Sunday Medal Buildings LLC
18962 US Highway 84 E
Rusk, TX 75785

biBerk
by Berkshire Hathaway

Talk to a Licensed Expert
1-844-472-0967
Mon-Fri, 7AM-9PM EST

Sunday Medal Buildings LLC

Welcome to biBERK! Thank you for providing biBERK the opportunity to provide you with Workers' Compensation insurance. Our mission is to protect your business so you have peace of mind to do what you do best. The details of your plan are below along with some helpful resources.

Coverages:	Workers' Compensation
Policy Number:	N9WC298414
Policy Start Date:	11/13/2025
Policy End Date:	11/13/2026
9 Monthly Payment(s):	$678.04 / month
Yearly:	$7,628
Down Payment:	$1,525.60

Payments begin 30 days, 90 days, or six months after purchase based on the payment terms selected and continue for consecutive periods until the policy is paid in full.

Download a Certificate of Insurance (COI) or Report a Claim

Get a Certificate (COI)

Getting a certificate of insurance is easy with biBERK. Request a certificate online at https://www.biberk.com/policyholders/certificate/create and we will send you an email with your certificate of insurance.

Report a Claim

Make your insurance payment online quickly and efficiently, and then scratch that item off your task list. Simply go to the link, https://www.biberk.com/policyholders/claims and enter in your policy number, contact details, and information about the incident.

Frequently Asked Questions

We want you to make well-informed decisions about your insurance needs. Learn from answers to the questions most frequently asked by business owners on our FAQs page at, https://www.biberk.com/policyholders/resources/faqs

Questions? Your team is here to help.

1-844-472-0967
Mon-Fri, 7AM-9PM EST

Policy Information Page

[1] Named Insured and Mailing Address
Sunday Medal Buildings LLC
18962 US Highway 84 E
Rusk, TX 75785

Agency
biBERK
P.O. Box 113247
Stamford, CT 06911
Agency Code: PANBLT01

Federal Employer's ID XX-XXX5205

Insured is Limited Liability Co. (LLC)

Business Description Iron Erection or Steel Erection: Less than 3 stories

[2] Policy Period
From November 13, 2025 to November 13, 2026, 12:01 AM, standard time at the insured's mailing address.

[3] Coverage

A. Workers' Compensation Insurance - **Part One** of this policy applies to the Workers' Compensation Law of the following states: Texas
B. Employer's Liability Insurance - **Part Two** of this policy applies to work in each of the states listed in item [3]A. The limits of our liability under Part Two are:

Bodily Injury by Accident - each accident	$100,000
Bodily Injury by Disease - each employee	$100,000
Bodily Injury by Disease - policy limit	$500,000

Other States Insurance - Part Three of this policy applies to states other than New York, North Dakota, Ohio, Washington, and Wyoming.

C. Other States Insurance - Part Three of this policy also does not apply to states listed in part [3]A.

D. This policy includes these endorsements and schedules:
See Extension of Information Page - Schedule of Forms

[4] Premium
The Premium Basis and, therefore, the premium will be determined by our Manual of Rules, Classifications, Rates, and Rating Plans. All required information is subject to verification and change by audit. (Continued on another page)

Total Estimated Policy Premium	**$**	**7,628**
Total Surcharges/Assessments	**$**	**0.00**
Total Estimated Cost	**$**	**7,628.00**

Policy Information Page

Extension of Information Page

Schedule of Forms

* WC000000C - STANDARD POLICY
* WC000403 - EXPERIENCE RATING MODIFICATION FACTOR
  WC000406 - PREMIUM DISCOUNT ENDORSEMENT
* WC000414A - NOTIFICATION OF CHANGE IN OWNERSHIP ENDT
  WC000422C - TERR RISK INS PROG REAUTHORIZATION ACT
* WC000425 - EXP. RATING MODIF. FACTOR REVISION END'T
* WC420301K - TEXAS AMENDATORY ENDORSEMENT
* WC420407 - TEXAS - AUDIT PREMIUM ENDORSEMENT
* WC990000 - AUTHORIZATION AND ATTESTATION END'T

*As part of our ongoing commitment to environmental responsibility through our operations, we have chosen not to reprint those forms (marked with asterisk) that have not changed and were previously sent to you. You can obtain a new copy of any of these forms by contacting us via phone at 844-472-0967; our Customer Service Representatives will either be able to help you locate a document yourself or can send a copy to you. As always, we thank you for selecting us as your insurer. We look forward to serving you!

Pursuant to Texas Labor Code §411.066, Berkshire Hathaway Insurers of biBERK is required to notify its policyholders that accident prevention services are available from Berkshire Hathaway Insurers of biBERK at no additional charge. These services may include surveys, recommendations, training programs, consultations, analyses of accident causes, industrial hygiene, and industrial health services. Berkshire Hathaway Insurers of biBERK is also required to provide return-to-work coordination services as required by Texas Labor Code §413.021 and to notify you of the availability of the return-to-work reimbursement program for employers under Texas Labor Code §413.022. If you would like more information, contact Berkshire Hathaway Insurers of biBERK at 844-472-0967, extension and LossControl@biberk.com for accident prevention services or 844-472-0967, extension and LossControl@biberk.com for return-to-work coordination services. For information about these requirements call the Texas Department of Insurance, Division of Workers' Compensation (TDI-DWC) at 1-800-687-7080 or for information about the return-to-work reimbursement program for employers call the TDI-DWC at (512) 804-5000. If Berkshire Hathaway Insurers of biBERK fails to respond to your request for accident prevention services or return-to-work coordination services, you may file a complaint with the TDI-DWC in writing at http://www.tdi.texas.gov or by mail to Texas Department of Insurance, Division of Workers' Compensation, MS-8, at 7551 Metro Center Drive, Austin, Texas 78744-1645.

We make a variety of loss control services available to you at no additional charge. Please contact your agent for details.

Policy Information Page

[4] Premium (cont.)

Texas

Classification	Code	Premium Basis: Total Estimated Annual Remuneration	Rate per $100 Remuneration	Estimated Annual Premium
Effective: 11/13/2025-11/13/2026				
IRON/STEEL:ERECTION-FRAME/STRUCTURE	5040	$210,600	3.62	$7,624
Schedule Modification			2.0%	$-152
Premium Discount			3.145%	$-235
Total Estimated Annual Premium for TX				$7,237

Policy Totals

Total Estimated Standard Premium for Texas	$7,237
Expense Constant	$340
Terrorism TX 9740 0.024 $210,600	$51
Minimum Premium TX $250	
Total Estimated Annual Premium	$7,628
Total Estimated Cost for N9WC298414	$7,628

Policy Information Page

Policy Payment Terms

Payment Option: Direct Draft

Under our Direct Draft Program, your account will be debited directly. Approximately 20 days prior to your payment due date, you will receive a Notice of Premium Due which states the amount and due date of the debit.

Installment Plan
(prepared 11/06/2025)

Down Payment received 11/06/2025 - $1,525.60

678.04	12/14/2025
678.04	01/14/2026
678.04	02/13/2026
678.04	03/18/2026
678.04	04/15/2026
678.04	05/14/2026
678.04	06/13/2026
678.04	07/15/2026
678.08	08/13/2026

Since your expiring coverage was with CYB, please be aware that any audit premium for that policy must be paid by the date shown on the Final Audit Billing Statement to keep your current coverage in force.

*Includes surcharges and state fees, if any.

PREMIUM DISCOUNT ENDORSEMENT

The premium for this policy and the policies, if any, listed in Item 3 of the Schedule may be eligible for a discount. This endorsement shows your estimated discount in Items 1 or 2 of the Schedule. The final calculation of premium discount will be determined by our manuals and your premium basis as determined by audit. Premium subject to retrospective rating is not subject to premium discount.

Schedule

1. **State** **Estimated Eligible Premium**

	First $5,000	Next $95,000	Next $400,000	Balance
Texas	0	9.5	11.9	12.4

2. Average percentage discount: _____%

3. Other policies:

4. If there are no entries in Items 1, 2 and 3 of the Schedule, see the Premium Discount Endorsement attached to your policy number:

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective Policy No. N9WC298414 Endorsement No.
Insured Premium

Insurance Company Countersigned by_____

Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2019. It serves to notify you of certain limitations under the Act, and that your insurance carrier is charging premium for losses that may occur in the event of an Act of Terrorism.

Your policy provides coverage for workers compensation losses caused by Acts of Terrorism, including workers compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations.

Definitions

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

“Act” means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments thereto, including any amendments resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2019.

“Act of Terrorism” means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States, as meeting all of the following requirements:

a. The act is an act of terrorism.
b. The act is violent or dangerous to human life, property, or infrastructure.
c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
d. The act has 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.

“Insured Loss” means any loss resulting from an act of terrorism (and, except for Pennsylvania, including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.

“Insurer Deductible” means, for the period beginning on January 1, 2021, and ending on December 31, 2027, an amount equal to 20% of our direct earned premiums during the immediately preceding calendar

Limitation of Liability

The Act limits our liability to you under this policy. If aggregate Insured Losses exceed $100,000,000,000 in a calendar year and if we have met our Insurer Deductible, we are not liable for the payment of any portion of the amount of Insured Losses that exceeds $100,000,000,000; and for aggregate Insured Losses up to $100,000,000,000, we will pay only a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.

Policyholder Disclosure Notice

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses occurring in any calendar year exceed $200,000,000, the United States Government would pay 80% of our Insured Losses that exceed our Insurer Deductible.
2. Notwithstanding item 1 above, the United States Government will not make any payment under the Act for any portion of Insured Losses that exceed $100,000,000,000.
3. The premium charge for the coverage your policy provides for Insured Losses is included in the amount shown in Item 4 of the Information Page or in the Schedule below.

Schedule

State	Rate	Premium
TX	0.024	$51.00

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective
Insured

Policy No. N9WC298414

Endorsement No.
Premium

Insurance Company
National Liability & Fire Insurance Company

Countersigned by _____

POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE

Coverage for acts of terrorism is included in your policy. You are hereby notified that the Terrorism Risk Insurance Act, as amended in 2019, defines an act of terrorism in Section 102(1) of the Act: The term "act of terrorism" means any act or acts that are 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 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. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 80%beginning on January 1, 2020, of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a $100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds $100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed $100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is 51.00_____, and does not include any charges for the portion of losses covered by the United States government under the Act.

Policy No. N9WC298414

Insurance Company National Liability & Fire Insurance Company

biBERK
PO Box 113247
Stamford, CT 06911-3247
Toll-Free 844-472-0967
FAX 203-361-3846
www.biBERK.com

A NOTICE TO ALL TEXAS POLICYHOLDERS ABOUT OUR ACCIDENT PREVENTION SERVICES

At Berkshire Hathaway Insurers of biBERK, we believe the prevention of workplace injuries and illnesses is just as important as the prompt, fair settlement of claims. As a result, we offer a variety of loss control services to our policyholders at no additional charge. Since not all employers require the same level of assistance with these types of activities, we would be happy to discuss the ones that might be right for the size and scope of your particular business.

At your request:

- Our loss control representatives can visit your workplace to evaluate current conditions and safety practices, providing follow-up recommendations in writing to help mitigate employee injuries and illnesses. This analysis, together with a review of your company's current loss history, can serve as the blueprint for later program development.
- Loss runs can be made available to assist you in reviewing your claims history and help identify recurrent patterns, enabling underlying causes to be corrected.
- Safety awareness campaigns can be introduced to promote the prevention of accidents.
- We can assist in setting up a safety committee and in training your staff to administer a formal or informal safety program, which would include elements such as: the essential areas of hazard identification, accident/incident investigation, early reporting of claims, and stay-at-work and return-to-work protocols. Consultation on industrial hygiene and industrial health issues can also be made available.
- We can provide guidance on returning your injured employees to work, helping you to implement modified and/or alternative duties when necessary.
- A wide variety of educational materials such as posters, audiovisual aids, and brochures can be obtained.

FOR MORE INFORMATION ABOUT THESE SERVICES, PLEASE CONTACT US:

(BY PHONE) 844-472-0967 • (FAX) 203-361-3846 • (E-MAIL) CustomerService@biberk.com

OR MAIL CORRESPONDENCE TO:
Berkshire Hathaway Insurers of biBERK
ATTN: LOSS CONTROL
PO Box 113247 • Stamford, CT 06911-3247

<u>Important Notice for Texas Employers About the Prompt Reporting of Workplace Fatalities</u>
The state of Texas requires Workers' Compensation insurers to visit our policyholders within three business days following notification of a workplace fatality. To assist us in helping you effectively manage this severe type of loss, please notify us immediately.

biBERK
PO Box 113247
Stamford, CT 06911-3247
Toll-Free 844-472-0967
FAX 203-361-3846
www.biBERK.com

Important Alert for Policy #N9WC298414

Please read this important advance notice outlining the process for handling Workers' Compensation coverage for Texas subcontractors and owner-operators. If you have any questions, we suggest you contact your agent immediately because your premium may be affected at final audit time.

About Subcontractors and Owner-Operators

If you utilize subcontractors or owner-operators, you must complete the Texas Insurance Department's Division of Workers' Compensation form that most appropriately classifies your employment arrangement with each individual. Copies must be filed within 10 days with Berkshire Hathaway Insurers of biBERK (address above) AND the state (address included on forms).

The different subcontractor and owner-operator forms are briefly described below. To obtain copies, go to the home page for the Texas Insurance Department's Division of Workers' Compensation and click **DWC Forms** (at left underneath *Online Resources*), then **Full Listing by Form Number**, and scan to find your needed form.

DWC Form 81 - Agreement Between General Contractor and Subcontractor to Provide Workers' Compensation Insurance
This agreement defines (for the purposes of Texas Workers' Compensation laws only) the general contractor as the employer of the subcontractor and the subcontractor's employees.

DWC Form 82 - Agreement for Motor Carriers and Owner Operators
This is an agreement that confirms whether the Motor Carrier will provide Workers' Compensation insurance for the Owner Operator or instead the Owner Operator will assume the responsibilities of an employer for the performance of work.

DWC Form 83 – Agreement for Certain Building and Construction Workers
This form is used to establish whether an independent or employer/employee relationship exists for certain building and construction workers.

DWC Form 84 – Exception to Application of Join Agreement for Certain Building and Construction Workers
This form is used to indicate a previously filed DWC Form 83, indentifying an independent relationship between the undersigned, does not apply to this subsequent hiring agreement.

DWC Form 85 - Agreement Between General Contractor and Subcontractor to Establish Independent Relationship
This form establishes an independent relationship between the general contractor and the subcontractor.

We appreciate your anticipated cooperation, and we look forward to serving you during the upcoming policy year.

biBERK
PO Box 113247
Stamford, CT 06911-3247
Toll-Free 844-472-0967
FAX 203-361-3846
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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_____.

_____ 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

_____ _____

Employer Name (print or type) Address

N9WC298414

BiBerk a Berkshire Hathaway Company
P.O. Box AH • 19 Frazer Ln
Wilkes-Barre, PA 18703-0020
Toll-Free 1-844-472-0967
www.biberk.com

IMPORTANT NOTICE

To obtain information or make a complaint:

You may write to:

Berkshire Hathaway Insurers of Biberk
Attn: Customer Service
P.O. Box 113247
Stamford, CT 06911-3247

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights, or complaints at:

1-800-252-3439

You may write to the Texas Department of Insurance at:

PO Box 12030
Austin, TX 78711-2030

or correspond via e-mail to **ConsumerProtection@tdi.texas.gov** or visit the Department's web site at **www.tdi.texas.gov**. Note that a complaint can be filed with us even if a complaint has also been filed with the Texas Department of Insurance.

PREMIUM OR CLAIM DISPUTES:

If you have a dispute about your premium or your claims, you should contact your agent and company. If the dispute is not resolved, you may contact the Texas Department of Insurance Division of Workers Compensation, Compliance, and Investigation:

7551 Metro Center Drive
Suite 100, MS-8
Austin, TX 78744
Fax: 512-490-1030
Email: DWC-ComplianceReview@tdi.texas.gov

OR

National Council on Compensation Insurance (NCCI)
Dispute Resolution Services
901 Peninsula Corporate Circle
Boca Raton, FL 33487-1362
Fax: 561-893-5043
Email: regulatoryoperations@ncci.com

ATTACH THIS NOTICE TO YOUR POLICY

This notice is for information only and does not become a part or condition of the attached document.

Privacy Policy

biBERK is committed to treating and using personal financial information about you and your employees responsibly. We will not disclose nonpublic, personal information about you and your employees to anyone except as permitted or required by law.

This disclosure is made on behalf of National Liability & Fire Insurance Company.

Collecting Information

We collect nonpublic, personal information from you about you and your employees to properly maintain and service your policy. This nonpublic, personal information may come from the following sources:

- Application Information and Other Forms. On the application for insurance or other forms completed by you, you provide us with most of the information we need to process policies and claims.
- Transaction Information. We may develop information about you and your employees based on transactions and experiences you have with us, our affiliates, or others.
- Third-Party Information. This is information that we receive to verify or supplement your application or claims.

Disclosing Information

In the course of conducting business and as permitted or required by law, we may share nonpublic, personal information about you and your employees with our affiliated companies. We do not disclose any nonpublic, personal information about you and your employees to any nonaffiliated third parties, except for the conduct of our business or as permitted or required by law. Information may be supplied to others providing business services for us. Additionally, we may provide information for audit or research purposes or to law

Securing Information

We restrict access to nonpublic, personal information about you and your employees to our employees who need to know the information necessary to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with applicable regulations to guard the nonpublic,

SEPARATOR PAGE