



**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