

WORKERS' COMPENSATION INSURANCE POLICY

Policy Number: WC-2024-SDS-8547921

Policy Period: January 1, 2024 to January 1, 2025

Named Insured: Summit Digital Solutions, Inc.

Carrier: Atlantic Mutual Insurance Company

NAIC Number: 12345

DECLARATIONS

A. THE POLICY

This Workers' Compensation Insurance Policy ("Policy") is issued by Atlantic Mutual Insurance Company ("Carrier") to Summit Digital Solutions, Inc. ("Insured"), a Delaware corporation with principal offices at 100 Technology Drive, Suite 400, Boston, MA 02110.

B. COVERAGE

Workers' Compensation Insurance: Part One of this Policy provides workers' compensation insurance to pay the benefits required by:

- Delaware Workers' Compensation Law
- Massachusetts Workers' Compensation Law
- California Workers' Compensation Law
- New York Workers' Compensation Law
- All other states where the Insured maintains operations

Employers' Liability Insurance: Part Two provides employers' liability insurance for bodily injury by accident or disease.

C. POLICY LIMITS

Workers' Compensation: Statutory

Employers' Liability:

- Bodily Injury by Accident: \$1,000,000 each accident
- Bodily Injury by Disease: \$1,000,000 policy limit
- Bodily Injury by Disease: \$1,000,000 each employee

PREMIUM INFORMATION

A. CLASSIFICATIONS AND PREMIUM BASIS

Technology Consulting Services (Code 8859)

- Estimated Annual Payroll: \$42,500,000
- Rate per \$100: \$0.45
- Estimated Premium: \$191,250

Administrative Office Employees (Code 8810)

- Estimated Annual Payroll: \$12,750,000
- Rate per \$100: \$0.15
- Estimated Premium: \$19,125

B. PREMIUM ADJUSTMENTS

Experience Modification Factor: 0.85

Schedule Rating Modification: -10%

Premium Discount: Based on standard table

Terrorism Risk Insurance Act Premium: \$5,525

Estimated Annual Premium: \$198,000

POLICY CONDITIONS

A. NOTICE REQUIREMENTS

The Insured must notify the Carrier immediately of any work-related injury, illness, or fatality.

Notice shall be provided to:

Atlantic Mutual Insurance Company

Claims Department

P.O. Box 54321

Hartford, CT 06103

Emergency Contact: (800) 555-0123

B. INSURED'S OBLIGATIONS

Maintain accurate records of payroll and employee assignments

Implement and maintain workplace safety programs

Cooperate in claim investigations and defense

Provide prompt access to records and premises

Report significant operational changes affecting risk exposure

ENDORSEMENTS

Voluntary Compensation Endorsement (WC 00 03 11A)

Federal Employers' Liability Act Coverage (WC 00 01 04A)

Stop Gap Coverage - OH, ND, WA, WY (WC 00 03 03C)

Experience Rating Modification Endorsement

Terrorism Risk Insurance Program Reauthorization Act Endorsement

EXCLUSIONS

This Policy does not cover:

Punitive or exemplary damages

Obligations under employment contracts

Violations of labor laws or employment practices

Independent contractor injuries

Injuries outside the course and scope of employment

CANCELLATION AND RENEWAL

The Insured may cancel this Policy by written notice

The Carrier may cancel with 30 days' written notice

Premium will be computed pro rata for the period coverage was in effect

Renewal terms will be provided 60 days before expiration

AUTHORIZATION

This Policy is executed and attested by the duly authorized officers of Atlantic Mutual Insurance Company.

Effective Date: January 1, 2024

/s/ Jonathan P. Williams

Jonathan P. Williams

President, Atlantic Mutual Insurance Company

/s/ Maria R. Rodriguez

Maria R. Rodriguez

Secretary, Atlantic Mutual Insurance Company

This Policy consists of this document and all endorsed amendments.