A Commercial Insurance Program

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Commercial Umbrella Policy

Policy Proposal

Quotation Only - No Coverage Is Provided - Quote May Be Subject To Change

STATESERV PARENT, LLC

This account has been quoted based on information you furnished.

Additional coverages, exposures or increased limits will be added for an additional premium.
This quote is valid for 30 days from this letter or the effective date quoted, whichever is sooner.

The Hanover Insurance Company | 440 Lincoln street Worcester, MA 01653
Citizens Insurance Company of America | 808 North Highlander Way, Howell, MI 48843-1070.

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Policy Proposal

Quotation Only - No Coverage Is Provided - Quote May Be Subject To Change

Quote #:	2047511928515	**Customer #:**	1520649522
Renewal of:	UHC H076374 08		
Effective Date:	10/01/2026	**Expiration Date:**	10/01/2027
Group Number:	DME	**Payment Plan:**	DIRECTBILL

Prepared For:

STATESERV PARENT, LLC
1201 S ALMA SCHOOL RD #4000
MESAAZ 85210

Presented By:

RISK PLACEMENT SERVICES
STE 1500
300 SOUTH RIVERSIDE PLAZA
CHICAGO, IL 60606

Hanover Commercial Umbrella Policy

Occurrence or Each Claim Limit:	$10,000,000
Products – Completed Operations Aggregate Limit:	$10,000,000
General Aggregate Limit:	$10,000,000
Retained Limit:	$0

Umbrella Coverage Premium SubTotal:	$523,103.00
Umbrella Coverage Terrorism Premium:	N/A
Total Umbrella Policy Coverage Premium:	$523,103.00

Hanover Commercial Umbrella Policy

Umbrella Coverage - Schedule of Underlying Policies

Policy #:	LDC H035659 07	General Liability	**Each Occurrence Limit:**	1,000,000
Eff. Date:	10/01/2026	**Carrier:**	**Personal Injury**	1,000,000
Exp. Date:	10/01/2027	MASSACHUSETTS BAY INSURANCE COMPANY	**Advertising Injury**	1,000,000
			Aggregate Limit:	3,000,000
			Prod & Comp Ops Agg Limit:	3,000,000
Policy #:	LDC H035659 07	Professional Liability DME/Home Healthcare	**Each Occurrence Limit:**	1,000,000
Eff. Date:	10/01/2026	**Carrier:**	**Each Claim Limit:**	
Exp. Date:	10/01/2027	MASSACHUSETTS BAY INSURANCE COMPANY	**Aggregate Limit:**	3,000,000
Policy #:	LDC H035659 07	Employee Benefits Liability	**Each Claim Limit:**	1,000,000
Eff. Date:	10/01/2026	**Carrier**	**Aggregate Limit:**	3,000,000
Exp. Date:	10/01/2027	MASSACHUSETTS BAY INSURANCE COMPANY		

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Mandatory Document Requirements
This is a premium indication only until approval by your underwriter and is subject to receipt and underwriting review of the following prior to binding coverage:

- Acord Application
- Loss Information

Forms Applicable To This Policy:

Form Number	Edition Date	Description
401-1337	02/16	Trade Or Economic Sanctions Endorsement
401-1374	12/20	Disclosure Pursuant To Terrorism Risk Insurance Act
401-1377	06/20	Company Address Listing
475-0001	12/22	Hanover Commercial Follow Form Excess And Umbrella Policy
475-0015	12/14	Exclusion - Cross Suits (Coverage A and B)
475-0016	12/14	Exclusion - Designated Work (Coverage A and B)
475-0022	10/19	Exclusion - Liquor Liability (Coverage A)
475-0030	12/14	Exclusion - Products/Completed Operations Hazard (Coverage B)
475-0050	12/14	Exclusion - Abuse and Molestation (Coverage A and B)
475-0057	12/14	Exclusion - Lead (Coverage A and B)
475-0058	09/20	Other Coverage Endorsement (Coverage A and B)
475-0061	12/14	Exclusion - Mercury - Coverage A and B
475-0080	12/14	Exclusion - Fungi Or Bacteria Liability (Coverage A and B)
475-0082	12/14	Exclusion - Punitive Damage (Coverage A Only)
475-0084	12/14	Exclusion - Silica (Coverage A and B)
475-0089	12/14	Exclusion - Underground Storage Tank (Coverage A and B)
475-0174	12/14	Multiple Named Insured Endorsement
475-0176	04/21	Arizona Changes
475-0180	12/14	Exclusion - Designated Ongoing Operations (Coverage A and B)
475-0181	12/14	Exclusion - Designated Products (Coverage A and B)
475-0214	12/14	Batch Clause Endorsement (Coverage A and B)

Forms Applicable To This Policy:

Form Number	Edition Date	Description
475-0215	12/14	Exclusion - Discrimination (Coverage A and B)
475-0298	12/14	Exclusion - Innocent Party Defense (Coverage A and B)
475-0309	12/14	Exclusion - Employee Benefits Liability - Coverage A and B
475-0312	12/14	Exclusion - Administrative Defense Expense (Coverage A and B)
475-0351	12/14	Exclusion - Employee Benefits Liability (Coverage B)
475-0433	01/15	Exclusion - Certified Acts of Terrorism
475-0509	07/16	Exclusion - Total Pollution With Building Heating, Cooling And Dehumidifying Equipment And Hostile Fire Exceptions (Coverage A)
475-0613	11/20	Underlying Insurance Defined (Coverage A and B)
475-0618	06/22	Underlying Claims-Made Coverage
475-0654	12/23	Exclusion - Access Or Disclosure Of Confidential Or Personal Material Or Information And Electronic Data (Coverage A And B)
475-0655	12/23	Exclusion - Violation Of Law Addressing Data Privacy (Coverage A And B)
475-0661	01/25	Exclusion - Cyber Incident - Cyber Content
SIG 11 00	01/26	Signature Page

THIS NOTICE IS PROVIDED IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS NOTICE DOES NOT GRANT COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF COVERAGE UNDER THE POLICY. IF THERE IS A CONFLICT BETWEEN THIS NOTICE AND THE POLICY, THE PROVISIONS OF THE POLICY SHALL APPLY.

DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

SCHEDULE

DISCLOSURE OF PREMIUM:	
Total Terrorism Premium	**$ 75**
Fire Following Premium	**$**
Other than Fire Following Premium	**$**

Disclosure of Terrorism Coverage Available

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from "acts of terrorism" defined in Section 102(1) of the Act as follows:

> Any act or acts that are certified by the Secretary of the Treasury, in accordance with the provisions of the federal Terrorism Risk Insurance Act, 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.

The premium charged for this coverage is provided in the **SCHEDULE** above and does not include any charges for the portion of loss that may be covered by the Federal Government as described below. This premium has been added to your policy and unless this form is signed and returned to us to reject terrorism coverage, coverage for Certified Acts of Terrorism is provided by your policy.

Your policy may contain other exclusions which could affect your coverage, such as an exclusion for Nuclear Events or Pollution. **Please read your policy carefully**.

Note for Commercial Property or Commercial Inland Marine Policyholders in Standard Fire States:

In Standard Fire states, terrorism exclusions make an exception for (and therefore provide coverage for) fire losses resulting from an act of terrorism. Any policyholder with a location that we insure in a Standard Fire State that rejects our offer of terrorism coverage in this form will still have coverage with us for fire losses resulting from an act of terrorism.

Explanation of Premium

If a dollar amount is shown for Fire Following Premium in the **SCHEDULE** above that means we insure a location of yours in a Standard Fire State. Fire Following Premium is shown in the **SCHEDULE** above regardless of whether a policyholder with a location that we insure in a Standard Fire State accepts or rejects terrorism coverage with us. Fire Following Premium represents the charge for the coverage we provide for fire losses resulting from acts of terrorism. Fire Following Premium does not include Other Than Fire Following Premium. All Other Than Fire Following Premium is shown in the Other Than Fire Following Premium field in the **SCHEDULE** above.

If a dollar amount is shown for Other Than Fire Following Premium in the **SCHEDULE** above that means you have accepted terrorism coverage with us. Other Than Fire Following Premium represents the charge for terrorism coverage. Other Than Fire Following Premium does not include Fire Following Premium. If applicable, all Fire Following Premium is shown in the Fire Following Premium field in the **SCHEDULE** above.

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The dollar amount shown for Total Terrorism Premium in the **SCHEDULE** above represents the sum of premium for Fire Following Premium and Other Than Fire Following 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% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. 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.

Cap on Insurer Participation in Payment of Terrorism Losses

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.

Rejection of Terrorism Insurance Coverage*

_____ I decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

	Hanover Insurance Company
Applicant/Policyholder Signature	Insurance Company
	2047511928515
Print Name	Quote or Policy Number
Date	

*If this policy is a renewal and:

a. You have previously submitted a signed Rejection, you are not required to submit an additional Rejection at this time; or

b. You have previously accepted coverage and now wish to reject, you are required to complete and sign the Rejection of Terrorism Insurance Coverage above.

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