

EMPLOYBRIDGE HOLDING COMPANY

(This is only a general summary of coverage. Benefits are subject to the terms, limitations and exclusions of the policy See the master policy on file with Employbridge Holding Company for complete details.

SYNOPSIS OF COVERAGE ACCIDENT MEDICAL AND ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT

Covered Person means a person eligible for coverage as identified in the Application for whom proper premium payment has been made, and who is therefore insured under this Certificate. This would include your spouse, domestic partner and eligible unmarried dependent under age 26.

Benefits are payable for Eligible Expenses for non-work-related Injuries on the following basis:

Maximum Benefit Amount: \$5,000 per Injury

Deductible: \$0

Provided treatment begins within 30days from the date of Injury, we will pay, less the deductible shown above and not to exceed the maximum benefit amount, for eligible expenses. Benefits are payable for 1 year from the date of an Injury. The Injury must occur after the Effective Date and prior to the Expiration Date and care must be Medically Necessary.

If an injury to the Covered Person results in his incurring Eligible Expenses, we will pay the Eligible Expenses incurred, subject to the Deductible Amount and Coinsurance Percentage that are in excess of Expenses payable by any other Health Care Plan, regardless of any coordination of Benefits provision contained in such Health Care Plan.

Eligible expenses mean the Usual, Reasonable, and Customary charges for services or supplies which are incurred by the Covered Person for the Medically Necessary treatment for an injury. Eligible Expenses must be incurred while this Policy is in force. Eligible Expenses include the following:

(1) Hospital Room & Board, (2)Intensive Care Room & Board (3) Hospital Miscellaneous (4)Outpatient Pre-Admission Testing (5)Outpatient Hospital Expenses/ Emergency Room Treatment; Emergency Room (6) In Patient Surgical (7) Anesthesia(8) Physician Visit (9)Diagnostic X-Ray and Laboratory(10)Nursing Services(11)Physiotherapy(12)Ambulance(13)Medical Equipment Rental(14)Medical Services and Supplies(15) Dental Treatment.

THIS IS LIMITED ACCIDENT INSURANCE. IT IS AN ACCIDENT ONLY POLICY AND DOES NOT COVER LOSS OR EXPENSE RESULTING FROM SICKNESS, DISEASE, OR BODILY INFIRMITY. In order to receive benefits, an insured person must sustain an injury while the policy is in force and such injury directly and independently causes a loss covered by the policy.

ACCIDENTAL DEATH & DISMEMBERMENT

Benefit Amount Accidental Death and Dismemberment: \$15,000 (Covered Person Principal Sum)

Spouse Coverage is 50% of Principal Sum – (60% of Principal Sum if no dependent coverage)

Dependent Coverage is 20% of Principal – (25% of Principal if no covered spouse)

If, within 1-year from the date of an Accident covered by this Certificate, Injury from such Accident, results in Loss listed below, we will pay the percentage of the Principal Sum set opposite the loss in the table below. If the Covered Person sustains more than one such Loss as the result of one Accident, we will pay only one amount, the largest to which he is entitled. This amount will not exceed the Principal Sum which applies for the Covered Person.

<u>Loss</u>	<u>Percentage of Principal Sum</u>
Loss of Life	100%
Loss of both hands	100%
Loss of both feet	100%
Loss of entire sight of both eyes	100%
Loss of one hand and one foot	100%
Loss of one hand and entire sight of one eye	100%
Loss of one foot and entire sight of one eye	100%
Loss of one hand	50%
Loss of one foot	50%
Loss of Entire Sight and One Eye	50%
Loss of Thumb and Index Finger of the Same Hand	25%

EXCLUSIONS

This Certificate does not cover any loss resulting in whole or part from, or contributed to by, or as a natural or probable consequence of any of the following even if the immediate cause of the loss is an Accidental bodily Injury, unless otherwise covered under this Certificate by Additional Benefits:

1. Suicide, self-destruction, attempted self-destruction or intentional self-inflicted Injury while sane or insane. (2) War or any act of war, declared or undeclared. (3) An Accident which occurs while the Covered Person is on Active Duty Service in any Armed Forces, National Guard, military, naval or air service or organized reserve corps; (4) Injury sustained while in the service of the armed forces of any country. When the Covered Person enters the armed forces of any country, We will refund the unearned pro rata premium upon request; (5) Participation in a riot or insurrection; (6) Any Injury requiring treatment which arises out of, or in the course of fighting, brawling assault or battery. (7) Sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted. This does not include bacterial infection that is the natural and foreseeable result of an Accidental external bodily injury or accidental food poisoning. (8) Disease or disorder of the body or mind. (9) Mental or nervous disorders, except as specifically provided in this Policy. (10) Asphyxiation from voluntarily or involuntarily inhaling gas and not the result of the Covered Person's job. (11) Voluntarily taking any drug or narcotic unless the drug or narcotic is prescribed by a Physician and not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician. (12) Intoxication or being under the influence of any drug or narcotic; (13) Injury caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician. (14) Driving under the influence of a controlled substance unless administered on the advice of a Physician; (15) Driving while Intoxicated. "Intoxicated" will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs; (16) Violation or in violation or attempt to violate any duly-enacted law or regulation, or commission or attempt to commit an assault or felony, or that occurs while engaged in an illegal occupation. (17) Conditions that are not caused by a Covered Accident. (18) Covered Expenses for which the Covered Person would not be responsible in the absence of this Policy. (19) Any treatment, service or supply not specifically covered by this Policy. (20) Loss resulting from participation in any activity not specifically covered by this Policy. (21) Charges which Are in excess of Usual, Reasonable and Customary charges. (22) Expenses incurred for an Accident after the Benefit Period shown in the Schedule of Benefits; (23) Regular health checkups; (24) Services or treatment rendered by a Physician, Nurse or any other person who is employed or retained by the policyholder; or an Immediate Family member of the Covered Person. (25) Injuries paid for the treatment of an Occupational Injury or Sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act. (26) That part of medical expense payable by any automobile insurance policy without regard to fault. (Does not apply in any state where prohibited); (27) Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay; (28) Travel or activity outside the United States. (29) Participation in any motorized race or speed contest. (30) Heart attack, stroke or other circulatory disease or disorder, whether or not known or diagnosed, unless the immediate cause of Loss is external trauma. (31) Treatment of a hernia whether or not caused by a Covered Accident. (32) Treatment of Osgood-Schlatter's disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological or stress fractures, congenital weakness, whether or not caused by a Covered Accident. (33) Treatment of a detached retina unless caused by an Injury suffered from a Covered Accident. (34) Pregnancy, childbirth, miscarriage, abortion or any complications of any of these conditions. (35) Damage to or loss of dentures or bridges or damage to existing orthodontic equipment, except as specifically provided in this Policy. (36) Expense incurred for treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments, or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy; or craniomandibular joint dysfunction and associated myofascial pain, except as specifically provided in this Policy. (37) Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident while the Covered Person is covered under this Policy, and rendered within 6 months of the Accident; (38) Treatment for Blood or Blood plasma, except for charges by a Hospital for the processing or administration of blood; (39) Eyeglasses, contact lenses, hearing aids braces, appliances, or examinations or prescriptions therefore; (40) Any Accident where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license; (41) Travel in or upon: (a) A snowmobile; (b) A water jet ski; (c) Any two or three wheeled motor vehicle, other than a motorcycle registered for on-road travel; (d) Any off-road motorized vehicle not requiring licensing as a motor vehicle; when used for recreation competition. (42) Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from (i) While riding as a passenger in any Aircraft not intended or licensed for the transportation of passengers; or (ii) While being used for any test or experimental purpose; or (iii) While piloting, operating, learning to operate or serving as a member of the crew thereof; or (iv) while traveling in any such Aircraft or device which is owned or leased by or on behalf of the Policyholder or any subsidiary or affiliate of the Policyholder, or by the Covered Person or any member of his household. (v) A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or (vi) An ultra-light, hang-gliding, parachuting or bungi-cord jumping;

Except as a fare paying passenger on a regularly scheduled commercial airline or as a passenger in a non-scheduled, private aircraft used for business or pleasure purposes;(43) The repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices; (44) Rest cures or custodial care.(45)Elective or Cosmetic surgery, except for reconstructive surgery on a diseased or injured part of the body;(46) Massage Therapy, Physical Therapy or Acupuncture/Acupressure Services, unless otherwise specifically allowed for in the schedule of benefits. (47) Services rendered for detection and correction by manual or mechanical means (including x-rays incidental thereto) of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column.

CLAIMS INFORMATION

Written notice of claim must be given within 30 days after a covered loss or as soon as reasonably possible. Claim information should be sent to:

NAHGA CLAIM SERVICES
P.O. BOX 189 BRIDGTON, ME 04009
800-952-4320

Underwritten by: United States Fire Insurance Company

UNITED STATES FIRE INSURANCE COMPANY
Administrative Offices: 5 Christopher Way • Eatontown, NJ 07724

GROUP ACCIDENT APPLICATION

1. POLICYHOLDER INFORMATION

Applicant/Policyholder (Full Legal Name) Employbridge Holding Company

Address: 1845 Satellite Blvd., Ste. 300

City Duluth State GA Zip Code 30097

Phone Number 972-426-7338 FAX Number N/A

Type of business or organization: Employee/Employer

2. Requested Effective Date: January 01, 2026

3. Class of Eligible Persons: See attached Schedule of Benefits

4. Description of Hazards and Benefits See attached Schedule of Benefits

Persons who qualify within the Plans and classes described below are eligible to be insured under the Policy.

The Applicant/Policyholder agrees to the following terms.

1. The Applicant will promptly furnish any records or other information necessary to insure the proper administration of the insurance plans to the Underwriting Company. The Applicant further agrees to allow the Underwriting Company or its Administrator to examine all records that pertain to the insurance plans.
2. The consideration for the requested insurance is the Underwriting Company's acceptance of this application and the Applicant's payment of the required premium when due. Payment of the required premium, if any, after delivery of the policy acts as acceptance of the terms and conditions of the policy.

The Applicant represents that the information provided to the Underwriting Company to determine the terms of the insurance applied for is true and correct and forms the basis of the requested insurance.

IMPORTANT NOTE: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ACCEPTANCE:

(Signature and Title of Applicant's Authorized Representative) Date: _____

(City and State)

Accepted by: Steven Ferguson Date: 10/24/2025
(Signature and Title of Underwriting Insurance Company Representative)

FOR COMPANY USE ONLY:

SALES OFFICE: _____ **BROKER/AGENT:** _____

UNITED STATES FIRE INSURANCE COMPANY

5 Christopher Way, Eatontown, NJ 07724

AMENDATORY ENDORSEMENT

This Amendatory Endorsement is attached to and made a part of your Policy. The provisions of this Amendatory Endorsement are effective on the Effective Date of your Policy and will expire concurrently with your Policy, unless otherwise terminated. In consideration of issuance, the Policy is hereby amended and modified as follows:

Effective 01/01/2026, under Policy Number US2089049, the Policy term is amended to read as follows:

Policy Effective Date:	January 01, 2026
Policy Expiration Date:	December 28, 2026
Policy Number:	US2232724
Premium:	\$2.39 Individual Weekly/\$4.98 Family \$10.35 Family Monthly/\$21.60 Family \$0 Deductible

Except as stated herein, this Amendatory Endorsement does not change coverage in any other way and is subject to all provisions, terms, and conditions of the Policy. If there is a conflict between the Policy and this Amendatory Endorsement, the terms of this Amendatory Endorsement will govern.

Signed For **UNITED STATES FIRE INSURANCE COMPANY** By:



Marc J. Ade
Chairman and CEO

DO WITH YOUR PERSONAL INFORMATION?

Why?

Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

What?

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security number and income
- credit scores and credit-based insurance scores
- insurance claim history and employment information

How?

All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Crum & Forster chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does Crum & Forster share?	Can you limit this sharing?
For our everyday business purposes— such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes— to offer our products and services to you	Yes	No
For joint marketing with other financial companies	No	We don't share
For our affiliates' everyday business purposes— information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes— information about your creditworthiness	No	We don't share
For our affiliates to market to you	Yes	Yes
For nonaffiliates to market to you	No	We don't share

To limit our sharing

☐ Call 844.254.5754

☐ Email us at: CFGeneralCounsel@cfins.com

Please note: If you are a *new* customer, we can begin sharing your information 30 days from the date we sent this notice. When you are no longer our customer, we continue to share your information as described in this notice.

However, you can contact us at any time to limit our sharing.

Questions

Call 844.254.5754 or email us at: CFGeneralCounsel@cfins.com

Who are we

Who is providing this notice?

Crum & Forster and its affiliates.

What we do

How does Crum & Forster protect my personal information?

To protect your personal information from unauthorized access and use, we use security measures that comply with applicable federal and state law. These measures include computer safeguards and secured files and buildings.

How does Crum & Forster collect my personal information?

We collect your personal information, for example, when you

- apply for insurance or pay insurance premiums
- file an insurance claim or give us your contact information
- provide employment information

We also collect your personal information from others, such as credit bureaus, affiliates or other companies.

Why can't I limit all sharing?

Federal law gives you the right to limit only

- sharing for affiliates' everyday business purposes—information about your creditworthiness
- affiliates from using your information to market to you
- sharing for nonaffiliates to market to you

State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.

Definitions

Affiliates

Companies related by common ownership or control. They can be financial and nonfinancial companies.

- *Our affiliates include: United States Fire Insurance Company, The North River Insurance Company, Crum & Forster Indemnity Company, Seneca Insurance Company, Inc., Travel Insured International, Inc., Monitor Life Insurance Company of New York, MTAW Insurance Company, Bail USA, Inc. and any other company within the Crum & Forster group of companies.*

Nonaffiliates

Companies not related by common ownership or control. They can be financial and nonfinancial companies.

- *Crum & Forster does not share with nonaffiliates so they can market to you.*

Joint marketing

A formal agreement between nonaffiliated financial companies that together market financial products or services to you.

- *Crum & Forster doesn't jointly market.*

Other important information

For Insurance Customers in AZ, CT, GA, IL, ME, MA, MN, MT, NV, NJ, NC, OH, OR and VA only. The term "Information" in this section means customer information obtained in an insurance transaction. We may give your Information to state insurance officials, law enforcement, group policy holders about claims experience or auditors as the law allows or requires. We may give your Information to insurance support companies that may keep it or give it to others. We may share medical information, so we can learn if you qualify for coverage, process claims or prevent fraud or if you say we can.

To see your Information, submit a request via email to CFGeneralCounsel@cfins.com. You must state your full name, address, the insurance company, policy number (if relevant) and the Information you want. We will tell you what Information we have. You may see and copy the Information (unless privileged) at our office or ask that we mail you a copy for a fee. If you think any Information is wrong, you must write us. We will let you know what actions we take. If you do not agree with our actions, you may send us a statement.

For California Residents only. We will not share information we collect about you with nonaffiliated third parties, except as permitted by California law. We will limit sharing among our affiliates to the extent required by California law. We do not share information about creditworthiness. For further information visit our website.

You have the right to submit a written request to access, correct, amend, or delete certain personal information we collect about you. To submit a request please write your request and send it to the following privacyinformation@cfins.com. You have the right to receive a response to your request within 30 business days of the date of the submission of your request to access, correct, amend, or delete your personal information. If we refuse your request, you have the right to file a statement regarding what you believe to be accurate and fair information and why you disagree with our response. For more information see C&F's Model 670 Notice at <https://www.cfins.com/onlineprivacypolicy/glba/cfmodel670/>

For Massachusetts Residents only. You may ask in writing for the specific reasons for an adverse underwriting decision. An adverse underwriting decision is where we decline your application for insurance, offer to insure you at a higher than standard rate or terminate your coverage.

For Nevada Residents only. We are providing you this notice under state law. Nevada law requires we provide the following contact information: Bureau of Consumer Protection, Office of the Nevada Attorney General, 555 E. Washington St., Suite 3900, Las Vegas, NV 89101; Phone number: 702.486.3132; email: aginfo@ag.nv.gov; Crum & Forster: Office of the General Counsel, P.O. Box 1973, 305 Madison Avenue, Morristown, NJ 07962, 844.254.5754, CFGeneralCounsel@cfins.com.

For North Dakota Residents only. We will not share information we collect about you with nonaffiliated third parties, except as permitted by North Dakota law. We will limit sharing among our affiliates to the extent required by North Dakota law. For further information visit our website.

For Vermont Residents only. Under Vermont law, we will not share information we collect about Vermont residents with companies outside of our affiliates, unless the law allows. We will not disclose information about your creditworthiness to our affiliates and will not disclose your personal information, financial information, credit report, or health information to nonaffiliated third parties to market to you, other than as permitted by Vermont law, unless you authorize us to make those disclosures. Additional information concerning our privacy policies can be found on our website.