

**NOTICE: THIS POLICY IS A CLAIMS-MADE POLICY. PLEASE READ THE POLICY CAREFULLY.**

**Policy Number**

LHI D753481 06

**The Hanover Insurance Company**

440 Lincoln Street  
Worcester, MA 01653  
(A Stock Insurance Company, herein called the **Insurer**)

**Issue Date** 11/03/2024

**Item 1. NAMED INSURED AND ADDRESS**

CU Documents Inc. Tal Novak  
6091 Belding Road NE  
Rockford, MI 49341

**Item 2. POLICY PERIOD**

Inception Date: 01/01/2025 Expiration Date: 01/01/2026  
(12:01 AM standard time at the address shown in Item 1.)

**Item 3. LIMIT OF LIABILITY**

- a. \$1,000,000 for each **Claim**; not to exceed
- b. \$1,000,000 for all **Claims** in the Aggregate

**Item 4. SUBLIMITS OF LIABILITY**

- Privacy and Security a. \$1,000,000 for each **Claim**; not to exceed
- Liability Coverage b. \$1,000,000 for all **Claims** in the Aggregate

**Item 5. DEDUCTIBLE**

- a. \$7,500 each **Claim**
- b. N/A for all **Claims** in the Aggregate

**Item 6. SUPPLEMENTAL COVERAGE LIMIT AND DEDUCTIBLE**

	<b>LIMIT</b>	<b>DEDUCTIBLE</b>
Disciplinary Proceedings Coverage	\$25,000 per <b>Insured</b> / \$50,000 for all <b>Insureds</b>	\$0
Subpoena Assistance	\$25,000 in the Aggregate	\$0
Crisis Event Expense	\$25,000 per Event / \$50,000 in the Aggregate	\$0
Reputation Protection Expense	\$15,000 in the Aggregate	\$0
Withheld Client Fee Assistance	\$25,000 in the Aggregate	\$0
Nonprofit Directors and Officers Expense	\$10,000 in the Aggregate	\$0

**Item 7. PROFESSIONAL SERVICES**

Solely in the performance of providing customized compliant documents for credit unions for others for a fee or other form of compensation.

**Item 8. RETROACTIVE DATE** 01/01/2013

**Item 9. PREMIUM FOR THE POLICY PERIOD** \$2,883.00

**Total Premium:** \$2,883.00

**Item 10. ENDORSEMENTS EFFECTIVE AT INCEPTION:** See Schedule of Forms attached.

**Item 11. NOTICE TO INSURER**

Report a claim to the Company as required by Section G. Duties in the Event of Claim(s) or Potential Claim(s) to:

The Hanover Insurance Company  
440 Lincoln Street  
Worcester, MA 01653

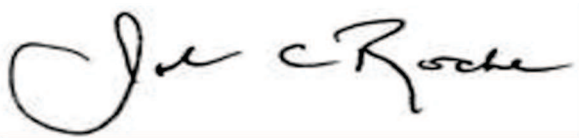
**National Claims Telephone Number:** 800-628-0250. For Cyber Claims: 800-385-5271

**Facsimile:** 800-399-4734

**Email:** firstreport@hanover.com For Cyber Claims: Cyberclaims@hanover.com

**Agent on behalf of:** COLDBROOK INSURANCE GROUP LLC  
2000 OAK INDUSTRIAL DR NE  
GRAND RAPIDS, MI 49505  
0502672

We have caused this Policy to be signed by our President and Secretary and countersigned where required by a duly authorized agent of the Company.



John C. Roche, President



Charles F. Cronin, Secretary