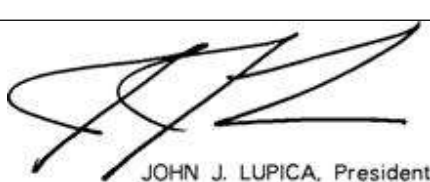


DECLARATIONS

POLICY NO: G27468998 012		RENEWAL OF: G27468998 011	
Item 1.	INSURING COMPANY		PRODUCER'S NAME & ADDRESS:
	Westchester Surplus Lines Insurance Company		CHUBB INSURANCE SOLUTIONS AGENCY INC (CAP/WBO) P O BOX 1625 WHITEHOUSE STATION, NJ 08889 Producer No. 21813C
Item 2.	NAMED INSURED		MAILING ADDRESS
	Easylink Innovations, LLC and Easylink Industrial Company, Ltd.		C/O Michael Armbruster 7053 Teal Cove Painesville OH 44077
Item 3.	POLICY PERIOD		
	From: 06-01-2025	12:01 A. M. Local Time At Named Insured's Address	
	To: 06-01-2026	12:01 A. M. Local Time At Named Insured's Address	
Item 4.	LIMITS OF INSURANCE		
	A. EACH INSURED EVENT	\$ 2,000,000	
	B. AGGREGATE OF ALL INSURED EVENTS	\$ 2,000,000	
	CONSULTANT COSTS AS PER DEFINITION B ARE UNLIMITED		
Item 5.	SUB-LIMITS		
	A. Not Applicable		
Item 6.	SELF-INSURED RETENTION		
	EACH INSURED EVENT	\$ 200,000	
	NO SELF INSURED RETENTION APPLIES TO CONSULTANT COST AS PER DEFINITION B		
Item 7.	CO-INSURANCE		
	EACH INSURED EVENT	Not Applicable %	
Item 8.	RETRO ACTIVE DATE		
	6/1/2014		
Item 9.	PREMIUM		
	PREMIUM:	\$33,264	<input checked="" type="checkbox"/> FLAT(except for acquisitions) <input type="checkbox"/> ADJUSTABLE Estimated Annual Exposure: \$ 32,400,000
	TRIA	\$0	
	TOTAL AMOUNT DUE:	\$33,264	
Item 10.	Insured Products		
	As per definition of "Insured Product(s)" in the policy form.		
Item 11.	ATTACHED FORMS		
	This Policy provides coverage as indicated on the Schedule Of Forms (REC-7530) attached.		
Item 12.	Authorization Information		
	Authorized Representative:  JOHN J. LUPICA, President		