

Policy Number
EBWCC0012109

SCHEDULE OF FORMS AND ENDORSEMENTS

ARCH INSURANCE COMPANY

Named Insured **ASBESTOS & MOLD SERVICES CORP.**

Effective Date: **07-12-2024**

12:01 A.M., Standard Time

Agent Name **BISA, A PROGRAM OF MCNEIL & CO., INC.**

Agent No. **10110**

COMMON POLICY FORMS AND ENDORSEMENTS

INSTALL-FORM 01-02 INSTALLMENT SCHEDULE

WORKERS COMPENSATION FORMS AND ENDORSEMENTS

WC 00 00 01 A	07-97	WC INFORMATION PAGE
LOCATION2	11-99	SCHEDULE OF NAMES & LOCATIONS
WC 89 04 15	07-97	WC CLASSIFICATION SCHEDULE
05 ML0002 00	12-14	ARCH INSURANCE GROUP SIGNATURE PAGE
PP-1B	01-07	NJ ELECTION FORM
WC 00 03 10	04-84	SOLE PROP, PARTNERS, OFFICERS, OTHER COV
WC 00 03 13	04-84	WAIVER OF OUR RIGHT TO RECOVER
05 ML0043 39	01-08	PA POLICY HOLDER NOTICE
FORM PHN-NJ	01-21	NJ POLICYHOLDER NOTICE - CCPAP
WC 00 04 04	04-84	PENDING RATE CHANGE ENDT
WC 00 04 06 A	07-95	PREMIUM DISCOUNT ENDT
WC 00 04 14 A	01-19	90DAY REPORT-NOTIF CHANGE IN OWNERSHIP
WC 00 04 19	01-01	PREMIUM DUE DATE ENDORSEMENT
WC 00 04 21 E	01-21	CATASTROPHE (OTHER THAN CERT ACTS) ENDT
WC 00 04 22 C	01-21	TERRORISM RISK PGM REAUTH ACT DISCL ENDT
WC 00 04 24	01-17	AUDIT NONCOMPLIANCE CHARGE ENDT
WC 00 04 25	05-17	EXPERIENCE RATING MODIFICATION FCTR REV
WC 29 03 06 B	07-07	NJ PART TWO EMPLOYERS LIABILITY ENDT
WC 29 03 09 A	07-05	NJ LIMITED OTHER STATES INSURANCE ENDT
WC 29 04 10	01-96	NJ CONSTRUCTION CLASS PREMIUM ADJ ENDT
WC 37 04 01	01-17	PA AUDIT NONCOMPLIANCE CHARGE ENDT
00 ML0065 00	06-07	US TREASURY DEPT'S OFAC ADVISORY NOTICE
WC 37 04 02	01-91	PA CONSTRUCTION CLASS PREMIUM ADJ ENDT
WC 37 06 01	04-84	PA SPECIAL ENDT- INSPECTION OF MANUALS
WC 37 06 02	04-84	PA NOTICE
WC 37 06 03 A	08-95	PA ACT 86-1986 ENDT
WC 37 06 04	10-99	PA EMPLOYER ASSESSMENT ENDT
WC 00 00 00 C	01-15	INSURANCE POLICY

WC 89 06 14

INSTALLMENT SCHEDULE
ARCH INSURANCE COMPANY

Named Insured ASBESTOS & MOLD SERVICES CORP.

Effective Date: 07-12-24
12:01 A.M., Standard Time

Agent Name BISA, A PROGRAM OF MCNEIL & CO., INC.

Agent No. 10110

**IT IS HEREBY AGREED AND UNDERSTOOD THAT THIS POLICY IS
PAYABLE ON INSTALLMENTS AS FOLLOWS:**

	DUE		PREMIUM		SURCHARGE		REVISED INSTALLMENT TOTAL
DEPOSIT	07/12/2024	\$	61,196.00	\$	2,506.00	\$	63,702.00

Failure to pay the Installment Premium by the Date Due shown shall constitute non-payment of premium for which we may cancel this policy.

INSTALL-FORM (01/02)

ARCH INSURANCE COMPANYNCCI Carrier Code **28355****NAME AND LOCATION SCHEDULE**Named Insured **ASBESTOS & MOLD SERVICES CORP.**Effective Date: **07-12-2024**

12:01 A.M., Standard Time

Agent Name **BISA, A PROGRAM OF MCNEIL & CO., INC.**Agent No. **10110**State **NEW JERSEY****Risk ID 511875****ASBESTOS & MOLD SERVICES CORP.****DBA: RAINBOW INTERNATIONAL OF
MAIN LINE****DBA: RAINBOW INTERNATIONAL OF
MAIN LINE****70 STACY HAINES ROAD, SUITE 4
LUMBERTON NJ 08048****Legal Entity: Corporation****FEIN: 20-5657146****SIC Code: 1799****NAICS Code: 238990****NJ Taxpayer Identification No: 205657146000****# EMP : 25**

Policy Number **EBWCC0012109**

ARCH INSURANCE COMPANY

NCCI Carrier Code **28355**

NAME AND LOCATION SCHEDULE

Named Insured **ASBESTOS & MOLD SERVICES CORP.**

Effective Date: **07-12-2024**
12:01 A.M., Standard Time

Agent Name **BISA, A PROGRAM OF MCNEIL & CO., INC.**

Agent No. **10110**

State **PENNSYLVANIA**

ASBESTOS & MOLD SERVICES CORP.

**DBA: RAINBOW INTERNATIONAL OF
MAIN LINE**

**DBA: RAINBOW INTERNATIONAL OF
MAIN LINE**

NO FIXED ADDRESS

PA

Legal Entity: Corporation

FEIN: 20-5657146

SIC Code: 1799

NAICS Code: 238990

EMP : 1

**ARCH
INSURANCE COMPANY**

**Policy Number
EBWCC0012109**

**EXTENSION OF INFORMATION PAGE
WORKERS COMPENSATION CLASSIFICATION SCHEDULE**

State of: **NEW JERSEY**

511875

Named Insured **ASBESTOS & MOLD SERVICES CORP.**

Effective Date: **07-12-2024**

12:01 A.M., Standard Time

Agent Name **BISA, A PROGRAM OF MCNEIL & CO., INC.**

Agent No. **10110**

Classification of Operation	Code No.	Annual Remuneration	Total Estimated Per \$100 of Remuneration	Estimated Annual Premium
0001-01ASBESTOS & MOLD SERVICES CORP. DBA RAINBOW INTERNATIONAL OF MAIN LINE DBA RAINBOW INTERNATIONAL OF MAIN LINE FEIN # 20-5657146 SIC CODE 1799 NAICS CODE 238990 NJ TAXPAYER ID# 205657146000 70 STACY HAINES ROAD, SUITE 4 LUMBERTON NJ 08048				
CARPET, RUG OR UPHOLSTERY CLEANING-SHOP & DRIVERS	2585	IF ANY	6.75	\$ 0.00
ASBESTOS CONTRACTOR-EMPLOYEES ENGAGED IN ASBESTOS REMOVAL REPLACEMENT, REPAIR ENCLOSURE OR ENCAPSULATION & DRIVERS	5473	\$ 150,000	26.82	\$ 40,230.00
PAINTING OR DECORATING-INTERIOR OR EXTERIOR WORK NOC & DRIVERS	5474	\$ 30,000	10.61	\$ 3,183.00
CONTRACTOR-EXECUTIVE SUPERVISOR	5606	\$ 300,000	2.60	\$ 7,800.00
CLEANER-DEBRIS REMOVAL-CONSTRUCTION	5610	\$ 75,000	11.64	\$ 8,730.00
SALESPERSON-OUTSIDE	8742	\$ 134,000	.38	\$ 509.00
CLERICAL OFFICE EMPLOYEES NOC	8810	\$ 137,000	.16	\$ 219.00
BUILDING-OPERATION BY CONTRACTOR & DRIVERS	9014	\$ 125,000	4.72	\$ 5,900.00

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511875

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Effective Date: **07-12-2024**

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Agent Name **BISA, A PROGRAM OF MCNEIL & CO., INC.**

Agent No. **10110**

Classification of Operation	Code No.	Annual Remuneration	Total Estimated Per \$100 of Remuneration	Estimated Annual Premium
TOTAL CLASS PREMIUM			\$	66,571.00
INCREASE LIMITS 1.014	6199		\$	932.00
TOTAL SUBJECT PREMIUM			\$	67,503.00
EXPERIENCE PREMIUM .884	9898		\$	-7,830.00
TOTAL MODIFIED PREMIUM			\$	59,673.00
SCHEDULE MODIFICATION 1.10	9889		\$	5,967.00
STANDARD TOTAL			\$	65,640.00
PREMIUM DISCOUNT .923	0063		\$	-5,054.00
TERRORISM .03	9740		\$	285.00
CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) .01	9741		\$	95.00
TOTAL ESTIMATED PREMIUM			\$	60,966.00
SECOND INJURY FUND SURCHARGE 1.0419	0935		\$	2,500.00
UNINSURED EMPLOYERS' FUND SURCHARGE 1.00	0936		\$	0.00
FINAL TOTAL			\$	63,466.00

WC 89 04 15

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EXTENSION OF INFORMATION PAGE
WORKERS COMPENSATION CLASSIFICATION SCHEDULE

State of: **PENNSYLVANIA**

Named Insured **ASBESTOS & MOLD SERVICES CORP.**

Effective Date: **07-12-2024**

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Agent Name **BISA, A PROGRAM OF MCNEIL & CO., INC.**

Agent No. **10110**

Classification of Operation	Code No.	Annual Remuneration	Total Estimated Per \$100 of Remuneration	Estimated Annual Premium
0003-01ASBESTOS & MOLD SERVICES CORP. DBA RAINBOW INTERNATIONAL OF MAIN LINE DBA RAINBOW INTERNATIONAL OF MAIN LINE FEIN # 20-5657146 SIC CODE 1799 NAICS CODE 238990 NO FIXED ADDRESS PA				
CARPET AND RUG CLEANING AND STORAGE	141	IF ANY	4.24	\$ 0.00
ASBESTOS-ENCAPSULATION OR REMOVAL (NOT PIPE INSULATION)	651	IF ANY	5.69	\$ 0.00
CONTRACTOR FOR COMMERCIAL BUILDING CLEANING	971	IF ANY	3.18	\$ 0.00

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Agent Name **BISA, A PROGRAM OF MCNEIL & CO., INC.**

Agent No. **10110**

Classification of Operation	Code No.	Annual Remuneration	Total Estimated Per \$100 of Remuneration	Estimated Annual Premium
TOTAL CLASS PREMIUM			\$	0.00
BLANKET WAIVER 1.05	0930		\$	0.00
INCREASE LIMITS 1.014	9812		\$	0.00
TOTAL SUBJECT PREMIUM			\$	0.00
TOTAL MODIFIED PREMIUM			\$	0.00
STANDARD TOTAL			\$	0.00
EXPENSE CONSTANT	0900		\$	230.00
TERRORISM .03	9740		\$	0.00
CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) .02	9741		\$	0.00
TOTAL ESTIMATED PREMIUM			\$	230.00
EMPLOYER ASSESSMENT (NON-COAL) 1.0242	0938		\$	6.00
FINAL TOTAL			\$	236.00
POLICY TOTAL ESTIMATED COST			\$	63,702.00

WC 89 04 15

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Signature Page

IN WITNESS WHEREOF, Arch Insurance Company has caused this policy to be executed and attested.

A handwritten signature in cursive script that reads "Brian D. First".

Brian D. First
President

A handwritten signature in cursive script that reads "Regan A. Shulman".

Regan Shulman
Secretary