



NCCI Assigned Risk Department
 901 Peninsula Corporate Circle
 Boca Raton, FL 33487
 800-622-4123

March 12, 2026

Patriot Services General Contracting LLC
 333 N Wilmot Rd Ste 340
 Tucson, AZ 85711-2607

EFFECTIVE DATE: 03/06/2026
EXPIRATION DATE: 03/06/2027
BINDER NUMBER: 02-10804-26071-404768
FED ID NUMBER: 41-2527627
APPLICATION ID: 51601574

APPLICANT NAME: Patriot Services General Contracting LLC

RE: WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY BINDER

This is to acknowledge receipt of an initial or deposit premium payment and your application for insurance submitted through NCCI's Workers Compensation Insurance Plan or a similar state-approved plan that is administered by NCCI (Plan). Your application for assigned risk workers compensation insurance was processed and bound in accordance with Plan rules for the state/jurisdiction of **Arizona**, and those additional states/jurisdictions, if any, shown under Informational Notices in the Additional Notices section of this binder.

Workers compensation insurance is provided under this binder, beginning at 12:01 a.m. ET on the effective date shown above, and with the insurance company named below, and shall remain in effect until cancelled or a policy has been issued in accordance with applicable state/jurisdiction law. The insurance is provided in accordance with the workers compensation laws of **Arizona** and/or any additional states/jurisdictions shown under Informational Notices in the Additional Notices section, as applicable. Employers liability insurance is also provided, subject to the standard limits prescribed in NCCI's **Basic Manual** and **Residual Market Manual** in the associated state(s), unless higher limits have been provided in accordance with Plan rules.

Please retain this binder as documentation of insurance until you receive your policy.

This binder supersedes any binders previously issued to the Applicant named above by NCCI.

PRODUCER/EMPLOYER/CARRIER: Please refer to Action Required Notices in the Additional Notices section for information/documents that must be provided to the carrier and/or the state/jurisdiction within the time specified by statutory and/or Plan requirements. If the information/documents are not provided, the carrier may make changes, including without limitation, premium changes and cancellation of this binder and/or the policy.

INSURANCE COMPANY:

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA
 BALDWIN POINT
 2420 LAKEMONT AVENUE
 ORLANDO, FL 32814
 (800) 443-4404
 ARWC@travelers.com

AGENCY NAME:

AFFORDABLE CONTRACTORS INSURANCE LLC
 8501 N SCOTTSDALE RD STE 270
 PARADISE VALLEY, AZ 85253-2749
 (888) 652-4513
 comp@acisaves.com



ADDITIONAL NOTICES

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GENERAL NOTICES

INSURANCE FOR THIS EMPLOYER HAS BEEN PLACED THROUGH A WORKERS COMPENSATION INSURANCE PLAN. AS A PLAN IS THE MARKET OF LAST RESORT, INSURANCE SHOULD CONTINUE TO BE SOUGHT THROUGH THE STANDARD/VOLUNTARY MARKET. PLEASE NOTE THAT PREMIUMS IN A PLAN MAY BE HIGHER THAN THE STANDARD/VOLUNTARY MARKET.

If a policy issued by an insurance carrier, pursuant to an assignment under a Plan, is cancelled due to the employer's failure to comply with terms or conditions of the policy, such employer may be ineligible for further insurance under a Plan.

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE
FOR THE STATE(S) OF Arizona**

Your policy provides insurance for losses resulting from acts of terrorism. Insurance 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. You are notified that under the Terrorism Risk Insurance Act of 2002(Act) and any amendments, including as amended and extended through December 31, 2027 by the Terrorism Risk Insurance Program Reauthorization Act of 2019, 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 policy, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Act, as amended. Under the formula, the United States Government generally reimburses 80% beginning on January 1, 2021, of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the insurance if the aggregate industry insured losses occurring in any calendar year exceed \$200 million.

The Terrorism Risk Insurance Act, as amended, also contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism. If the aggregate insured losses for all insurers exceed \$100 billion in any one calendar year, and the insurance company providing the insurance has met its statutorily established deductible, the insurance company is not liable for payment of any portion of the amount of insured losses that exceed \$100 billion. Further, the United States Government will not make any payment under the Act for any portion of insured losses that exceed \$100 billion. For aggregate insured losses up to \$100 billion, the insurance company will pay only a pro rata share of such losses as determined by the Secretary of Treasury.

The portion of your total estimated annual premium that currently is attributable to insurance for losses resulting from certified acts of terrorism is \$0.00 and does not include any charges for the portion of losses covered by the United States Government under the Act.



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CERTIFICATES OF INSURANCE

Effective upon receipt of the binder, the producer may issue certificates of workers compensation insurance when all of the following conditions are met:

- 1) The certificate is issued only on the standard ACORD® form;
- 2) The certificate is issued only for operations listed in Part 3.A. of the Information Page;
- 3) The binder or policy has not been cancelled;
- 4) The policy terms are unchanged (e.g., additional locations and/or exposures have not been added to the policy);
- 5) The certificate holder is not extended any greater rights than those extended to the insured and;
- 6) The assigned carrier is provided with a copy of each certificate issued.

LIMITED OTHER STATES INSURANCE NOTICE WHERE APPLICABLE BY STATE

Under a Plan administered by NCCI, the Residual Market Limited Other States Insurance Endorsement is attached to all residual market policies. This endorsement is solely for unknown and unanticipated exposure in states other than those designated in Part 3.A. of the Information Page and not otherwise specifically excluded. This endorsement DOES NOT provide automatic coverage for an employer's operations in another state at any time, and DOES NOT guarantee coverage can be added or extended for operations in another state during the policy period.

If you hire any employees outside of those states listed in Item 3.A on the Information Page or begin operations in any such state, you should do whatever may be required under that state's law, as this endorsement does not satisfy the requirements of that state's workers compensation law.

Coverage is available under such Plan only when state law permits coverage and in states where such Plan is administered by NCCI. The employer and/or its representative must review the applicable state law and consult their insurance carrier to determine whether coverage is required and/or can be provided.

ACTION REQUIRED NOTICES

A copy of a certificate of insurance for all subcontractors used must be provided to the assigned carrier.

Failure to provide certificates may result in additional premium being charged and collected by the assigned carrier.

INFORMATIONAL NOTICES

Applicant is a new business, or no history was found.

Coverage is being bound subject to your signed statement on the application acknowledging and agreeing to the terms of the Loss Sensitive Rating Plan (LSRP). In the event that you meet the eligibility requirements of the LSRP, an LSRP contingent deposit premium equal to 20% of standard premium will be required.

Owner(s)/Officer(s) have elected to be excluded from coverage.

Please be advised that assigned risk carriers are required to conduct interim audits, loss prevention surveys, and final audits on assigned risk policies as noted in the Assigned Carrier Performance Standards. Therefore, failure to comply with an assigned risk carrier request may result in cancellation of this policy in accordance with the



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applicable state laws.

The premium reflected on the Premium Calculation Worksheet is the total estimated annual premium. The assigned carrier may apply additional state surcharges, taxes, assessments, or programs as required by the state.

Workers compensation insurance is requested for the following state(s): AZ.

Increased Limits of Liability has been selected by the Applicant for this policy term. Please be advised that final application of the increased limits of liability program is subject to assigned carrier review and analysis per the approved Basic Manual and Residual Market Manual in the associated state(s). Due to the assigned carrier's review, a program with different limits may be recommended.