Of Transfer Of Rights Of Recovery Against Others To Us (Waiver of Subrogation)	CG 24 04 12 19
Primary and Non-Contributory, Additional Insured and Waiver of Subrogation	OG 023 (06/11)
Amendment - 30 Day Notice of Cancellation	OG-040 (08/11)
Composite Rating Plan Premium Endorsement	OG 100 (11/09)
Notice and Knowledge of an Occurrence Endorsement	OG 102 (10/14)
Unintentional Errors and Omissions Endorsement	OG 114 (07/11)
MTBE and Other Fuel Oxygenates Exclusion	OG 133 (01-19)
Amendment of Limits of Insurance (Per Project, Per Location, or Per Project and Per Location General Aggregate Limit)	SIGL-0139 11 22
Absolute Silica Exclusionary Endorsement	SIGL-0142 11 21
Total Lead Exclusionary Endorsement	SIGL-0143 11 21
Bodily Injury Definition Extension Amendatory Endorsement	SIGL-0144 11 22
Asbestos Exclusionary Endorsement	SIGL-0281 11 21
Absolute Cyber Exclusionary Endorsement	SIGL-0283 11 21
Expected or Intended Injury Endorsement	OG 167 (04/12)
Fellow Employee Exclusion Deleted	OG 169 (04/12)
Non Owned Watercraft Endorsement	OG 173 (04/12)
Personal and Advertising Injury Definition Extension Endorsement	OG 174 (04/12)
Radioactive Matter Exclusion Endorsement	OG 176 (04/12)
Broad Form Named Insured Joint Venture, Partnership, Limited Liability Company Limited Extension	OG 187 (04/12)
Exclusion for Continuing or Progressive Bodily Injury, Property Damage or Personal and Advertising Injury	OG 189 04 20
Wildfire Exclusionary Endorsement	OG 210 (10/14)
Additional Insured - Owners, Lessees or Contractors - Completed Operations	OG 220 04 (10/14)
Additional Insured - Owners, Lessees or Contractors - Scheduled Person or Organization	OG 221 04 (10/14)

#### **LIMIT OF LIABILITY:**

##### **General Liability:**

Each Occurrence Limit:	\$2,000,000
General Aggregate Limit:	\$4,000,000
Products/Completed Ops Aggregate:	\$4,000,000
Per Location Aggregate / Per Project Aggregate	\$4,000,000
Personal and Advertising Injury:	\$2,000,000
Damage to Rented Premises:	\$2,000,000
Medical Payments:	\$50,000

##### **Employee Benefits Liability:**

Each Occurrence Limit:	\$1,000,000
General Aggregate Limit:	\$2,000,000

#### **DEDUCTIBLE OR SELF INSURED RETENTION:**

Employee Benefits Liability	Deductible	Each Employee	\$1,000
-----------------------------	------------	---------------	---------

**AUDIT ADJUSTMENT****Audit Period:** Annually

Coverage	Audit Basis	Estimated Exposure Amount	Deposit Premium	Composite Rate
	SALES	\$385,000,000	\$413,352	1.0736
TRIA	OTHER	\$20,673	\$20,673	1.0000

<b>ADVANCED PREMIUM (Auditable):</b>	\$413,352
<b>PREMIUM FOR TERRORISM:</b>	\$20,673 (Included in Total Premium)
<b>TOTAL PREMIUM:</b>	\$434,025
<b>MINIMUM PREMIUM:</b>	\$434,025
<b>MINIMUM EARNED PREMIUM:</b>	\$108,506

**SCHEDULE OF STATE TAXES, FEES AND SURCHARGES, IF APPLICABLE**

New Jersey Property Liability Guaranty Fund	0.3%	\$167.24
West Virginia Fire and Casualty Surcharge	0.55%	\$7.21
Washington Regulatory Surcharge	0.09491%	\$12.61
Virginia Birth Related Neurological Injury Compensation Fund	0.25%	\$8.14
Florida Guaranty Fund Surcharge	1%	\$508.67
<b>Total</b>		<b>\$703.87</b>

**COMMISSION:** 15.00%**TRIA NOTICE:**

"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.

Note: If the insured does not want to purchase the coverage, please have them sign and send the attached form back to my attention prior to or at binding.

**OFAC NOTICE:**

This proposal 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 proposal is void ab initio.

The above is subject to our receipt and satisfactory review of the following information:

- 1) Miscellaneous;
  - Original, signed and dated, TRIA Disclosure Notice
  - Favorable Review of the Loss Control Site Survey Report

**Standard Terms and Conditions;**

1. If an Additional Insured Endorsement is used on our policy please note the following wording:
  - a. Due to the varying terms required by certificate holders, the obstacles when attempting to include contract language via a certificate of insurance and the difficulties involved when enforcing these requirements, Starr Indemnity & Liability Company will not require copies of certificates of insurance on behalf of the named insured. Insureds are advised that certificates of insurance should be used only to provide evidence of insurance in lieu of an actual copy of the applicable insurance policy. Certificates cannot be used to amend, expand, or otherwise alter the terms of the actual policy.

**Important:** In order to complete the underwriting process, we require that you send us the additional information requested at the beginning of the letter. We are not required to bind coverage prior to our receipt, review and underwriting approval of the above information. However, if we do bind coverage prior to such approval, it shall be for a period of not more than 10 days. Such binding of coverage shall be void ab initio ("from the beginning") if we have not received, reviewed and approved in writing such materials within 10 days from the effective date of the binder. Payment of premium shall not operate to extend the binding period or nullify the automatic voiding as described above.

Thank you for selecting Starr Indemnity as a market for your business. Please call with any questions.

Sincerely,

*Colin Gormal*

Colin Gormal  
Underwriting Analyst NE  
399 Park Avenue-New York, NY  
N  
New York, NY 10022