PHANTOM TECHNOLOGY SOLUTIONS, LLC

STATEMENT OF WORK (TEMPLATE)

Aligned to MSA Version 3.1 | Updated September 28, 2026

Rolling Prairie, La Porte County, Indiana

1. SOW REFERENCE INFORMATION

SOW Number	[SOW-YYYY-TIER-NNN]
MSA Effective Date	[Date]
SOW Effective Date	[Date]
Client Full Legal Name	[Legal Name]
Client DBA (if any)	[DBA or N/A]
Client Address	[Street, City, State, ZIP]
Client Entity Type	[LLC / Corp / PLLC / Individual / Other]
Client Type	☐ Commercial ☐ Residential
Primary Contact Name	[Name]
Primary Contact Email	[Email]
Primary Contact Phone	[Phone]
Authorized Approver Name	[Name]
Authorized Approver Title	[Title]
Authorized Approver Email	[Email]
Authorized Approver Phone	[Phone]
MSA Version	Version 3.1, updated September 28, 2026
Services / Billing Start	[Date; identify any separate onboarding start date]
PTS Legal Notices	Attn: Legal Notices, 5097 N 600 E, Rolling Prairie, IN 46371; copy legal@phantomts.com
PTS Support	(800) 338-4474 | support@phantomts.com
Client Legal Notices	[Notice recipient, mailing address, and email]

2. GUARDIAN TIER SELECTION

Select the applicable Guardian service tier for this engagement:

☐ Guardian Ad-Hoc
☐ Guardian Residential
☐ Guardian Fundamentals
☐ Guardian Compliance
☐ Guardian Co-Managed

Refer to Section 3B of the MSA (Guardian Tier Definitions) for full tier scope descriptions.

3. GUARDIAN TIER ELIGIBILITY CONFIRMATION

Client certifies that it meets the eligibility requirements for the selected Guardian tier as defined in Section 3B of the MSA. PTS reserves the right to require a tier adjustment if the Client's environment does not meet the requirements of the selected tier.

☐ Client confirms eligibility for the selected tier and acknowledges tier requirements

4. COVERED ASSETS

The following assets are covered under this SOW. For Residential clients, this includes household devices. Asset changes follow Section 8; related fee adjustments follow Section 12.8. Identify device names or attach an asset schedule.

Asset Type	Description	Count	Notes

5. SCOPE OF COVERED SERVICES

The following services are included under this SOW. Cross-reference Section 3B of the MSA (Guardian Tier Definitions) for the baseline services associated with the selected Guardian tier.

☐ [Service 1 — describe]

☐ [Service 2 — describe]

☐ [Service 3 — describe]

☐ [Additional services as needed]

Support allowance: [hours per workstation/user/device or other method]; covered count: [ ]; total monthly pool: [ ]; rollover: [ ]; overage approval and rates: [ ].

Included on-site service area: [specific addresses, municipalities, or radius]. Fundamentals and Compliance on-site helpdesk support is included within the SOW allowance, without travel charges inside this area. Define other-tier coverage expressly.

Emergency scope: [separate included triage/SOC activity from separately billable emergency work]. Business-hours rate: [ ]; scheduled after-hours rate: [ ]; unscheduled after-hours/holiday rate: [ ]; discount and pool treatment: [ ]. Resolve any overlap before signature.

Microsoft licensing: [exact SKU, quantity, supplier, included or client-provided]. Record the licensing component and any removal from Cloud pricing; do not assume all E3 subscriptions have identical entitlements.

Computer setup labor: [flat per-device fee or quoted project basis, included tasks, exclusions, and pool treatment]. Hardware and migration costs must not be charged twice for the same setup work.

Response targets: [acknowledgment, initial technical response, and on-site response, measured separately]. Identify any express variance from MSA Section 6B.

6. OUT-OF-SCOPE / EXCLUDED SERVICES

The following services are explicitly excluded from this SOW. Any services not listed in Section 5 above are excluded by default. Additional exclusions may be addressed under Section 4.3 of the MSA.

- [Exclusion 1]
- [Exclusion 2]
- [Exclusion 3]
- [Additional exclusions as needed]

7. CLIENT RESPONSIBILITIES

Client agrees to fulfill the following responsibilities as a condition of service delivery:

- Provide PTS with reasonable access to covered systems and environments
- Designate an authorized contact for approvals and communications
- Notify PTS promptly of any changes to covered assets, users, or network configurations (per Section 7 of the MSA — Onboarding/Offboarding)
- Maintain current licensing and supported operating systems on all covered assets
- Comply with all Acceptable Use Policy requirements per Section 5B of the MSA
- Meet all Baseline Requirements per Section 5C of the MSA (Security Baseline Requirements)
- [Additional tier-specific responsibilities]

8. BASELINE REQUIREMENTS

Client must meet the Security Baseline Requirements as defined in Section 5C of the MSA. Client-specific notes:

- [Client-specific baseline note 1]
- [Client-specific baseline note 2]

9. SUPPORT HOURS

Select the applicable support hours for this engagement:

☐ Standard Business Hours (Monday–Friday, 9:00 AM – 5:00 PM ET)

☐ Extended Business Hours (Monday–Friday, 7:00 AM – 7:00 PM ET)

☐ After-Hours Emergency Support (as defined in Section 6B of the MSA — Service Level Targets)

☐ Custom Hours: _____

Standard hours exclude PTS-observed holidays. For Compliance, expressly specify the extended-hours window; for Co-Managed, align hours with the Shared Responsibility Matrix. Response targets are objectives, not guarantees, and do not promise resolution times.

10. FEES AND BILLING

Fees are calculated by multiplying per-unit rates by the applicable device/server/location counts from Section 4 (Covered Assets). All sub-components are required for the selected tier (except Co-Managed where noted). Total monthly recurring fee = sum of all applicable sub-components.

Complete only the applicable tier. Validate every unit rate and quantity against the approved quote before signature. Managed-service rate fields intentionally require confirmation; historical templates and client-specific concessions are not a universal rate card. Exclude one-time fees from monthly totals.

Guardian Ad-Hoc Rate Card

Service Type	Rate	Hours	Total
Remote Support	$180/hr	_____	$ _____
On-Site Support	$180/hr	_____	$ _____
Emergency (bus. hrs / sched. after-hrs)	$225/hr	_____	$ _____
Emergency (after hrs / holidays)	$270/hr	_____	$ _____
Residential In-Shop	$135/hr	_____	$ _____
Residential On-Site	$135/hr	_____	$ _____

Guardian Residential Fee Calculation

Sub-Component	Rate	Count	Monthly Total
Guardian Residential	[Approved rate]	_____ devices	$ _____
Onboarding Fee (one-time)	$ _____	—	$ _____

Guardian Fundamentals Fee Calculation

Sub-Component	Rate	Count	Monthly Total
Help Desk	[Approved rate]	_____ devices	$ _____
Security	[Approved rate]	_____ workstations	$ _____
Security	[Approved rate]	_____ servers	$ _____
Security	[Approved rate]	_____ virtual servers	$ _____
Security	[Approved rate]	_____ locations	$ _____
Backup	[Approved rate]	_____ workstations	$ _____
Backup	[Approved rate]	_____ servers	$ _____
Backup	[Approved rate]	_____ virtual servers	$ _____
Cloud	[Approved rate]	_____ workstations	$ _____
Cloud	[Approved rate]	_____ locations	$ _____
Management	[Approved rate]	_____ workstations	$ _____
Management	[Approved rate]	_____ servers	$ _____
Management	[Approved rate]	_____ network devices	$ _____
Management	[Approved rate]	_____ locations	$ _____

Sub-Component	Rate	Count	Monthly Total
Onboarding Fee (one-time)	$ _____	—	$ _____
TOTAL MONTHLY RECURRING			$ _____

Guardian Compliance Fee Calculation

Sub-Component	Rate	Count	Monthly Total
Help Desk	[Approved rate]	_____ devices	$ _____
Security	[Approved rate]	_____ workstations	$ _____
Security	[Approved rate]	_____ servers	$ _____
Security	[Approved rate]	_____ virtual servers	$ _____
Security	[Approved rate]	_____ locations	$ _____
Backup	[Approved rate]	_____ workstations	$ _____
Backup	[Approved rate]	_____ servers	$ _____
Backup	[Approved rate]	_____ locations	$ _____
Cloud	[Approved rate]	_____ workstations	$ _____
Cloud	[Approved rate]	_____ locations	$ _____
Management	[Approved rate]	_____ workstations	$ _____
Management	[Approved rate]	_____ servers	$ _____
Management	[Approved rate]	_____ network devices	$ _____
Management	[Approved rate]	_____ locations	$ _____
Onboarding Fee (one-time)	$ _____	—	$ _____
TOTAL MONTHLY RECURRING			$ _____

Guardian Co-Managed Fee Calculation

Sub-Component	Rate	Count	Monthly Total
Help Desk	[Approved rate]	_____ devices	$ _____
Security	[Approved rate]	_____ workstations	$ _____
Security	[Approved rate]	_____ servers	$ _____
Security	[Approved rate]	_____ virtual servers	$ _____
Security	[Approved rate]	_____ locations	$ _____
Backup	[Approved rate]	_____ workstations	$ _____
Cloud	[Approved rate]	_____ workstations	$ _____
Management	[Approved rate]	_____ workstations	$ _____
Onboarding Fee (one-time)	$ _____	—	$ _____
TOTAL MONTHLY RECURRING			$ _____

Auto-pay is required for all recurring managed-service tiers. Annual price adjustments are governed by MSA Section 12.11: increases shall not exceed the greater of 5% or the applicable CPI-U change, with at least 60 days' written notice.

11. PAYMENT TERMS

Payment terms are as set forth in Section 12 of the MSA (Fees and Payment). Client elects the following payment schedule:

☐ Monthly (standard)

☐ Quarterly (2% discount applied)

☐ Annual (5% discount applied)

Prepayment discounts apply only to recurring fees, not one-time, project, or out-of-scope work. Onboarding fees are due at execution and are subject to MSA Section 12.5. Record taxes or a valid exemption and any approved payment-processing fee.

12. TERM AND RENEWAL

Initial Term Start Date	[Date]
Initial Term End Date	[Date]
Auto-Renewal Term	[12 months / as specified]
Non-Renewal Notice Period	60 days under MSA Section 13.2, unless expressly varied here: [state variation or none]
Termination for Convenience	Commercial: 90 days; Residential: 30 days. Early termination fees follow MSA Sections 13.7 and 4B.9 respectively, unless expressly varied.

13. AUTHORIZED APPROVERS

The following individuals are authorized to approve changes, expenditures, and service modifications under this SOW:

Name	Title	Email	Phone

14. SPECIAL TERMS AND ADDENDA

The following addenda and riders are activated for this engagement:

Section 9B applies by Guardian tier; it is not an optional addendum.

Section 10B applies to Personal Data processing across all tiers; it is not an optional addendum.

☐ Section 11C of the MSA — AI Services

☐ Section 10C of the MSA — Healthcare and HIPAA Services

Section 4B automatically applies when Guardian Residential is selected.

☐ Other: _____

15. SPECIAL CONDITIONS

[Enter any special conditions, notes, or client-specific terms here.]

Summaries of MSA terms are for convenience; the MSA wording controls those summaries. Expressly negotiated variations must identify the affected MSA provision and replacement term and are subject to the order of precedence in Section 2.2.

16. MASTER SERVICES AGREEMENT — INCORPORATION BY REFERENCE

The Phantom Technology Solutions, LLC Master Services Agreement, Version 3.1, updated September 28, 2026 ("MSA"), governs all services provided under this Statement of Work. The MSA is available at: https://www.phantomts.com/legal/msa

By executing this Statement of Work, Client acknowledges that Client has read the MSA in its entirety, understands its terms, and agrees to be bound by all provisions therein. Client's signature below is the only signature required to form a binding agreement incorporating the MSA.

The following MSA sections are particularly relevant to this engagement:

- Section 3B — Guardian Tier Definitions and Service Alignment
- Section 4B — Residential Terms (Guardian Residential clients only)
- Section 5C — Security Baseline Requirements and Policies
- Section 6B — Service Level Targets and Support Terms
- Section 9B — Incident Response Scope and Fees
- Section 10B — Data Protection Addendum
- Section 10C — Healthcare and HIPAA Services (HIPAA clients only)
- Section 11C — AI Services (when included in SOW)
- Section 16.2 — Liability Cap Matrix

This SOW incorporates MSA Version 3.1, updated September 28, 2026, subject to its amendment provisions in Section 18.3.

SIGNATURES

By signing below, Client agrees to the terms of this Statement of Work and acknowledges full acceptance of, and agreement to be bound by, the Phantom Technology Solutions, LLC Master Services Agreement, Version 3.1, updated September 28, 2026, available at https://www.phantomts.com/legal/msa, which is incorporated herein by reference. No separate signature on the MSA is required. Electronic signatures are valid and binding under the Indiana Uniform Electronic Transactions Act (Ind. Code § 26-2-8 et seq.) and the federal E-SIGN Act (15 U.S.C. § 7001 et seq.).

PHANTOM TECHNOLOGY SOLUTIONS, LLC

Signature:

_____

Printed Name:

_____

Title:

_____

Date:

_____

CLIENT

Client Full Legal Name:

_____

Signature:

_____

Printed Name:

_____

Title:

_____

Date:

_____