

Declarations Page

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

Policy Number

LHI D753481 03

The Hanover Insurance Company

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

Issue Date 11/08/2021

Item 1. NAMED INSURED AND ADDRESS

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

Item 2. POLICY PERIOD

Inception Date: 01/01/2022 Expiration Date: 01/01/2023
(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 Liability Coverage a. \$1,000,000 for each **Claim**; not to exceed
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

	LIMIT	DEDUCTIBLE
Disciplinary Proceedings Coverage	\$25,000 per Insured / \$50,000 for all Insureds	\$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 \$2,640.00

Total Premium: \$2,640.00

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

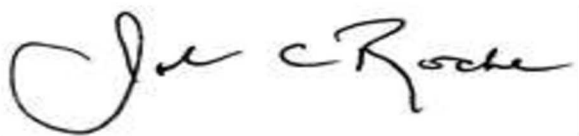
National Claims Telephone Number: 800-628-0250. For Cyber Claims: 800-385-5271

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