

Annual Compliance Audit Checklist

Site Name: _____

Site ID: _____

Audit Date: _____

Compliance Checks:

- Lease agreements current and signed
- Site safety inspection completed
- RF emissions within permitted levels
- Structural inspection completed
- Utility accounts active and current
- Insurance coverage verified
- Taxes and permits paid

Auditor Name: _____

Signature: _____



Insurance binder presented to:

RSG Specialty, LLC - Chicago, IL

Emily Koppang

For

Local2U LLC

Policy period

06/08/2025 - 06/08/2026

06/06/2025

NO FLAT CANCELLATIONS ONCE COVERAGE IS BOUND

Kinsale Insurance Company P.O. Box 17008 Richmond, VA 23226
Phone (804) 289-1300 Fax (804) 673-5697
www.kinsaleins.com

Kinsale Insurance Company

A.M. Best Company Rating: A (Excellent)
Financial Size Category: XIV

RSG Specialty, LLC - Chicago, IL - Emily Koppang

BINDER

RE: Local2U LLC
950 Tower Lane
Suite 750
San Mateo, CA 94404

Policy:0100305616-1
Date:06/06/2025
Renewal of Policy:0100305616-0

This binder contains an outline of coverage and does not include all the terms, conditions and exclusions of the policy that may be issued. The policy contains the full and complete agreement with regards to coverage. Please review this binder thoroughly and notify the Company immediately of any inaccuracies or discrepancies.

Company: Kinsale Insurance Company

Policy Term: 06/08/2025 - 06/08/2026

Coverage Form: Commercial General Liability - Occurrence

Retro Date: n/a

Description Of Operations: Telecommunication Wiring and Tower Contractor: No Coverage for Operations as an Internet Service Provider

Limits:

Each Occurrence Limit	\$1,000,000
Damages to Premises Rented to You Limit	\$100,000
Medical Expense Limit	Excluded
Personal & Advertising Injury Limit	\$1,000,000
General Aggregate Limit	\$2,000,000
Products / Completed Operations Aggregate Limit	\$2,000,000

Deductible:

Per Claim	\$2,500
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** Deductibles apply to all coverages, damages, and expenses.

Coverage Enhancements:

Additional Insured	
Waiver of Subrogation Endorsement	
Primary / Non-Contributory Endorsement	

Premium (Minimum premium applies)	\$8,317
Company Fees	\$250
Total Due	\$8,567
Minimum Earned Premium	25.00%
Minimum Deposit Premium	100.00%

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Please see cover page for complete taxes and fees

Company Fees are fully earned.

Premium is 100.00% minimum and deposit.

Minimum Premium applies.

Taxes, fees and surcharges are the responsibility of the broker.

Policy Subject to Annual Audit.

If this binder indicates the policy is subject to audit, then the initial premium payable at inception is considered an estimated and deposit premium only; we may conduct a premium audit on or about the cancellation or expiration date of the policy to determine the actual earned premium based on the amount of risk exposure during the policy term. Any refusal or failure by you to maintain, provide records, or to allow us to conduct an audit of such records, will result in the application of the Audit Noncompliance Charge Factor (if listed on this binder), or our calculating a final audit premium based on information available to us.

Class Description and Rating Basis:

Class Description	Exposure Base	Exposure Units	Rate
Conduit Construction for Cables or Wires	per \$1,000 Gross Sales	120,000	23.7917
Communication Equipment Installation - industrial or commercial			Included
Contractors - subcontracted work - in connection with construction, reconstruction, repair or erection of buildings - Not Otherwise Classified			Included

Condition Precedent:

This binder is conditioned on our receipt and approval of the materials listed below. We may rescind this binder if we do not receive, review and approve in writing these materials. Further, this binder is strictly conditioned upon there being no material change in the risk between the date of the binder and the effective date of the policy. If we determine that a material change has occurred, we may modify the terms of this binder, including rescinding it altogether.

1) Subject to the receipt of updated and signed Acord applications at time of binding.

Comments:

Our Environmental Division can offer Contractors Pollution Liability Coverage for this and a variety of construction accounts. Minimum Premium starts at \$1000. If you are interested in a CPL quote please forward a complete submission.

Exclusions and Endorsements:

CAS1000-0521 - Commercial General Liability Declarations
ADF9013-0524 - Notice - Where to Report a Claim
ADF4001-0110 - Schedule of Forms
CG0001-0413 - Commercial General Liability Coverage Form
ADF2000-0622 - Policy Amendment - Extrinsic Evidence
CAS2004-0110 - Deductible Endorsement

CAS2007-0222 - Common Conditions - Casualty
CAS2071-0922 - Warranty Endorsement - Licensing Compliance (Your Work)
CG2139-1093 - Contractual Liability Limitation
ADF4002-0824 - Basis of Premium
ADF4005-0721 - Composite Rate Endorsement
CAS4002-0110 - Waiver of Transfer of Rights of Recovery Against Others to Us-Blanket
CAS4004-0320 - Amendment - Supplementary Payments Inside Limits of Insurance
CAS4018-1121 - Additional Policy Provisions - Premium
CAS4020-0622 - Limitation - Independent Contractors Or Subcontractors
CAS4029-0721 - Amendment - Conditions - Premium Audit
CAS4053-1122 - Limitation - Underground Facility
ADF3001-0110 - Exclusion - Tainted Drywall
ADF3003-0922 - Exclusion - Absolute Pollution and Pollution Related Liability
ADF3010-0110 - Exclusion- Nuclear, Biological or Chemical Materials
ADF3011-0115 - Exclusion of Other Acts of Terrorism Committed Outside the United States; Exclusion of Punitive Damages Related to a Certified Act of Terrorism; Cap on Losses from Certified Acts of Terrorism
ADF3017-0622 - Exclusion - Biometric Information Privacy Laws
CAS3005-0110 - Exclusion-Welding or Thermal By Products
CAS3008-1122 - Exclusion - Exterior Insulation and Finish Systems (EIFS)
CAS3009-0110 - Exclusion-Medical Payments
CAS3011-0220 - Exclusion - New Entities (Commercial General Liability)
CAS3013-0110 - Exclusion-Subsidence
CAS3015-0620 - Exclusion - Residential Development and Apartment to Condominium Conversion
CAS3022-0619 - Exclusion - Prior Work (Commercial General Liability) (6/8/2023)
CAS3040-0222 - Amended Exclusion - Employer's Liability
CAS3042-0422 - Exclusion - New York
CAS3043-0621 - Additional Policy Exclusions
CAS3047-0319 - Exclusion - Hot Work
CAS3048-0110 - Exclusion- Punitive Damages
CAS3060-1120 - Exclusion - Injury to Independent Contractors
CAS3062-1219 - Exclusion - Dedicated Insurance Programs
CAS3095-0610 - Exclusion- Colorado
CAS3098-1120 - Exclusion - Named Insured vs. Named Insured
CAS3108-0420 - Amended Exclusion - Recording and Distribution of Material or Information- General Liability
CAS3118-1122 - Exclusion - Highway or Bridge Work
CAS3124-0616 - Exclusion - Violation of Statutes That Govern E-Mails, Fax, Phone Calls or Other Methods of Sending Material or Information
CAS3133-0218 - Exclusion - Puerto Rico
CAS3135-1024 - Exclusion - Open Roof
CAS3140-0524 - Exclusion - Pathogen and Related Hazards
CAS3143-0319 - Exclusion - Traffic Control
CAS3145-0424 - Exclusion - Cancer
CAS3160-0120 - Exclusion - Tower Crane and Tandem Lift
CAS3199-0324 - Absolute Exclusion - Perfluoroalkyl And Polyfluoroalkyl Substances (PFAS)
CAS5007-0420 - Additional Insured As Required By Written Contract - Managers or Lessors of Premises - Scheduled (David Mount, 1238 W Fourth St. Winston-Salem, NC 27101)
CAS5010-0420 - Additional Insured as Required by Written Contract
ADF9010-0321 - Notice of Terrorism Insurance Coverage
IL0021-0908 - Nuclear Energy Liability Exclusion Endorsement (Broad Form)

IL0985-1220 - Disclosure Pursuant to Terrorism Risk Insurance Act

ADF9004-0110 - Signature Endorsement

ADF9009-0110 - U.S. Treasury Department's Office of Foreign Assets Control (OFAC) Advisory Notice to Policyholders

CAS3238-1223 - Exclusion - Missouri

Policy Information Page

[1] Named Insured and Mailing Address

Local 2 U, LLC
950 Tower Ln Ste 750
Foster City, CA 94404

Agency

biBERK
P.O. Box 113247
Stamford, CT 06911
Agency Code: PANMYL20

Federal Employer's ID XX-XXX8329

Insured is Limited Liability Co. (LLC)

Business Description Internet Service Provider

Locations on Policy

(L2) 520 16th St , Dunbar, WV 25064
(05/15/2025 - 05/15/2026)

[2] Policy Period

From May 15, 2025 to May 15, 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: West Virginia
- 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	\$1,000,000
Bodily Injury by Disease - each employee	\$1,000,000
Bodily Injury by Disease - policy limit	\$1,000,000

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)

Worker's Compensation and Employer's Liability Policy
Wellfleet New York Insurance Company - A Stock Co.
Policy Number N9WC568651
Renewal of NEW
NCCI No. [15156]

Policy Information Page

Total Estimated Policy Premium	\$	17,275
Total Surcharges/Assessments	\$	853.00
Total Estimated Cost	\$	18,128.00

INTERNAL USE 49
MGA : N9WC568651
Date : 05/15/2025

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Information Page
WC 000001A

Policy Information Page

Extension of Information Page

Schedule of Forms

WC000000C - STANDARD POLICY
WC000001A - INFORMATION PAGE
WC000308 - PARTNERS, OFFICERS & OTHERS EXCL. END.
WC000313 - WAIVER OF OUR RIGHT TO RECOVER FROM OTHR
WC000403 - EXPERIENCE RATING MODIFICATION FACTOR
WC000404 - PENDING RATE CHANGE ENDORSEMENT
WC000414A - NOTIFICATION OF CHANGE IN OWNERSHIP ENDT
WC000419 - PREMIUM DUE DATE ENDORSEMENT
WC000421F - CATASTROPHE(OTHER THAN CERT ACTS OF TERR
WC000422C - TERR RISK INS PROG REAUTHORIZATION ACT
WC000424 - AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT
WC000425 - EXP. RATING MODIF. FACTOR REVISION END'T
WC470301A - WV EL INS INTENTIONAL ACT EXCLUSION END
WC470302 - WEST VIRGINIA WC INS REC FROM OTHERS END
WC470601 - WEST VIRGINIA CANCELLATION ENDORSEMENT
WC990000 - AUTHORIZATION AND ATTESTATION END'T
WC990009 - Broad Form Employers Liability

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

Worker's Compensation and Employer's Liability Policy
Wellfleet New York Insurance Company - A Stock Co.
Policy Number N9WC568651
Renewal of NEW
NCCI No. [15156]

Policy Information Page

[4] Premium (cont.)

West Virginia

Classification	Code	Premium Basis: Total Estimated Annual Remuneration	Rate per \$100 Remuneration	Estimated Annual Premium
Effective: 05/15/2025-05/15/2026				
TELECOMMUNICATIONS CO.-ALL OTHER EE	7600	\$700,000	2.38	\$16,660
Blanket Waiver of Subrogation			1.02	\$333
Increased Limits Emp Liability, 1000K/1000K/1000K	9812		1.4%	\$233
Schedule Modification			3.0%	\$-517
Total Estimated Annual Premium for WV				\$16,709

Policy Totals

Total Estimated Standard Premium for West Virginia	\$16,709
Expense Constant	\$160
Terrorism WV 9740 0.018 \$700,000	\$126
Catastrophe 9741 0.04 \$700,000	\$280
Minimum Premium WV \$1,072	
Total Estimated Annual Premium	\$17,275
WV Regulatory Surcharge 05/15/2025-05/15/2026 5.0000%	\$852
WV Fire and Casualty Surcharge 05/15/2025-05/15/2026 0.5500%	\$1
Total Estimated Cost for N9WC568651	\$18,128

Policy Information Page

Policy Payment Terms

Payment Option: Direct Bill

Payment is due in our office on the
dates shown below.

Installment Plan
(prepared 05/15/2025)

Down Payment received 05/15/2025 - \$1,812.80

Installments*	Due Date
1,631.52	06/15/2025
1,631.52	07/16/2025
1,631.52	08/15/2025
1,631.52	09/17/2025
1,631.52	10/16/2025
1,631.52	11/15/2025
1,631.52	12/17/2025
1,631.52	01/15/2026
1,631.52	02/15/2026
1,631.52	03/18/2026

*Includes surcharges and state fees, if any.
Installment fees (not included above) will also be
charged with each installment due, unless the
account is prepaid.

If a check is returned due to insufficient funds, a fee
of \$20 will be assessed.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

PLEASE READ THE POLICY CAREFULLY.

Quick Reference

	Beginning On Page		Beginning On Page
Information Page		Part Two-Employers Liability Insurance (Cont'd.)	4
General Section	1	H. Recovery From Others	4
A. The Policy	1	I. Actions Against Us	4
B. Who is Insured	1	Part Three-Other States Insurance	4
C. Workers Compensation Law	1	A. How This Insurance Applies	4
D. State	1	B. Notice.....	4
E. Locations	1	Part Four-Your Duties If Injury Occurs	4
Part One-Workers Compensation Insurance ..	1	Part Five-Premium	5
A. How This Insurance Applies	1	A. Our Manuals	5
B. We Will Pay	1	B. Classifications.....	5
C. We Will Defend.....	1	C. Remuneration	5
D. We Will Also Pay	1	D. Premium Payments	5
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F. Payments You Must Make.....	2	F. Records	5
G. Recovery From Others	2	G. Audit.....	5
H. Statutory Provisions.....	2	Part Six-Conditions	6
Part Two-Employers Liability Insurance	2	A. Inspection	6
A. How This Insurance Applies	2	B. Long Term Policy.....	6
B. We Will Pay	2	C. Transfer of Your Rights And Duties	6
C. Exclusions.....	3	D. Cancelation.....	6
D. We Will Defend.....	3	E. Sole Representative	6
E. We Will Also Pay	3		
F. Other Insurance	4		
G. Limits of Liability	4		

Important:

This Quick Reference is **not** part of the Workers Compensation and Employers Liability Insurance Policy and does **not** provide coverage. Refer to the Workers Compensation and Employers Liability Insurance Policy itself for actual contractual provisions.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

In return for the payment of the premium and subject to all terms of this policy, we agree with you as follows:

GENERAL SECTION
A. The Policy

This policy includes at its effective date the Information Page and all endorsements and schedules listed there. It is a contract of insurance between you (the employer named in Item 1 of the Information Page) and us (the insurer named on the Information Page). The only agreements relating to this insurance are stated in this policy. The terms of this policy may not be changed or waived except by endorsement issued by us to be part of this policy.

B. Who is Insured

You are insured if you are an employer named in Item 1 of the Information Page. If that employer is a partnership, and if you are one of its partners, you are insured, but only in your capacity as an employer of the partnership's employees.

C. Workers Compensation Law

Workers Compensation Law means the workers or workmen's compensation law and occupational disease law of each state or territory named in Item 3.A. of the Information Page. It includes any amendments to that law which are in effect during the policy period. It does not include any federal workers or workmen's compensation law, any federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

D. State

State means any state of the United States of America, and the District of Columbia.

E. Locations

This policy covers all of your workplaces listed in Items 1 or 4 of the Information Page; and it covers all other workplaces in Item 3.A. states unless you have other insurance or are self-insured for such workplaces.

**PART ONE
WORKERS COMPENSATION INSURANCE**
A. How This Insurance Applies

This workers compensation insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. Bodily injury by accident must occur during the policy period.
2. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

B. We Will Pay

We will pay promptly when due the benefits required of you by the workers compensation law.

C. We Will Defend

We have the right and duty to defend at our expense any claim, proceeding or suit against you for benefits payable by this insurance. We have the right to investigate and settle these claims, proceedings or suits.

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance.

D. We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding or suit we defend:

1. reasonable expenses incurred at our request, but not loss of earnings;
2. premiums for bonds to release attachments and for appeal bonds in bond amounts up to the amount payable under this insurance;
3. litigation costs taxed against you;
4. interest on a judgment as required by law until we offer the amount due under this insurance; and
5. expenses we incur.

E. Other Insurance

We will not pay more than our share of benefits and costs covered by this insurance and other

(Ed. 1-15)

insurance or self-insurance. Subject to any limits of liability that may apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance will be equal until the loss is paid.

F. **Payments You Must Make**

You are responsible for any payments in excess of the benefits regularly provided by the workers compensation law including those required because:

1. of your serious and willful misconduct;
2. you knowingly employ an employee in violation of law;
3. you fail to comply with a health or safety law or regulation; or
4. you discharge, coerce or otherwise discriminate against any employee in violation of the workers compensation law.

If we make any payments in excess of the benefits regularly provided by the workers compensation law on your behalf, you will reimburse us promptly.

G. **Recovery From Others**

We have your rights, and the rights of persons entitled to the benefits of this insurance, to recover our payments from anyone liable for the injury. You will do everything necessary to protect those rights for us and to help us enforce them.

H. **Statutory Provisions**

These statements apply where they are required by law.

1. As between an injured worker and us, we have notice of the injury when you have notice.
2. Your default or the bankruptcy or insolvency of you or your estate will not relieve us of our duties under this insurance after an injury occurs.
3. We are directly and primarily liable to any person entitled to the benefits payable by this insurance. Those persons may enforce our duties; so may an agency authorized by law. Enforcement may be against us or against you and us.
4. Jurisdiction over you is jurisdiction over us for purposes of the workers compensation law. We are bound by decisions against you under that law, subject to the provisions of this policy that are not in conflict with that law.
5. This insurance conforms to the parts of the

workers compensation law that apply to:

- a. benefits payable by this insurance;
 - b. special taxes, payments into security or other special funds, and assessments payable by us under that law.
6. Terms of this insurance that conflict with the workers compensation law are changed by this statement to conform to that law.

Nothing in these paragraphs relieves you of your duties under this policy.

PART TWO EMPLOYERS LIABILITY INSURANCE

A. **How This Insurance Applies**

This employers liability insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must arise out of and in the course of the injured employee's employment by you.
2. The employment must be necessary or incidental to your work in a state or territory listed in Item 3.A. of the Information Page.
3. Bodily injury by accident must occur during the policy period.
4. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.
5. If you are sued, the original suit and any related legal actions for damages for bodily injury by accident or by disease must be brought in the United States of America, its territories or possessions, or Canada.

B. **We Will Pay**

We will pay all sums that you legally must pay as damages because of bodily injury to your employees, provided the bodily injury is covered by this Employers Liability Insurance.

The damages we will pay, where recovery is permitted by law, include damages:

1. For which you are liable to a third party by reason of a claim or suit against you by that third party to recover the damages claimed against

such third party as a result of injury to your employee;

2. For care and loss of services; and
3. For consequential bodily injury to a spouse, child, parent, brother or sister of the injured employee; provided that these damages are the direct consequence of bodily injury that arises out of and in the course of the injured employee's employment by you; and
4. Because of bodily injury to your employee that arises out of and in the course of employment, claimed against you in a capacity other than as employer.

C. Exclusions

This insurance does not cover:

1. Liability assumed under a contract. This exclusion does not apply to a warranty that your work will be done in a workmanlike manner;
2. Punitive or exemplary damages because of bodily injury to an employee employed in violation of law;
3. Bodily injury to an employee while employed in violation of law with your actual knowledge or the actual knowledge of any of your executive officers;
4. Any obligation imposed by a workers compensation, occupational disease, unemployment compensation, or disability benefits law, or any similar law;
5. Bodily injury intentionally caused or aggravated by you;
6. Bodily injury occurring outside the United States of America, its territories or possessions, and Canada. This exclusion does not apply to bodily injury to a citizen or resident of the United States of America or Canada who is temporarily outside these countries;
7. Damages arising out of coercion, criticism, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination against or termination of any employee, or any personnel practices, policies, acts or omissions;
8. Bodily injury to any person in work subject to the Longshore and Harbor Workers' Compensation Act (33 U.S.C. Sections 901 et seq.), the Nonappropriated Fund Instrumentalities Act (5 U.S.C. Sections 8171 et seq.), the Outer Continental Shelf Lands Act (43 U.S.C. Sections 1331 et seq.), the Defense Base Act (42 U.S.C. Sections 1651–1654), the Federal Mine Safety and Health Act (30 U.S.C. Sections 801 et seq. and 901–944), any other federal workers or workmen's compensation law or other federal occupational disease law, or any amendments to these laws;

9. Bodily injury to any person in work subject to the Federal Employers' Liability Act (45 U.S.C. Sections 51 et seq.), any other federal laws obligating an employer to pay damages to an employee due to bodily injury arising out of or in the course of employment, or any amendments to those laws;
10. Bodily injury to a master or member of the crew of any vessel, and does not cover punitive damages related to your duty or obligation to provide transportation, wages, maintenance, and cure under any applicable maritime law;
11. Fines or penalties imposed for violation of federal or state law; and
12. Damages payable under the Migrant and Seasonal Agricultural Worker Protection Act (29 U.S.C. Sections 1801 et seq.) and under any other federal law awarding damages for violation of those laws or regulations issued thereunder, and any amendments to those laws.

D. We Will Defend

We have the right and duty to defend, at our expense, any claim, proceeding or suit against you for damages payable by this insurance. We have the right to investigate and settle these claims, proceedings and suits.

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance. We have no duty to defend or continue defending after we have paid our applicable limit of liability under this insurance.

E. We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding, or suit we defend:

1. Reasonable expenses incurred at our request, but not loss of earnings;
2. Premiums for bonds to release attachments and for appeal bonds in bond amounts up to the limit of our liability under this insurance;
3. Litigation costs taxed against you;
4. Interest on a judgment as required by law until we offer the amount due under this insurance; and
5. Expenses we incur.

(Ed. 1-15)

F. Other Insurance

We will not pay more than our share of damages and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance and self-insurance will be equal until the loss is paid.

G. Limits of Liability

Our liability to pay for damages is limited. Our limits of liability are shown in Item 3.B. of the Information Page. They apply as explained below.

1. **Bodily Injury by Accident.** The limit shown for "bodily injury by accident—each accident" is the most we will pay for all damages covered by this insurance because of bodily injury to one or more employees in any one accident.

A disease is not bodily injury by accident unless it results directly from bodily injury by accident.

2. **Bodily Injury by Disease.** The limit shown for "bodily injury by disease—policy limit" is the most we will pay for all damages covered by this insurance and arising out of bodily injury by disease, regardless of the number of employees who sustain bodily injury by disease. The limit shown for "bodily injury by disease—each employee" is the most we will pay for all damages because of bodily injury by disease to any one employee.

Bodily injury by disease does not include disease that results directly from a bodily injury by accident.

3. We will not pay any claims for damages after we have paid the applicable limit of our liability under this insurance.

H. Recovery From Others

We have your rights to recover our payment from anyone liable for an injury covered by this insurance. You will do everything necessary to protect those rights for us and to help us enforce them.

I. Actions Against Us

There will be no right of action against us under this insurance unless:

1. You have complied with all the terms of this policy; and

2. The amount you owe has been determined with our consent or by actual trial and final judgment.

This insurance does not give anyone the right to add us as a defendant in an action against you to determine your liability. The bankruptcy or insolvency of you or your estate will not relieve us of our obligations under this Part.

PART THREE**OTHER STATES INSURANCE****A. How This Insurance Applies**

1. This other states insurance applies only if one or more states are shown in Item 3.C. of the Information Page.
2. If you begin work in any one of those states after the effective date of this policy and are not insured or are not self-insured for such work, all provisions of the policy will apply as though that state were listed in Item 3.A. of the Information Page.
3. We will reimburse you for the benefits required by the workers compensation law of that state if we are not permitted to pay the benefits directly to persons entitled to them.
4. If you have work on the effective date of this policy in any state not listed in Item 3.A. of the Information Page, coverage will not be afforded for that state unless we are notified within thirty days.

B. Notice

Tell us at once if you begin work in any state listed in Item 3.C. of the Information Page.

PART FOUR**YOUR DUTIES IF INJURY OCCURS**

Tell us at once if injury occurs that may be covered by this policy. Your other duties are listed here.

1. Provide for immediate medical and other services required by the workers compensation law.
2. Give us or our agent the names and addresses of the injured persons and of witnesses, and other information we may need.
3. Promptly give us all notices, demands and legal

papers related to the injury, claim, proceeding or suit.

4. Cooperate with us and assist us, as we may request, in the investigation, settlement or defense of any claim, proceeding or suit.
5. Do nothing after an injury occurs that would interfere with our right to recover from others.
6. Do not voluntarily make payments, assume obligations or incur expenses, except at your own cost.

PART FIVE—PREMIUM

A. Our Manuals

All premium for this policy will be determined by our manuals of rules, rates, rating plans and classifications. We may change our manuals and apply the changes to this policy if authorized by law or a governmental agency regulating this insurance.

B. Classifications

Item 4 of the Information Page shows the rate and premium basis for certain business or work classifications. These classifications were assigned based on an estimate of the exposures you would have during the policy period. If your actual exposures are not properly described by those classifications, we will assign proper classifications, rates and premium basis by endorsement to this policy.

C. Remuneration

Premium for each work classification is determined by multiplying a rate times a premium basis. Remuneration is the most common premium basis. This premium basis includes payroll and all other remuneration paid or payable during the policy period for the services of:

1. all your officers and employees engaged in work covered by this policy; and
2. all other persons engaged in work that could make us liable under Part One (Workers Compensation Insurance) of this policy. If you do not have payroll records for these persons, the contract price for their services and materials may be used as the premium basis. This paragraph 2 will not apply if you give us proof that the employers of these persons lawfully secured their workers compensation obligations.

D. Premium Payments

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid.

E. Final Premium

The premium shown on the Information Page, schedules, and endorsements is an estimate. The final premium will be determined after this policy ends by using the actual, not the estimated, premium basis and the proper classifications and rates that lawfully apply to the business and work covered by this policy. If the final premium is more than the premium you paid to us, you must pay us the balance. If it is less, we will refund the balance to you. The final premium will not be less than the highest minimum premium for the classifications covered by this policy.

If this policy is canceled, final premium will be determined in the following way unless our manuals provide otherwise:

1. If we cancel, final premium will be calculated pro rata based on the time this policy was in force. Final premium will not be less than the pro rata share of the minimum premium.
2. If you cancel, final premium will be more than pro rata; it will be based on the time this policy was in force, and increased by our short-rate cancellation table and procedure. Final premium will not be less than the minimum premium.

F. Records

You will keep records of information needed to compute premium. You will provide us with copies of those records when we ask for them.

G. Audit

You will let us examine and audit all your records that relate to this policy. These records include ledgers, journals, registers, vouchers, contracts, tax reports, payroll and disbursement records, and programs for storing and retrieving data. We may conduct the audits during regular business hours during the policy period and within three years after the policy period ends. Information developed by audit will be used to determine final premium. Insurance rate service organizations have the same rights we have under this provision.

(Ed. 1-15)

PART SIX—CONDITIONS**A. Inspection**

We have the right, but are not obliged to inspect your workplaces at any time. Our inspections are not safety inspections. They relate only to the insurability of the workplaces and the premiums to be charged. We may give you reports on the conditions we find. We may also recommend changes. While they may help reduce losses, we do not undertake to perform the duty of any person to provide for the health or safety of your employees or the public. We do not warrant that your workplaces are safe or healthful or that they comply with laws, regulations, codes or standards. Insurance rate service organizations have the same rights we have under this provision.

B. Long Term Policy

If the policy period is longer than one year and sixteen days, all provisions of this policy will apply as though a new policy were issued on each annual anniversary that this policy is in force.

C. Transfer of Your Rights and Duties

Your rights or duties under this policy may not be transferred without our written consent.

If you die and we receive notice within thirty days after your death, we will cover your legal representative as insured.

D. Cancellation

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. We may cancel this policy. We must mail or deliver to you not less than ten days advance written notice stating when the cancellation is to take effect. Mailing that notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
3. The policy period will end on the day and hour stated in the cancellation notice.
4. Any of these provisions that conflict with a law that controls the cancellation of the insurance in this policy is changed by this statement to comply with the law.

E. Sole Representative

The insured first named in Item 1 of the Information Page will act on behalf of all insureds to change this policy, receive return premium, and give or receive notice of cancellation.

Partners, Officers, and Others Exclusion Endorsement

Policy Effective Date 05/15/2025

Issued To Local 2 U, LLC

The policy does not cover bodily injury to any person described in the Schedule. The premium basis for the policy does not include the remuneration of such persons. You will reimburse us for any payment we must make because of bodily injury to such persons.

Schedule

All other owners/members

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

Blanket Waiver

Person/Organization:	Blanket Waiver - Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.
Job Description	Waiver Premium
All WV Operations	333.00

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 Insured	Effective Policy No. N9WC568651	Endorsement No. Premium
Insurance Company	Countersigned by _____	

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 00 04 03

EXPERIENCE RATING MODIFICATION FACTOR ENDORSEMENT

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.

(The following "attaching clause" need be completed only when this endorsement is issued subsequent to preparation of the policy.)

This endorsement, effective on _____ at 12:01 A.M. standard time, forms a part of

(DATE)

Policy No. N9WC568651

Endorsement No.

of the

(NAME OF INSURANCE COMPANY)

issued to

Premium (if any) \$

Authorized Representative

The premium for the policy will be adjusted by an experience rating modification factor. The factor was not available when the policy was issued. The factor, if any, shown on the Information Page is an estimate. We will issue an endorsement to show the proper factor, if different from the factor shown, when it is calculated.

WC 00 04 04

PENDING RATE CHANGE ENDORSEMENT

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.

(The following "attaching clause" need be completed only when this endorsement is issued subsequent to preparation of the policy.)

This endorsement, effective on _____ at 12:01 A.M. standard time, forms a part of

(DATE)

Policy No. N9WC568651

of the

(NAME OF INSURANCE COMPANY)

issued to

Premium \$ _____

Authorized Representative

A rate change filing is being considered by the proper regulatory authority. The filing may result in rates different from the rates shown on the policy. If it does, we will issue an endorsement to show the new rates and their effective date.

If only one state is shown in Item 3.A of the Information Page, this endorsement applies to that state. If more than one state is shown there, this endorsement applies only in the state shown in the Schedule.

Schedule

State

90-DAY REPORTING REQUIREMENT - NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT

You must report any change in ownership to us in writing within 90 days of the date of the change. Change in ownership includes sales, purchases, other transfers, mergers, consolidations, dissolutions, formations of a new entity, and other changes provided for in the applicable experience rating plan. Experience rating is mandatory for all eligible insureds. The experience rating modification factor, if any, applicable to this policy, may change if there is a change in your ownership or in that of one or more of the entities eligible to be combined with you for experience rating purposes.

Failure to report any change in ownership, regardless of whether the change is reported within 90 days of such change, may result in revision of the experience rating modification factor used to determine your premium.

This reporting requirement applies regardless of whether an experience rating medication is currently applicable to this policy.

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. N9WC568651

Endorsement No.
Premium

Insurance Company
Wellfleet New York Insurance Company

Countersigned by _____

WC 00 04 14 A
(Ed. 1-19)

PREMIUM DUE DATE ENDORSEMENT

This endorsement is used to amend:

Section D. of Part Five of the policy is replaced by this provision.

**PART FIVE
PREMIUM**

D. **Premium** is amended to read:

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid. **The due date for audit and retrospective premiums is the date of the billing.**

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. N9WC568651

Endorsement No.
Premium \$

Insurance Company
Wellfleet New York 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

(Ed. 01-2021)

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
WV	0.018	\$126.00

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. N9WC568651

Endorsement No.
Premium

Insurance Company
Wellfleet New York Insurance Company

Countersigned by _____

AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT

Part Five-Premium, Section G. (Audit) of the Workers Compensation and Employers Liability Insurance Policy is revised by adding the following:

If you do not allow us to examine and audit all of your records that relate to this policy, and/or do not provide audit information as requested, we may apply an Audit Noncompliance Charge. The method for determining the Audit Noncompliance Charge by state, where applicable, is shown in the Schedule below.

If you allow us to examine and audit all of your records after we have applied an Audit Noncompliance Charge, we will revise your premium in accordance with our manuals and Part 5-Premium, E. (Final Premium) of this policy.

Failure to cooperate with this policy provision may result in the cancellation of your insurance coverage, as specified under the policy.

Note:

For coverage under state-approved workers compensation assigned risk plans, failure to cooperate with this policy provision may affect your eligibility for coverage.

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: 05/15/2025

Policy No.: N9WC568651

Endorsement No.:

Insured:

Premium

Insurance Company: Wellfleet New York Insurance Company

WC 00 04 24

Countersigned by _____

(Ed. 1-17)

WC 00 04 24
(Ed. 1-17)

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Schedule

State(s)	Basis of Audit Noncompliance Charge	Maximum Audit Noncompliance Charge Multiplier
WV	Estimated Annual Premium Of \$ 17,275	Two Times

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: 05/15/2025

Policy No.: N9WC568651

Endorsement No.:

Insured:

Premium

Insurance Company: Wellfleet New York Insurance Company

WC 00 04 24

Countersigned by _____

(Ed. 1-17)

EXPERIENCE RATING MODIFICATION FACTOR REVISION ENDORSEMENT

This endorsement is added to Part Five—Premium of the policy.

The premium for the policy is adjusted by an experience rating modification factor. The factor shown on the Information Page may be revised and applied to the policy in accordance with our manuals and endorsements. We will issue an endorsement to show the revised factor, if different from the factor shown, when it is calculated.

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 05/15/2025
Insured

Policy No. N9WC568651

Endorsement No.
Premium

Insurance Company
Wellfleet New York Insurance Company

Countersigned by _____

WEST VIRGINIA EMPLOYERS LIABILITY INSURANCE INTENTIONAL ACT EXCLUSION ENDORSEMENT

Part Two—Employers Liability Insurance, C.—Exclusions, 5. is replaced by the following:

This insurance does not cover:

5. bodily injury intentionally caused or aggravated by you or which is the result of your engaging in conduct equivalent to an intentional tort, however defined, including by your deliberate intention as that term is defined by W. Va. Code § 23-4-2(d)(2).

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. N9WC568651

Endorsement No.
Premium

Insurance Company
WC 47 03 01 A
(Ed. 7-08)

Countersigned by _____

WEST VIRGINIA WORKERS COMPENSATION INSURANCE RECOVERY FROM OTHERS ENDORSEMENT

Part One—Workers Compensation Insurance, G.—Recovery From Others, is replaced by the following:

We have your rights to recover our payments from anyone liable for the injury. You will do everything necessary to protect those rights for us and to help us enforce them.

WEST VIRGINIA CANCELLATION ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because West Virginia is shown in Item 3.A of the Information Page.

Part Six, D (Conditions—Cancellation) is replaced by:

D. Cancellation

1. You may cancel this policy. You must mail or deliver advance written notice to us by stating when the cancellation is to take effect.
2. We may cancel this policy at any time by providing you thirty (30) days advance written notice.
3. Notwithstanding #2 above, if you fail to pay any premium due or refuse to comply with a premium audit under this policy, we may cancel the policy by providing you ten (10) days advance written notice.
4. We may also choose not to renew this policy by providing sixty (60) days advance written notice.
5. Our mailing of the Notice of Cancellation or Non-Renewal to your mailing address as listed in Item 1 of the information page will be sufficient notice of our intent to cancel. We will also provide notice of the cancellation or non-renewal of the policy to the West Virginia Insurance Commissioner at least ten (10) days prior to the effective date of the termination, within ten (10) days of receipt of your request for cancellation, as applicable.

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. N9WC568651

Endorsement No.
Premium \$

Insurance Company

Countersigned by _____

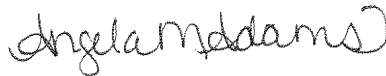
WC 47 06 01
(Ed. 7-08)

AUTHORIZATION AND ATTESTATION ENDORSEMENT

This endorsement authorizes the insurance contract between you and the Berkshire Hathaway Insurers of biBERK as listed on the INFORMATION PAGE of your insurance policy.

In Witness Whereof, this page executes and fully attests to this policy. If required by state law, the policy shall not be valid unless countersigned by our authorized representatives.

Authorizing signatures



Angela Adams
Secretary



Andrew DiGiorgio
President

This endorsement authorizes 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
Insured

Effective Policy No. N9WC568651 Endorsement No.
Premium

Insurance Company
Wellfleet New York Insurance Company

Countersigned by _____

WC 99 00 00

(Ed. 08-13)

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ENDORSEMENT – BROAD FORM EMPLOYERS LIABILITY – WEST VIRGINIA
SCHEDULE

Limit of Liability	*\$	Policy Limit
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(*If blank, coverage is limited as shown in Item 3.B of the policy information page.)

This endorsement applies only to the insurance provided by the policy because West Virginia is shown in Item 3.A. of the Information Page.

Part One – Workers Compensation Insurance, Section F, Payments You Must Make, Item 1. is deleted and replaced by the following:

- 1. of your serious and willful misconduct, or arising out of West Virginia Annotated Code 23-4-2.

Part Two – Employers Liability Insurance, Section C, Exclusions, item 5, is deleted and replaced by the following:

- 5. Bodily injury caused by your intentional, malicious, or deliberate act, whether or not the act was intended to cause injury to the employee injured, or whether or not you had actual knowledge that an injury was certain to occur, or any bodily injury for which you are liable arising out of West Virginia Annotated Code 23-4-2(d)(2)(A).

However, this exclusion does not apply to any bodily injury for which you are liable arising out of West Virginia Annotated Code 23-4-2(d)(2)(B), subject to the policy limit of liability aggregate shown in the schedule above.

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. N9WC568651

Endorsement No. Premium

Insurance Company

Countersigned by _____

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Loss Control

As an insurer, we recognize that one of the best ways to protect you is by helping to prevent losses from occurring. While all claims cannot be eliminated (accidents happen!), certain proactive loss control measures can reduce the likelihood or the frequency/severity of occurrences. In other words, safety really does matter.

At biBERK, we offer a wide range of loss control resources and professional support at no additional charge. From online safety videos and downloadable educational flyers and policy-specific recommendations, we can help “a little” or “a lot” depending upon the need and level of interest from our policyholders.

Safety benefits everyone – you, your employees, and your customers. Therefore, we provide you with a wealth of resources to assist you in making your operation as safe as possible. One of the most effective ways we have found to put loss control services at your fingertips is through our partnership with The Training Network, which has over 30 years experience providing high-quality safety programs.

As a policyholder benefit, you have access to The Training Network NOW – one of the largest online safety-training libraries on the market today. The 350+ training modules include videos as well as accompanying end-of-course quizzes and other instructional materials – such as Leaders’ Guides and Completion Certificates – to facilitate your training sessions.

The library includes safety topics of common interest such as: back safety, safety leadership for supervisors, sage electrical practices, injury prevention for food service, landscape power tool safety, hazard communications, construction safety, distracted/defensive driving, trenching and shoring safety, computer workstation safety, and many more. Select videos are designed for mobiles devices, and a number of titles are also available in Spanish.

To access the online library, go to the web address below and enter the listed email and password:
www.biberk.com/loss-control

email - policyholder@bhins.com
password - Safety

Need assistance getting started? Simply contact us at 844-472-0967 or salesupport@biberk.com with any coverage-related questions.

Need Personalized Assistance?



Call 1-844-472-0967.

Sometimes, all the resources available to you are meaningless without a little assistance. From helping you access those tools to providing some consultation on industry safety practices, we encourage our policyholders to contact us! We can help you implement safety practices that make a difference.

A BERKSHIRE HATHAWAY COMPANY

biBERK
BUSINESS INSURANCE

**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 126.00, and does not include any charges for the portion of losses covered by the United States government under the Act.

Policy No. N9WC568651

Insurance Company

Wellfleet New York Insurance Company



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

Important Alert for Policy #N9WC568651

Please read this important advance notice which outlines our policy for handling Workers' Compensation premium for subcontractors*. If you have any questions or do not understand any portion of the explanation, we suggest you contact your agent immediately because the cost of your coverage may be affected at final audit time.

Premium Charge for Subcontractors

If you hire subcontractors who do not have their own Workers' Compensation insurance, your premium calculation will be modified to include any amounts paid for their labor. This additional premium is addressed in Part Five C 2 of your policy and compensates us for the risk that one or more of these subcontractors (or one of the subcontractor's employees) will file a claim for benefits under your coverage.

Although subcontractors may appear to be independent businesses, claims filed by them (or their employees) are common after an injury. Under Workers' Compensation law, the legal definition of "employee" is much broader than the common understanding of that term. In addition, many states make you – as the contractor – automatically responsible for certain expenses due to work-related injuries to your independent subcontractors or their employees. Regardless of the state law, Berkshire Hathaway Insurers of biBERK must pay legal fees under Part One of your policy to defend these claims and must also pay Workers' Compensation benefits in many cases.

For these reasons and in accordance with Part Five C 2 of your policy, we will charge appropriate additional premium unless the subcontractors have their own in-force Workers' Compensation coverage during your entire policy period, and you are able to provide acceptable proof of this coverage to us prior to completion of your final audit. Evidence of general liability insurance, pre-determinations or statements of independent contractor status, hold harmless agreements, etc. are not acceptable substitutes, and no exceptions will be made for sole proprietors or others on the grounds that such parties are not required to purchase (or cannot purchase) Workers' Compensation insurance. The risk of a claim against your policy from an uninsured subcontractor is the same, regardless of his or her reason for having no coverage. Furthermore, these additional charges will be imposed when applicable, even if exceptions have been granted to you by us or by another carrier in the past.

Please realize that premium may be charged for subcontractors hired by uninsured entities owned or controlled by you. Premium will be charged if the Rating Bureau rules in your state require the related entity to be combined in a single policy with the company we are insuring.

Ultimately, we believe this policy is in the best interests of all parties, and we hope that this advance notification will prevent any misunderstandings at a later date. As always, we thank you for selecting Berkshire Hathaway Insurers of biBERK, and we look forward to serving you during the upcoming policy year.

***Note: A "subcontractor" is a person or organization paid to assist you in providing a product or service to your customer or client (and not just to you). Workers' Compensation laws in most states presume that such vendors are "employees" who, therefore, often file claims seeking benefits.**



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 Wellfleet New York 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,

biBERK.com

PO Box 113247 • Stamford, CT 06911-3247
Telephone: 844-472-0967

SEPARATOR PAGE

WC000001A



Claims Reporting

Call 1-844-472-0966 for reporting all new Workers' Compensation claims.

By using our toll-free claims reporting number, you enable us to process the claim much faster, facilitating prompt, appropriate treatment for the injured party.

Other benefits include:

- Reduced paperwork because we complete the required forms on your behalf;
- Less time away from work for the injured employee because we establish light-duty and modified-duty assignments when available; and
- Potential insurance savings because of improved claims experience!

When calling to report a new Workers' Compensation claim:

- Contact us immediately; only the administration of emergency care should come first.
- Both the employer (or designated representative) AND the employee should jointly make the call whenever possible.
- The whole process should take about 15 minutes, and we complete all the paperwork!
- The employer's tax identification and policy numbers will be needed as well as the employee's social security number and personnel file plus any accident reports.
- When appropriate, alternatives for light-duty and modified-duty will be discussed.
- If a follow-up call is required, use the same toll-free number, and a telephone attendant will direct you to the appropriate staff.

Fighting Fraud



Call 1-844-472-0967 to anonymously report suspected fraud.

Remaining alert to the warning signs of workers' compensation fraud should be a key component of your regular claims review program. Working together to aggressively fight fraud is one of the ways we are striving to reduce your ultimate net insurance costs. If you suspect a fraudulent claim has been filed, please call the above number to anonymously report suspicious circumstances.

1. USPS Connected Hubs Initiative (WV) – Converted USPS locations into broadband hubs.
2. Parkersburg Toll Bridge Vertical Asset Project – Developed high-capacity communication corridor.
3. Local2u LLC / Countrymen Communications Inc – Multi-County tower based fixed wireless system, providing broadband internet to customer locations.

Lease Inventory Report Template

| Site ID | Site Name | Tenant Name | Lease Start Date | Lease End Date | Monthly Rent (\$) | Status |

|-----|-----|-----|-----|-----|-----|-----|

| | | | | | | |

| | | | | | | |



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
07/03/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Aon Risk Insurance Services West, Inc. San Francisco CA Office 425 Market Street Suite 2800 San Francisco CA 94105 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105		
	E-MAIL ADDRESS:		
INSURED Local2U, LLC 950 Tower Lane San Mateo CA 94404 USA	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Kinsale Insurance Company		38920
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

Holder Identifier :

COVERAGES **CERTIFICATE NUMBER:** 570107127525 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			01003056160	06/08/2024	06/08/2025	EACH OCCURRENCE	\$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
							MED EXP (Any one person)	Excluded
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
							PRODUCTS - COMP/OP AGG	\$2,000,000
							Deductible	\$2,500
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE	
							AGGREGATE	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTHER
							E.L. EACH ACCIDENT	
							E.L. DISEASE-EA EMPLOYEE	
							E.L. DISEASE-POLICY LIMIT	

Certificate No : 570107127525

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Landlord. The General Liability Policy is endorsed with Blanket Additional Insured Endorsement.

CERTIFICATE HOLDER Local2U LLC 950 Tower Lane San Mateo CA 94404 USA	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Aon Risk Insurance Services West, Inc.</i>
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State of West Virginia



Certificate

I, Mac Warner, Secretary of State of the State of West Virginia, hereby certify that

LOCAL2U (WEST VIRGINIA) LLC

was duly authorized under the laws of this state to transact business in West Virginia as a foreign limited liability company on November 09, 2022.

The company is filed as an at-will company, for an indefinite period.

I further certify that the company has not been revoked or administratively dissolved by the State of West Virginia nor has the West Virginia Secretary of State issued a Certificate of Cancellation or Termination to the company.

Accordingly, I hereby issue this Certificate of Authorization

CERTIFICATE OF AUTHORIZATION

Validation ID:2WV05_95R52

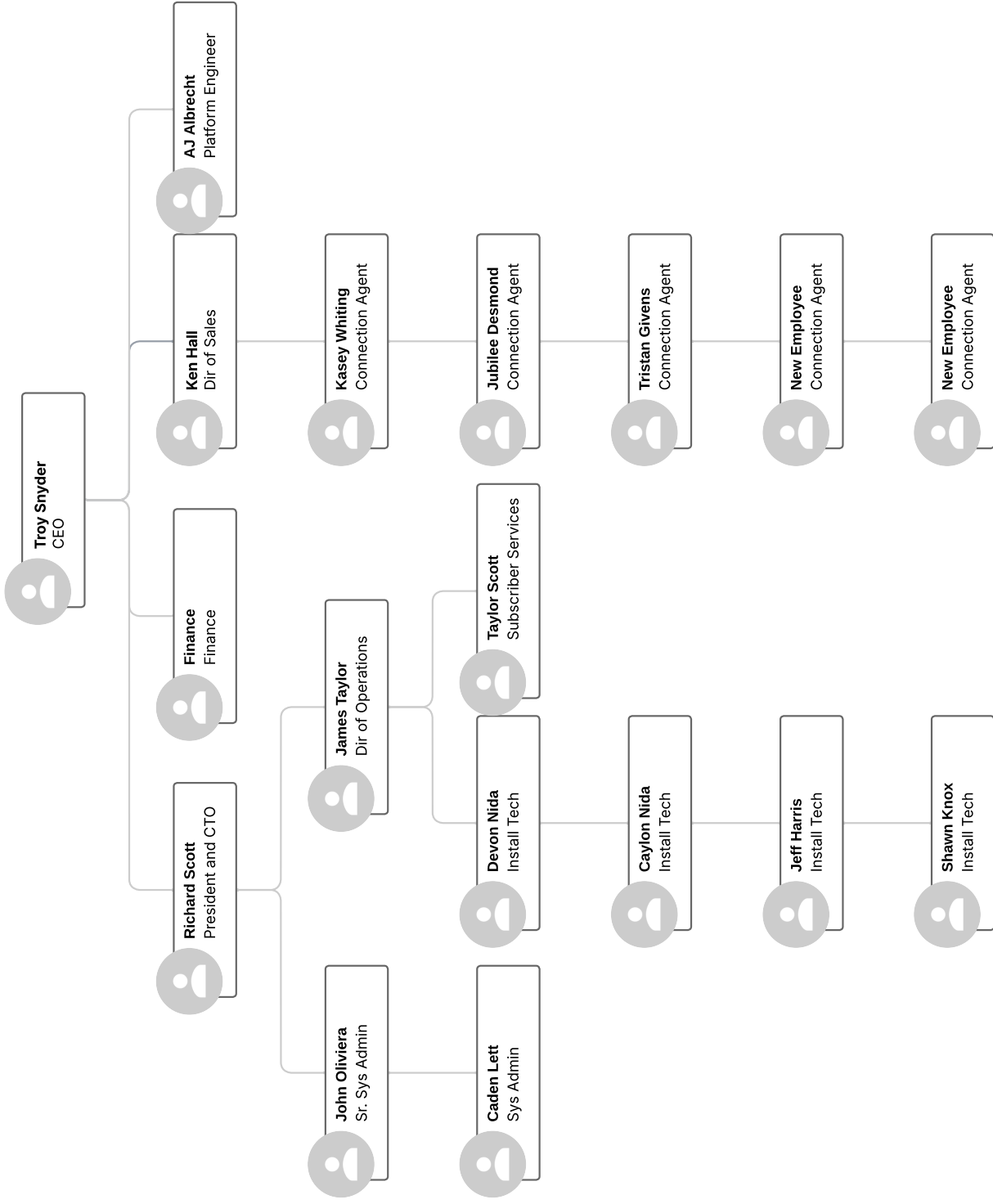


*Given under my hand and the
Great Seal of the State of
West Virginia on this day of*

November 28, 2024

Mac Warner

Secretary of State



Quarterly Financial Summary Template

Quarter: _____

Year: _____

Revenue Source	Amount (\$)	
-----	-----	
Lease Revenue		
Pass-Through Reimbursements		
Other Income		
Total Revenue		

Expense Category	Amount (\$)	
-----	-----	
Management Fees		
Utilities		
Maintenance & Repairs		
Insurance		
Taxes & Permits		
Total Expenses		

Net Income: _____

Schedule A: Fee Schedule

Service Description	Unit	Rate	Quantity	Monthly Total
Vertical Asset Management (all inclusive)	Site	\$450.00	96	\$43,200.00

- Site Inspection: Monthly (within 30 days of prior inspection)
- Emergency Response: Within 4 hours
- Lease Management Updates: Weekly
- Compliance Reporting: Quarterly

- Utilities (Electricity, Backhaul Fiber)
- Property Taxes
- Repairs and Site Maintenance
- Security Monitoring
- Permits & License Fees
- Insurance (as required by lease terms)

Site Status Report Template

Site Name: _____

Location: _____

Site ID: _____

Last Inspection Date: _____

Status Summary:

Operational

Maintenance Required

Lease Active

Compliance Verified

Notes:

Troy Snyder

Santa Barbara, CA | (949) 394-7099 | troy@local2u.com | linkedin.com/in/snydertroy

Executive Summary

Innovative technology executive with over two decades of experience leading transformative initiatives in telecommunications, cloud services, and media delivery. Proven track record in founding and scaling startups, driving product innovation, and delivering connectivity solutions to underserved communities. Expertise spans AI theory, network design, content delivery, and strategic planning.

Professional Experience

Chief Executive Officer

Local2u – Foster City, CA | 2022–Present

- Founded and lead an Internet Service Provider specializing in delivering connectivity through innovative technologies like laser optics, CBRS, and millimeter waves.
- Oversee all aspects of the business, from strategic planning to operations, ensuring the provision of modern networking solutions to underserved areas.

Chief Creative Officer

Academy of Living Technology – Koloa, HI | Dates Unspecified

- Directed creative initiatives, blending technology with holistic practices.
- Focused on integrating AI theory, consciousness architecture, and immersive media into educational platforms.

Astrologer/Jyotisha in Residence

Hale Pule Ayurveda and Yoga – Portland, OR | Dates Unspecified

- Provided astrological and Ayurvedic consultations, merging traditional wisdom with modern therapeutic practices.

Vice President, Development & Strategic Innovation

Akamai Technologies | Dates Unspecified

- Spearheaded new product initiatives in streaming media and edge networking.
- Oversaw cross-functional teams driving advanced content delivery innovations.
- Played a key role in strategic partnerships and technology integrations.

General Manager, Click

Navisite | Dates Unspecified

- Led the Click business unit within Navisite, driving growth in managed cloud services and hosted applications.
- Directed operational strategy, product development, and market expansion efforts.

Co-Founder & Chief Executive Officer

ClickHear | Dates Unspecified

- Co-founded and led an audio content platform enabling websites to deliver spoken-word content for accessibility and engagement.
- Raised funding, built the leadership team, and led product and technology strategy.
- Secured partnerships and drove adoption among content publishers and media companies.

Entrepreneur in Residence / Executive Producer

Mindbody | Dates Unspecified

- Led entrepreneurial initiatives and content production, focusing on wellness and technology integration.

Founder

Mindful Pilgrimage / The BeMindful Company | Dates Unspecified

- Founded ventures creating curated mindfulness experiences, retreats, and wellness products.
- Developed brand identity and content strategy for digital and in-person experiences.

Education

MBA, International Business

King's College London

BA, Economics and International Business

State University of New York (SUNY)

Skills

- Wireless & Fiber Network Design
- Strategic Business Development
- Product Innovation & Go-To-Market Strategy
- AI Theory & Consciousness Studies

- Streaming Media & Content Delivery Networks
- Telecommunications Infrastructure
- Ayurveda, Jyotish (Vedic Astrology), and Holistic Wellness
- Team Leadership & Executive Management
- Government Grant Programs & Rural Broadband Advocacy

Company Qualifications & Experience

Company Overview:

Local2U West Virginia LLC, based in Dunbar, WV, provides wireless broadband, network management, and tower services. Our tower team is led by Richard Scott, CTO, who has personally directed over 100 tower inspections, maintenance projects, and antenna installations across WV, OH, and KY.

Relevant Experience:

- **SIRN-Compatible Tower Repairs:** Performed power system upgrades and LMR antenna alignment at three WVPS tower sites in 2024.
- **Emergency Repairs:** Delivered rapid emergency response at a Putnam County public safety site, restoring antenna alignment and DC power within 12 hours.
- **Compliance Expertise:** Ensured all projects comply with ANSI/TIA-222-H, AWS welding standards, and FAA lighting regulations.

Certifications & Licenses:

- West Virginia Contractor's License: WV-091234
- West Virginia Master Electrician License: ME-38472
- OSHA 30, CPR/First Aid, NATE & Comtrain Tower Climber Certifications

Technical Approach

Inspections, Repairs, and Certifications

- Perform annual structural inspections, antenna alignments, guy wire tensioning, and lighting checks.
- Conduct minor repairs during inspection visits when under 1 hour of labor.
- All work will meet or exceed ANSI/TIA-222 REV-H, AISC/AWS welding standards, and ASTM galvanization specs.

Emergency Response

- Maintain a 24/7/365 emergency call line.
- Respond to emergency calls within 30 minutes, arrive on-site within 3 hours.
- Emergency repairs prioritized to restore service to SIRN infrastructure quickly.

Reporting and Documentation

- Provide site reports detailing inspection results, corrective actions, and part replacements within 5 business days of service.

Parts and Materials

- All parts shall meet or exceed ASTM A-123m standards and carry a 1-year warranty.
- Bill materials at cost + markup per Exhibit A, excluding customer-provided parts.

Personnel & Safety Compliance

- Two-person tower crews, led by Richard Scott or another senior technician.
- All personnel pass security background checks and comply with WV Homeland Security safety requirements.

Pricing Summary *(See Exhibit A for detail)*

Line Item	Hourly Rate
SIRN Inspections, Repairs, Certifications	\$350.00
Regular Labor Rate	\$300.00
Overtime Labor Rate	\$450.00
Emergency Labor Rate	\$500.00
Holiday Labor Rate	\$550.00
Parts & Materials Markup	15%

Required Documents

- Completed Exhibit A (Pricing)
- Exhibit B (Site List - reviewed, site access pending award)
- EMD Purchasing Affidavit (attached)
- Completed WV ARFQ Forms (attached)
- Addendum 1 Acknowledgement (attached)

Contact for This Proposal

Richard Scott
Chief Technical Officer, Local2U West Virginia LLC
richard@local2u.com

We appreciate your consideration and are committed to protecting and advancing West Virginia's public safety communications and vertical infrastructure.

West Virginia Purchasing Affidavit

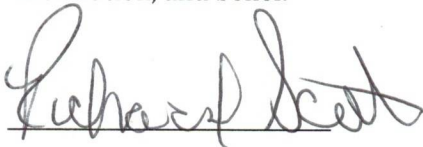
STATE OF WEST VIRGINIA

COUNTY OF Raleigh

I, Richard Scott, being duly sworn, do hereby certify, under penalty of perjury, that:

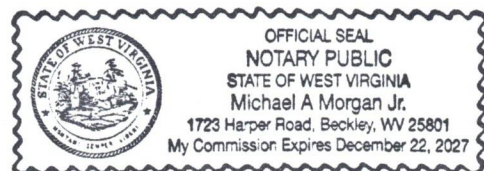
1. I am the Chief Technology Officer of Local2U West Virginia LLC and am authorized to make this affidavit on its behalf;
2. Local2U West Virginia LLC has not been convicted of any criminal offense relating to the conduct of business with any federal, state, or local government entity;
3. Local2U West Virginia LLC is not in default on any obligations to the State of West Virginia, including obligations relating to taxes, fees, or other assessments;
4. No individual associated with Local2U West Virginia LLC has made any improper contribution or gift to a public official or state employee that would influence the award of this contract;
5. Local2U West Virginia LLC complies with all applicable state and federal laws and regulations, including those relating to employment, labor, environmental protection, and non-discrimination;
6. No person or entity has been retained by Local2U West Virginia LLC to solicit or secure a government contract on a contingent fee basis except for bona fide employees or commercial sales agencies maintained by the company for the purpose of securing business.

I affirm that the foregoing statements are true and correct to the best of my knowledge, information, and belief.



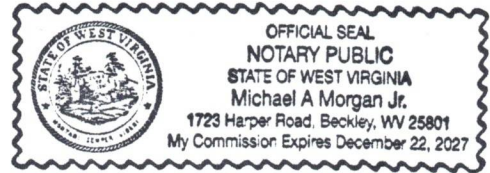
Richard Scott, Chief Technology Officer

Local2U West Virginia LLC
520 16th Street, Dunbar, WV



Subscribed and sworn to before me this 07 day of July, 2025.


Notary Public Signature



My commission expires: 12/22/2027



June 23, 2025

Larry D. McDonnell
Department of Administration
Purchasing Division
2019 Washington Street East
Charleston, WV 25305-0130

Dear Mr. McDonnell,

Local2U West Virginia LLC is pleased to submit our proposal for the management of the State's vertical real estate assets under CRFP OOT25-01. Our team brings deep experience in telecommunications site management, RF engineering, and compliance with WV Code §31G-5. Our approach combines a proven operational framework with a secure, cloud-based platform to streamline asset management, ensure compliance, and increase revenue for the State of West Virginia.

Local2U has a strong track record of success in West Virginia. We have successfully converted several USPS post office locations into connected hubs that expand broadband access and economic opportunity for underserved communities. Additionally, we completed the Parkersburg Toll Bridge project, transforming an underutilized asset into a high-capacity communications corridor. These projects reflect our deep commitment to improving connectivity and infrastructure across the state.

In addition to this proposal, Local2U is also submitting a response to the companion solicitation for the maintenance of these vertical assets. Awarding both management and maintenance scopes to Local2U creates an immediate opportunity for the State to achieve cost efficiencies and streamlined operations. A unified partner eliminates duplication of effort, accelerates response times, and ensures accountability across the full lifecycle of these critical assets.

Looking ahead, Local2U is committed to serving as a long-term infrastructure partner to the State. We welcome the opportunity to expand our role to include the inventorying, management, and maintenance of additional State-owned vertical assets including, but not limited to, light poles, utility poles, water towers, and other permanent, powered structures that offer a high point of egress. Our integrated approach is designed to help the State maximize the value of its infrastructure investments while supporting broadband expansion, public safety, and economic development.

Thank you for your consideration. We look forward to the opportunity to serve the State of West Virginia.

Sincerely,

Troy Snyder
Chief Executive Officer
Local2U West Virginia LLC
troy@local2u.com
520 16th Street, Dunbar, WV

RFP Response:

Section 3: Management Approach

Overview:

Local2U will manage West Virginia's vertical real estate assets using a platform-based approach coupled with dedicated operational staffing. We will:

- Operate a secure, cloud-based platform to track asset data, leases, and compliance status.
- Provide end-to-end site management including inspections, compliance, maintenance oversight, and tenant coordination.
- Conduct proactive marketing to drive tenant acquisition and maximize co-location revenue.
- Deliver detailed quarterly and annual reports aligned with WV Code §31G-5 requirements.

Team:

- **Project Director:** Oversees full contract execution and agency liaison.
- **Site Evaluators (2 FTEs):** Perform inspections and ensure operational integrity.
- **RF Engineers (2 FTEs):** Manage spectrum coordination and technical site assessments.
- **Community Engagement Manager:** Coordinate outreach to local governments and stakeholders.
- **Marketing Coordinator:** Lead tenant acquisition strategy.
- **Legal & Compliance:** Ensure contract and regulatory adherence.

Technology Platform:

A custom SaaS platform tracks lease status, site health, compliance documentation, and tenant activity. Each site is monitored for revenue performance and operational metrics.

Reporting & Compliance:

We will prepare all required reporting under WV Code §31G-5, including financial summaries, site performance metrics, and an annual utilization audit.

Scalability:

The proposed fee structure and staffing model are designed for 96 towers. Should the number of managed assets increase, Local2U is prepared to scale staffing and platform support accordingly, with future pricing adjustments tied to the total number of sites under management.

Section 4: Pricing Proposal

Service Description	Unit	Rate	Quantity	Monthly Extended Price
Vertical Real Estate Management (all-inclusive)	Site	\$450.00	96	\$43,200.00
Total Base Management Fee	Month			\$43,200.00

Note: Pass-through expenses (Schedule C) such as utilities, maintenance, and taxes will be billed separately at cost.

Addendum Acknowledgement

- Addenda 1 through 9 acknowledged and incorporated.

Company Information:

Legal Name: Local2U West Virginia LLC

Address: 520 16th Street, Dunbar, WV

EIN: YTJSBSNNUSS8

Primary Contact: Troy Snyder, CEO (troy@local2u.com)

Technical Contact: Richard Scott, CTO (rscott@local2u.com)

Exhibits & Schedules

Exhibit A: Organizational Chart & Key Personnel Resumes

Exhibit B: WV Business Registration Certificate

Exhibit C: Insurance Certificates (General Liability, Workers Comp, Auto)

Exhibit D: West Virginia Purchasing Affidavit

Exhibit E: References from Similar Projects

Exhibit F: Financial Capability Statement (if requested)

Schedule A: Fee Schedule (as shown in Section 4)

Schedule B: Sample Site Management Workflow & Response Times

Schedule C: Allowable Pass-through Expenses (Utilities, Maintenance, Taxes)

Schedule D: Reporting Templates & Compliance Documentation Samples

Additional compliance forms, references, and supporting documents to be appended in the final submission.



July 4, 2025

Austin L. Ayers
West Virginia Department of Homeland Security
Emergency Management Division
1700 MacCorkle Avenue SE, 6th Floor
Charleston, WV 25305

Dear Mr. Ayers,

Local2U West Virginia LLC is pleased to submit this proposal in response to ARFQ 0606 HSE2500000012 for the inspection, repair, and certification of communication towers across the Statewide Interoperable Radio Network (SIRN). Additionally, we are concurrently submitting a response to **CRFP OOT25-01**, the RFP for the management of the State's vertical assets.

We strongly believe that awarding both contracts to Local2U will provide the State of West Virginia with a cost-effective, unified approach to managing and maintaining its critical infrastructure. By combining tower maintenance with vertical asset management under one provider, the State will benefit from streamlined communication, rapid response times, and optimized resource allocation—ensuring maximum uptime and compliance for the SIRN network and all related vertical assets.

Local2U is uniquely positioned as a West Virginia-based communications infrastructure company, capable of providing end-to-end vertical asset management—from inventory and lease management to ongoing maintenance and compliance certifications. Our team's work has already demonstrated success in the state: we have **converted multiple USPS post offices into connected community hubs**, bringing broadband access and smart infrastructure to underserved areas, and we successfully completed the **Parkersburg Toll Bridge project**, delivering critical wireless connectivity across a key transportation corridor. These projects reflect our deep commitment to advancing West Virginia's infrastructure and improving the lives of its residents.

Under the leadership of our Chief Technical Officer, Richard Scott, who brings over 15 years of tower inspection and maintenance experience across the Mid-Atlantic, we have successfully managed and maintained mission-critical communications sites for both government and commercial networks. His leadership guarantees that our tower services will meet ANSI/TIA-222, FCC, and FAA standards.

Moreover, Local2U envisions a long-term partnership with the State of West Virginia to support not only communication towers but also **light poles, utility poles, water towers, state-owned real estate, and other vertical assets** that have permanent power and elevated locations suitable for future connectivity and safety applications. Our desire is to provide the State with a holistic approach to vertical asset inventory, management, and maintenance, ensuring West Virginia's infrastructure is future-ready.



We are prepared to meet all mandatory qualifications, licensing requirements, and service timelines set forth in the solicitation. We look forward to supporting the operational integrity of the SIRN infrastructure and expanding our partnership with the State of West Virginia.

Sincerely,
Troy Snyder
CEO, Local2U West Virginia LLC
troy@local2u.com
(304) 555-1234