

Date: 4/4/2026

Quote: QMWC0082598

DBA: House of Iron

We are pleased to offer the following Workers' Compensation quotation. See the attached application for a breakdown of premium, state taxes and fees, as well as down payment information regarding this quote.

This quote is provided subject to the following:

1. Requested Effective Date (dated tomorrow or later)
2. Provide Payment Plan: Annual, Semi-Annual, Quarterly, or Monthly
3. Signed Terms and Conditions Form (attached)
4. Detailed Carrier Loss Runs confirming coverage and claims history (as provided on the submission)
5. Complete Acord 130 including the following information (or formal bind request to include)
 - a. Applicant Email Address, Phone Number, Physical and Mailing Addresses
 - b. FEIN
 - c. Owner/Officer Info: Name, Title, Incl/Excl, Class Code, Ownership % (for each, must total 100%)
6. Signed Owner/Officer Inclusion/Exclusion Form(s) (Attached)

Carrier Premium & Assessments: \$0

Total Quotation: \$0

Step 1: Bind the Policy

- Email your bind request to: wcbinds@btisinc.com
(including subject to' items listed above)

Note: Deposit Instructions

- Do not collect the premium due to the carrier.
- Once bound, the Insured will receive an email with a custom payment page link where they will make secure payments on the policy.
- Pie Insurance requires enrollment in automatic payments via: credit/debit card or ACH.

All quotations should be considered an estimate and are subject to change based on accurate underwriting information, changes in state rates, experience modifications, or any other items by jurisdictions that have control over such items. Final premium will be determined at the end of the policy period, after payrolls have been audited. This quotation is strictly conditioned upon no material change in the risk (including but not limited to claims and potential claims), between the date of this quotation and the inception date of the proposed policy. The insured is required to advise the potential insurer of any changes immediately and prior to binding the coverage. In the event of such change in risk, the insurer may in its sole discretion, whether or not this quotation has been already accepted by the insured, modify and/or withdraw its quotation.

Commercial Insurance Proposal

Prepared for:

Susan Elliot
326 E Lockeford St
Lodi, CA 95240

Presented by:

Builders & Tradesmen's Insurance Services, Inc.
6610 SIERRA COLLEGE BLVD, Suite E
ROCKLIN CA 95677-0000

Proposal Date: 4/4/2026

PREMIUM SUMMARY

Coverage	Premium
Workers Compensation	\$2,824.00
Surcharges	\$0.00
Proposal Total	\$2,824.00*

*Terrorism is included in the proposal total.

Quote	Issuing Carrier	Quote Type	Bill Type	Pay Plan
8183040	Technology Insurance Company, Inc. Term: 11/14/2021 - 11/14/2022 Quote Status: BIND ELIGIBLE	Workers Compensation	Direct Billed	10 Monthly Installment

PAYMENT INSTALLMENT SCHEDULE

Quote	Installments	Invoice Date	Due Date	Premium	Surcharge	Amount
8183040	Workers Compensation					
	Downpayment	12/30/2021	1/14/2022	\$268.00	\$108.00	\$376.00
	Installment 1 of 9	1/25/2022	2/14/2022	\$272.00	\$0.00	\$272.00
	Installment 2 of 9	2/22/2022	3/14/2022	\$272.00	\$0.00	\$272.00
	Installment 3 of 9	3/25/2022	4/14/2022	\$272.00	\$0.00	\$272.00
	Installment 4 of 9	4/22/2022	5/14/2022	\$272.00	\$0.00	\$272.00
	Installment 5 of 9	5/25/2022	6/14/2022	\$272.00	\$0.00	\$272.00
	Installment 6 of 9	6/24/2022	7/14/2022	\$272.00	\$0.00	\$272.00
	Installment 7 of 9	7/25/2022	8/14/2022	\$272.00	\$0.00	\$272.00
	Installment 8 of 9	8/25/2022	9/14/2022	\$272.00	\$0.00	\$272.00
	Installment 9 of 9	9/23/2022	10/14/2022	\$272.00	\$0.00	\$272.00

*Installment fees may apply. Please see terms and conditions for fee structure.

WORKERS COMPENSATION 8183040 BIND ELIGIBLE

PREMIUM SCHEDULE

State: CA	Period 1: 11/14/2021 - 11/14/2022	Experience Mod: 0.00		
Class Code	Description	Exposure	Rate	Premium
3040	Iron Works — non-structural	\$38,000.00	9.780	\$3,716.00
5102	Iron, Steel, Brass, Bronze or Aluminum Erection — non-structural	\$0.00	10.500	\$0.00
6400	FENCE CONSTRUCTION-metal or wood	\$0.00	10.360	\$0.00
8232	Building Material Dealers	\$0.00	7.160	\$0.00
Total Premium Subject To Experience Modification				\$3,716.00
Experience Modification N/A				\$3,716.00
9887	Schedule Modifier -30%			-\$1,115.00
9740	Terrorism 3%			\$11.00

This proposal expires the sooner of (30) days after the proposal date or the proposed inception date, coverage may not be bound retroactively. Coverage rate indications reflect currently approved and executed forms and factors and may be subject to change effective policy inception. Only AmTrust policy forms issued at inception provide coverage, terms and conditions.

Presented by:
Builders & Tradesmen's Insurance Services, Inc.
6610 SIERRA COLLEGE BLVD, Suite E
ROCKLIN, CA 95677-0000

Commercial Insurance Proposal
Proposal Date: 4/4/2026
MAC Account # 30191103



9741	Catastrophe (other than Terrorism) 1%	\$4.00
0900	Expense Constant	\$100.00
Total Premium		\$2,716.00
9999	WCARF 2.2646%	\$62.00
9999	UEBTF 0.0775%	\$2.00
9999	SIBTF 0.6579%	\$18.00
9999	OSHAF 0.2584%	\$7.00
9999	LECF 0.2272%	\$6.00
9999	FRAUD 0.4734%	\$13.00
Total CA Cost		\$2,824.00
Total CA cost:		\$2,824.00
Minimum Premium:		\$500.00
Total Estimated Annual Premium:		\$2,716.00
State Assessment:		\$108.00
Total Estimated Cost:		\$2,824.00
Initial Deposit/Down Payment Amount required to Bind:		\$376.00

Workers' Compensation - IMPORTANT NOTICE:

This Workers' Compensation quotation is an estimate based upon the underwriting information received including any experience modifications - which may change at the time of binding coverage.

The policy is auditable with the final premium based on actual payroll and job classifications. Current Certificates of Workers' Compensation coverage must be maintained on all subcontracted labor and available to review by a representative of the insurance company. In the event the required certificates are not maintained, the amounts paid to the subcontractors will be included as payroll and a premium change will be made.

Quote not valid if any of the information provided by the Insured or representing Agent is determined to be fraudulent or purposefully misleading in an attempt to alter coverage in any way or premium calculations.

Please note that in addition to the coverages identified in the rating information above, your policy includes terrorism coverage consistent with the Federal Terrorism Risk Insurance Act of 2002.



Insured Name: Susan Elliot
Policy #:

California Waiver of Workers' Compensation Coverage

I hereby certify the following: (Check the entity type below that applies)

CORPORATION:

Pursuant to **California Labor Code § 3352(a)(16)(A)(i)**, I am an officer or member of a board of directors of a quasi-public or private corporation who renders actual service for the corporation for pay, and that I either (1) own at least 10% of the issued and outstanding stock of the above-named insured corporation, or (2) own at least 1% of the issued and outstanding stock of the corporation if my parent, grandparent, sibling, spouse, or child owns at least 10% of the issued and outstanding stock of the corporation, and am covered by a health insurance policy or a health service plan. (If you are the 100% sole owner of a corporation, you are automatically excluded from coverage and a waiver form is not required)

PARTNERSHIP/LIMITED LIABILITY COMPANY (LLC):

Pursuant to **California Labor Code § 3352(a)(17)(A)**, I am a working general partner (if the insured is a partnership) or managing member (if the insured is a limited liability company), of the above-named insured.

PROFESSIONAL CORPORATION:

Pursuant to **California Labor Code § 3352 (a)(18)(A)(i)**, I am an owner of a professional corporation, as defined in Section 13401 of the Corporations Code, who is a practitioner rendering the professional services for which the professional corporation is organized and am covered by a health insurance policy or a health care service plan.

COOPERATIVE CORPORATION:

Pursuant to **California Labor Code § 3352(a)(19)(A)(i)**, I am an officer or member of a board of directors of a cooperative corporation organized pursuant to the Cooperative Corporations Law (Corporations Code, Sections 12200-12704), and am covered by a health care service plan or health insurance policy, and a disability insurance policy that is comparable in scope and coverage, as determined by the Insurance Commissioner, to a workers' compensation policy.

TRUST:

Pursuant to **California Labor Code § 3352(g)**, I am a person who holds the power to revoke a trust, with respect to shares of a private corporation held in trust or general partnership or limited liability company interests held in trust and I otherwise meet the criteria for exclusion from coverage as an officer or member of board of directors of a private corporation or as a general partner of a partnership or a managing member of an limited liability company as described above and in Cal Lab Code § Section 3352.

As a qualifying person, I elect to be excluded from the above-named insured's workers' compensation insurance policy. I understand and agree that this written waiver will be effective upon the date of receipt and acceptance by the above-named insurer, that the insurer may elect to backdate the acceptance of the waiver up to 15 days prior to the date of receipt of the waiver, and that it shall remain in effect until I provide the insurer with a written withdrawal of this waiver. I understand and agree that by signing this waiver, I will not be entitled to coverage under the above-named insured's workers' compensation insurance policy with the above-named insurer if an employment-related injury occurs.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE

PRINT NAME

DATE: _____

NOTE TO EMPLOYER: The exclusion will be endorsed to the policy upon our receipt and acceptance of a signed and properly completed form. The person electing exclusion must sign this form. Company representatives may not sign on behalf of the individual. One exclusion per form. Submit additional forms if needed.

California Short-Rate Cancellation Disclosure Notice
IMPORTANT INFORMATION REGARDING YOUR POLICY

The policy for which you have applied contains a cancellation provision that permits us to refund premium on a basis other than pro rata when you cancel the policy. Under the policy for which you have applied, if you cancel the policy, your final premium will be calculated based on the time your policy was in force with us, increased by the percentage specified in the short-rate cancellation table listed below.

SHORT RATE CANCELLATION TABLE FOR A TERM OF ONE YEAR

Days Policy In Force	Percent of One Year Premium	Days Policy In Force	Percent of One Year Premium	Days Policy In Force	Percent of One Year Premium
1	5%	95-98	37%	219-223	69%
2	6	99-102	38	224-228	70
3-4	7	103-105	39	229-232	71
5-6	8	106-109	40	233-237	72
7-8	9	110-113	41	238-241	73
9-10	10	114-116	42	242-246 (8mos).....	74
11-12	11	117-120	43	247-250	75
13-14	12	121-124 (4mos).....	44	251-255	76
15-16	13	125-127	45	256-260	77
17-18	14	128-131	46	261-264	78
19-20	15	132-135	47	265-269	79
21-22	16	136-138	48	270-273 (9mos).....	80
23-25	17	139-142	49	274-278	81
26-29	18	143-146	50	279-282	82
30-32 (1mo).....	19	147-149	51	283-287	83
33-36	20	150-153 (5mos).....	52	288-291	84
37-40	21	154-156	53	292-296	85
41-43	22	157-160	54	297-301	86
44-47	23	161-164	55	302-305 (10mos).....	87
48-51	24	165-167	56	306-310	88
52-54	25	168-171	57	311-314	89
55-58	26	172-175	58	315-319	90
59-62 (2mos).....	27	176-178	59	320-323	91
63-65	28	179-182 (6mos).....	60	324-328	92
66-69	29	183-187	61	329-332	93
70-73	30	188-191	62	333-337 (11mos).....	94
74-76	31	192-196	63	338-342	95
77-80	32	197-200	64	343-346	96
81-83	33	201-205	65	347-351	97
84-87	34	206-209	66	352-355	98
88-91 (3mos).....	35	210-214 (7mos).....	67	356-360	99
92-94	36	215-218	68	361-365 (12mos).....	100

PROPOSAL TERMS AND CONDITIONS

- This proposal replaces all previous proposals for this insured.
- The proposal expires the sooner of thirty (30) days from the date of the proposal or proposed policy inception date, and coverage may not be bound retroactively.
- This proposal provides a summary of coverages. For a complete description of coverages and all terms and conditions, please refer to AmTrust's policy forms, which are available upon request. In the event of a conflict, the actual terms, conditions, limitations and exclusions of the policy shall prevail. Insurance specifications and other requests for coverage that are not incorporated in this proposal, confer no rights and do not amend, extend or alter the coverage afforded by AmTrust.
- Whether or not this quote is for more than one line of insurance, it must be accepted or rejected by the recipient in its entirety. Please contact the underwriter in the event that only a portion of the quotation is desired.
- This proposal is subject to the cancellation provisions applicable to each policy.
- Prior to the effective date of coverage AmTrust must be advised of any change in the information provided by, or required to be provided by, the applicant, or any change in the exposure basis, hazard or risk contemplated by this proposal since the original submission date. AmTrust reserves the right to modify or withdraw this proposal in the event of any of the above.
- All of the terms, conditions, and other requirements set forth in this proposal must be included in any quote presentation to the proposed insured.

In an effort to provide AmTrust customers with a variety of billing options, the below fee structure will be applied to your new policy.

This fee structure helps customers to meet payment due dates, ensures that valid and properly funded payments are submitted, and provides an incentive for paid-in-full options.

Our fee structure is as follows:

Fee Title	Fee Amount	Description
Installment Fee	\$15	A "paper" billing fee that is assessed for each mailed installment invoice. Excludes down payment and annual payment plans. Fee is billed at the account level.
EFT Fee	\$3	An "electronic" billing fee that is assessed for each ACH Direct Debit transaction. Fee is billed at the account level.
Late Fee	\$20	Late fee applied if payment not received.
Returned Payment Fee	\$25	A returned payment fee applied to any return payment.
Reinstatement Fee	\$50	Fee applied upon reinstatement of a non-payment cancellation.

* Fee amount may vary by state and program of business.

* EFT fees do not apply to our PAYO and PSR(PAYO Self Reporting) payment plans.

BINDING REQUEST AUTHORIZATION AND ACCEPTANCE

This proposal is only bindable for Agents with AmTrust Binding Authority or after the approval of an AmTrust Underwriter.

Thank you for the opportunity to quote, your business is valued by us. This quotation is valid for (30) days or the proposed inception date in the policy period noted above. All premiums and policy conditions are subject to final underwriting approval and/or verification of application data submitted to us which has caused us to issue this proposal. While every effort has been made herein to provide a fair description of the coverages afforded by our policies, no coverages are afforded by this proposal. The actual insurance CONTRACT WILL determine coverage in ALL CLAIM situations. If you have any questions or concerns regarding the content of this proposal, you should immediately contact your AmTrust agent noted above for clarification.

Binding Authorization and Acceptance: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and substantial civil penalties[NY]. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied.)

In the District of Columbia, warning: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines.

In Florida, any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

In Massachusetts, Nebraska, Oregon and Vermont, any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

In Washington it is a crime to knowingly provide false incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on this application. He/she represents that the answers are true, correct and complete to the best of his/her knowledge.

Producers Signature: _____ Producers Name: _____ State Producer License No. _____

AmCares

AmCares 24/7 Nurse Line: Your First Step for Injured Employees

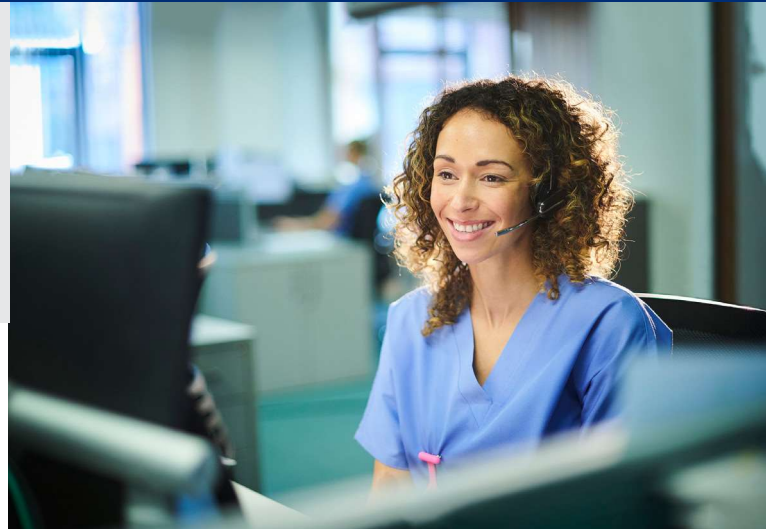
AmCares® offers a 24/7 nurse line to all policyholders at no additional cost. Nurses use nationally recognized triage guidelines to identify the appropriate level of care. Make AmCares your first step after a workplace injury, as nurses will assess the situation and recommend care options, including:

- Self-Care
- Telemedicine
- Occupational Clinic
- Urgent Care
- Emergency Room

Key Takeaways

- With a single phone call, AmTrust insureds can report a claim and have their employee speak to a nurse.
- If the injured employee is available by phone and has not already received care, call 888-239-3909 and select the option to speak to a nurse for timely assessment and care recommendations.
- A nurse will inform about in-network providers if treatment is necessary.

Please contact Amcaresnursetriage@amtrustgroup.com with any questions.



Benefits



Immediate access to nurse expertise

Nurse will conduct assessment and provide appropriate care recommendations



Easy claim reporting

One call to create claim & speak to a nurse



Decrease unnecessary ER visits & wait time

Ensure appropriate level of care is selected for the injury



Access to quality network providers

Recommend providers near the injured employee, if needed

AmTrust Flexible **Payment Options** Insurance Payments Made Simple and Convenient

Payment Options

- AmTrust AutoPay – Direct debit / EFT
- Credit Card – Online or by phone, MasterCard®, Discover®, VISA® and American Express® accepted
- Check or Electronic Check – Online or by phone
- PAYO® (Pay-As-You-Owe®) – Applies only to workers' comp policies
- Suite of PAYO Solutions:
 - Traditional PAYO
 - 3rd Party Facilitators
 - PSR - PAYO Self Reporting

AmTrust AutoPay

With this direct debit payment option there's no need to worry about writing a check every month. Once signed up, payments will be automatically withdrawn from the designated bank account.

To sign up, visit www.amtrustfinancial.com, click "LOGIN" in the upper right corner and click "Register." All of the information needed to register can be found on the insured's invoice. Once registered, there is a menu item to sign up for Direct Debit. Complete the needed information and payments will begin being automatically deducted each month.

If changes need to be made to the bank information, simply go back to AmTrust Online and modify the banking information as needed. If the online option is not viable, Direct Debit authorization forms are also available by calling our Customer Service Department at 877.528.7878.

Pay-As-You-Owe® (PAYO®)

Workers' comp premium made easy.

Traditional PAYO

Automated payment solution – Insured keeps their local insurance agent and local payroll company. No upfront money needed to bind coverage. Workers' comp premium is calculated automatically as payroll is processed.

3rd Party Facilitators

Automated payment solution – Insured keeps their local insurance agent and their non-affiliated payroll company. No upfront money needed to bind coverage. Our 3rd Party Facilitators functions as the intermediary between the insured and their payroll company to calculate and pay the workers' comp premium.

PAYO Self Reporting (PSR)

Online self-reporting payment solution – Insured logs into AmTrust Online to register their policy, complete their EFT form and make their premium payments.

Benefits of PAYO include:

- No upfront money to bind coverage
- Enjoy "cash flow" benefits of paying premium based on "actual" payroll, not estimates
- No checks to write or invoices to pay
- Simplified audit process – reduces the chance of large audit surprises
- No AmTrust processing fees
- Better control over workers' comp business expense

Payment Plans

For a listing of our flexible payment plans, please contact your sales representative or our Customer Service Department at 877.528.7878

Online Payment

Easy Pay offers a quick and simple option for paying premiums Online with an electronic check or credit card no login required. For more information visit the www.amtrustfinancial.com homepage and select EASY PAY."

Insured Online offers a login payment approach. Signing up is simple. Go to AmTrust Online at www.amtrustfinancial.com, click "LOGIN" in the upper right corner and click "Register." All of the information needed to register can be found on the insured's invoice. Once registered, payments can be made by paying the minimum payment or full balance with a credit card or electronic check.

Additional Ways to Pay

If the aforementioned payment options do not fit your needs, you can also pay by check or by phone (credit card or electronic check).

To pay by phone, call our Customer Service Department at 866.513.5650:

- Monday - Thursday: 8 a.m. - 8 p.m. EST
- Friday: 8 a.m. - 7 p.m. EST

Our Interactive Voice Response (IVR) automated system is also available 24-7 at 866.513.5650, and can be selected during regular business hours if preferred.

To pay Direct Bill invoices by check, submit payment to:
AmTrust North America, P.O. Box 6939, Cleveland, OH 44101-1939