TruStage | CUMIS Insurance Society

Home Office:
2000 Heritage Way
Waverly, IA 50677

Administrative Office:
5910 Mineral Point Road
Madison, WI 53705

000012 90077148601 4 29 01 0 0000 0 000

Pilc,Steven
CU Northwest Inc
1421 N Meadowwood Ln Ste 130
Liberty Lake WA 99019 7613

THIS IS NOT A BILL
PLEASE DO NOT SEND PAYMENT UNTIL YOU RECEIVE A BILLING

KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS

QUESTIONS ABOUT YOUR INSURANCE? - If you have questions about this insurance, do not hesitate to contact CUMIS Insurance Society, Inc. or your authorized TruStage™ Representative to resolve your questions.

CUMIS Insurance Society, Inc.
Administrative Office
5910 Mineral Point Road
Madison, WI 53705
800-637-2676

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TruStage | CUMIS Insurance Society

Home Office:
2000 Heritage Way
Waverly, IA 50677

Administrative Office:
5910 Mineral Point Road
Madison, WI 53705

Effective Date:
01/01/2026

PROPERTY AND BUSINESS LIABILITY POLICY DECLARATIONS

Policy Number:
105829

Named Insured and Mailing Address:
CU Northwest Inc
1421 N Meadowwood Ln Ste 130
Liberty Lake WA 99019 7613

Representative:
Terry,Jeffrey L

Policy Period: From: 01/01/2026 To: 01/01/2027 at 12:01 AM., Standard Time at your mailing address shown above until terminated.

REASON FOR THIS DECLARATION:

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

	Annual Premium
PROPERTY/EXPENSE/INCOME COVERAGES	$441.00
LIABILITY COVERAGES	$257.00
TERRORISM RISK INSURANCE ACT COVERAGE	$15.00
	$713.00

FORM(S) AND ENDORSEMENT(S) MADE A PART OF THIS POLICY:*
Refer To Forms Schedule

*Omits applicable Forms and Endorsements if shown in specific Coverage Part/Coverage Form Declarations.

Home Office:
2000 Heritage Way
Waverly, IA 50677

Administrative Office:
5910 Mineral Point Road
Madison, WI 53705

Effective Date:
01/01/2026

PART I
PROPERTY/EXPENSE/INCOME COVERAGES
DECLARATIONS

Policy Number:
105829

Representative:
Terry,Jeffrey L

DESCRIPTION OF PREMISES:

Prems. No.	Bldg. No.	Location
4	1	1421 N Meadowwood Ln Ste 130 Liberty Lake WA 99019 7613

COVERAGES PROVIDED: Insurance at the described premises applies only for coverages for which a limit of insurance is shown or for which an entry is made.

Coverage	Limit of Insurance	Deductible	Causes of Loss Form	Inflation Guard (1)	Coinsurance
Business Personal Property	$90,048	$1,000	Special	4%	100%
Extra Expense	$25,000		Special		
Data Processing Equipment	$140,000	$1,000			100%

MORTGAGE HOLDERS:
Refer To Mortgagee/Loss Payee Schedule.

FORM(S) AND ENDORSEMENT(S) APPLICABLE TO THIS COVERAGE PART:
Refer To Forms Schedule

(1) Automatic Increase In Limit of Insurance

TruStage | CUMIS Insurance Society

Home Office:
2000 Heritage Way
Waverly, IA 50677

Administrative Office:
5910 Mineral Point Road
Madison, WI 53705

Effective Date:
01/01/2026

PART II
PROPERTY COVERAGES
DECLARATIONS

Policy Number:
105829

Representative:
Terry,Jeffrey L

For PERILS COVERED see applicable form attached.

COVERAGE	LIMIT OF INSURANCE	DEDUCTIBLE
Valuable Information	$140,000	

FORM(S) AND ENDORSEMENT(S) APPLICABLE TO THIS COVERAGE PART:
Refer To Forms Schedule

Home Office:
2000 Heritage Way
Waverly, IA 50677

Administrative Office:
5910 Mineral Point Road
Madison, WI 53705

Effective Date:
01/01/2026

PART III
LIABILITY COVERAGE
DECLARATIONS

Policy Number:
105829

Representative:
Terry,Jeffrey L

COVERAGE	LIMITS OF INSURANCE
Business Liability	
Each Occurrence	$1,000,000
Aggregate	$3,000,000
Medical Payments	
Each Person	$5,000
Employers Liability	
Excess Liability	
Each Occurrence	
Aggregate	

STATE	PREMS. NO.	CLASSIFICATION DESCRIPTION
Washington	4	Premises - occupied by employees

FORM(S) AND ENDORSEMENT(S) APPLICABLE TO THIS COVERAGE PART:
Refer To Forms Schedule

TruStage | CUMIS Insurance Society

Home Office:
2000 Heritage Way
Waverly, IA 50677

Administrative Office:
5910 Mineral Point Road
Madison, WI 53705

Effective Date:
01/01/2026

LOCATIONS SCHEDULE

Policy Number:
105829

Representative:
Terry,Jeffrey L

CU Northwest Inc
1421 N Meadowwood Ln Ste 130
Liberty Lake WA 99019 7613

PREMS NO.	BLDG NO.	STREET CITY ST ZIP
4	1	1421 N Meadowwood Ln Ste 130 Liberty Lake WA 99019 7613

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FORMS SCHEDULE

POLICY NUMBER: 105829

Forms and Endorsements applying to this Coverage Part and made a part of this policy at time of issue:

REFER TO DECLARATIONS FOR APPLICABLE PREMISES AND COVERAGES

Form and Edition	Description
CUPOP 01 00 08 09	PARTICIPATING CLAUSE
CUPOP 02 00 01 22	COMMON POLICY PROVISIONS
CUPOP 21 00 01 23	BUSINESS PERSONAL PROPERTY SPECIAL
CUPOP 22 00 08 09	VALUABLE INFORMATION COVERAGE
CUPOP 10 11 08 09 WA	STANDARD FIRE POLICY
CUPOP 41 00 01 22	EXTRA EXPENSE COVERAGE
CUPOP 61 00 01 22	BUSINESS LIABILITY COVERAGE
CUPOP 02 WA 10 24	CREDIT UNION PACKAGE OF PROTECTION ENDORSEMENT
CUPOP 61 15 01 15	TRIA LIABILITY EXCLUSION
CUPOP 61 16 01 15	PUNITIVE DAMAGES RELATED TO TRIA
TRIPRA 01 15	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM TRIPRA
CUPOP 61 26 01 16	UNMANNED AIRCRAFT EXCLUSION ENDORSEMENT
CUPOP 10 40 01 22	CYBER INCIDENT EXCLUSION ENDORSEMENT
CUPOP 11 12 01 23	VIRUS OR BACTERIA EXCLUSION ENDORSEMENT
CUPOP 61 33 01 23	PFAS EXCLUSION ENDORSEMENT
CUPOP 61 32 01 23 WA	VIRAL OR BACTERIAL INFECTIONS EXCLUSION ENDORSEMENT
	ADDITIONAL INSURED ENDORSEMENT (PREMISES YOU LEASE)

CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM ENDORSEMENT

This endorsement is subject to the Declarations, Coverages, Definitions, Exclusions, and Conditions contained in the Policy, except as modified in this endorsement.

ADDITIONAL EXCLUSION

Cap On Certified Terrorism Losses

1. If aggregate insured losses attributable to "certified acts of terrorism" under the Terrorism Risk Insurance Act exceed $100 billion in any one calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we will not be liable for the payment of any portion of the amount of such losses that exceeds $100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

2. The terms and limitations of any terrorism exclusion, or the inapplicability or omission of a terrorism exclusion, do not serve to create coverage for any loss which would otherwise be excluded under this Policy.

ADDITIONAL DEFINITION

Certified Act Of Terrorism

"Certified act of terrorism" means an act that is 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 pursuant to the federal Terrorism Risk Insurance Act. The criteria contained in the Terrorism Risk Insurance Act for a "certified act of terrorism" include the following:

a. The act resulted in insured losses in excess of $5 million in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act; and

b. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is 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.

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VIRAL OR BACTERIAL INFECTIONS EXCLUSION ENDORSEMENT
PROPERTY AND BUSINESS LIABILITY POLICY

Various provisions in this Policy restrict coverage. Read the entire policy carefully to determine rights, duties and what is and is not covered. The Common Policy Provisions apply to this endorsement. This endorsement modifies the:

Business Liability Coverage

SCHEDULE

Description Of Infection:
Description Of Ongoing Operations Or Your Product:

Viral Or Bacterial Infection

1. The following exclusion is added to the Coverage A Exclusions and the Coverage B Exclusions:

   "Bodily injury", "property damage" or "personal and advertising injury" arising out of the actual or alleged transmission of any of the following:

   a. A viral or bacterial infection that is transmitted through aerosol particles or respiratory droplets; or

   b. A viral or bacterial infection that is transmitted through any individual or animal (including insects) by any means, other than through aerosol particles or respiratory droplets, including but not limited to viral or bacterial infections that are sexually transmitted.

   However, this exclusion does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of any infection, ongoing operations or "your product" described in the Schedule of this endorsement.

2. Unless otherwise listed in the Schedule of this endorsement, Paragraph A. applies even if the claims against any insured allege negligence or other wrongdoing in the:

   a. Supervising, hiring, employing, training or monitoring of others that may be infected with and spread the viral or bacterial infection;

   b. Testing for the viral or bacterial infection;

   c. Failure to prevent the spread of the viral or bacterial infection; or

   d. Failure to report the viral or bacterial infection to authorities.

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TruStage | CUMIS Insurance Society

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800-637-2676

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TruStage | CUMIS Insurance Society

Home Office:
2000 Heritage Way
Waverly, IA 50677

Administrative Office:
5910 Mineral Point Road
Madison, WI 53705

146-0091-7
Policy Number: 105827 - 23

DECLARATIONS
BUSINESS AUTO POLICY

Effective Date:
01/01/2026

ITEM ONE - Named Insured & Address
CU Northwest Inc
1421 N Meadowwood Ln Ste 130
Liberty Lake WA 99019 7613

Reason for this Declaration:

Policy Period 01/01/2026 to 01/01/2027 12:01 A.M. Standard Time at the Named Insured's Address stated above.

ITEM TWO – Schedule of Coverages and Covered Autos

Each of these coverages will apply only to those **autos** shown as covered autos. **Autos** are shown as covered **autos** for a particular coverage by the entry of one or more of the symbols next to the name of the coverage. A schedule of limits and premium is attached for each covered **auto** symbol shown below.

COVERAGES	***COVERED AUTO SYMBOL**
LIABILITY INSURANCE	08 09
PERSONAL INJURY PROTECTION (P.I.P) (or equivalent added No-Fault Coverage)	
ADD'L P.I.P (or equivalent added No-Fault Coverage)	
PROPERTY PROTECTION INSURANCE (Michigan Only)	
AUTO MEDICAL PAYMENTS INSURANCE	
UNINSURED MOTORISTS INSURANCE	
UNDERINSURED MOTORISTS INSURANCE	
COMPREHENSIVE COVERAGE	08
COLLISION COVERAGE	08
TOWING AND LABOR	
TOTAL ESTIMATED ANNUAL PREMIUM	$471.00

FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION INCLUDE: SEE SCHEDULE ATTACHED

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***ITEM THREE - Description of Covered Auto Designation Symbols**

SYMBOL	DESCRIPTION	SYMBOL	DESCRIPTION
2	OWNED AUTOS ONLY	10	REPOSSESSED AUTOS ONLY
8	HIRED AUTOS ONLY	11	REPOSSESSED WATERCRAFT, ALL-TERRAIN VEHICLES AND SNOWMOBILES ONLY
9	NONOWNED AUTOS ONLY		

Countersigned by: _____

Authorized Representative
(Where Required)

THESE DECLARATIONS TOGETHER WITH THE BUSINESS AUTO POLICY PROVISIONS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.

COVERAGE SCHEDULE

Effective Date:
01/01/2026

CU Northwest Inc
1421 N Meadowwood Ln Ste 130
Liberty Lake WA 99019 7613

COVERAGE	LIMIT	DEDUCTIBLE
NON-OWNED AUTO ONLY		
Liability	$1,000,000	
Employees as Insureds	$1,000,000	
HIRED AUTO ONLY		
Liability	$1,000,000	
Physical Damage	$40,000	
Comprehensive		$500
Collision		$500

FORMS SCHEDULE

POLICY NUMBER: 105827

Forms and Endorsements applying to this Coverage Part and made a part of this policy at time of issue:

REFER TO DECLARATIONS FOR APPLICABLE PREMISES AND COVERAGES

Form and Edition	Description
CA 00 01 10 13	BUSINESS AUTO COVERAGE
CA 01 35 01 26	WASHINGTON CHANGES
255 CAL 400 A50 02 10	REPOSSESSED VEHICLES COVERAGE
255 CAL 400 A51 01 09	LEASED VEHICLE EXCLUSION
CUND 026 01 90	PARTICIPATING CLAUSE AUTO
IL 01 46 07 25	WASHINGTON COMMON POLICY PROVISIONS
CA 99 33 10 13	EMPLOYEES AS INSURED
IL 00 21 09 08	NUCLEAR ENERGY LIABILITY EXCLUSION
CA 20 54 10 01	EMPLOYEE HIRED AUTOS
CA 20 55 10 13	FELLOW EMPLOYEE COVERAGE
255 CAL 400 A52 01 09	HIRED AUTOS PHYSICAL DAMAGE COVERAGE
IL 01 23 11 13	WASHINGTON CHANGES - DEFENSE COSTS
CA 04 49 11 16	PRIMARY AND NONCONTRIBUTORY - OTHER INSURANCE CONDITION

PARTICIPATING CLAUSE

This policy is issued by a stock company having special regulations lawfully applicable to its organization, policies or contracts of insurance of which the following shall apply to and form a part of this policy.

By virtue of the policy, the policyholder shall participate in the return of unused premiums (dividends) to the extent and on the condition determined fixed and declared by the Board of Directors in accordance with the law.

In Witness Whereof, this Company has executed and attested these presents; but this policy shall not be valid unless countersigned by the duly authorized Agent of this Company at the agency hereinbefore mentioned.

Assistant Secretary

President

000012 90077148601 8 29 14 0 0000 0 000

TruStage | CUMIS Insurance Society

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CU Northwest Inc
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TruStage | CUMIS Insurance Society

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Madison, WI 53705

105823

EMPLOYMENT RETIREMENT INCOME SECURITY ACT (ERISA) TRANSACTION NOTICE for the employee benefit plan for employees of

CU Northwest Inc

We are sending this written notice to comply with federal law since there is a transaction on one or more of the following:

- Fidelity Bond for Employee Or Director Dishonesty Coverage,
- Crime Bond Policy for Employee Dishonesty Coverage or
- Fiduciary Liability Insurance Coverage.

The federal ERISA law prohibits certain transactions between employee benefit plans and certain parties. A class exemption permits an insurance company and their representative to carry out one or more of the following transactions:

- Issuing a new bond or insurance policy,
- Renewing a bond or insurance policy,
- Changing a coverage limit or
- Changing the deductible on the Fiduciary Liability

Coverage Provided you acknowledge and approve of transaction.

Your payment of premium or acceptance of a return premium on behalf of the plan is your written acknowledgement and approval of the transaction(s) on one or more of the enclosed policies. This notice requires no additional action by you.

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TruStage | CUMIS Insurance Society

105823

Home Office:
2000 Heritage Way
Waverly, IA 50677

Administrative Office:
5910 Mineral Point Road
Madison, WI 53705

DECLARATIONS
CRIME BOND

ITEM 1. Named Insured and Mailing Address

Policy No: 105823

CU Northwest Inc
1421 N Meadowwood Ln Ste 130
Liberty Lake WA 99019 7613

ITEM 2. POLICY PERIOD From 12:01 a.m. on 01/01/2026 to 12:01 a.m. on 01/01/2027.

These Declarations are effective at 12:01 a.m. on 01/01/2026 and supersede any previous Declarations.
Reason for this Declarations:
Renewal

ITEM 3. INSURING AGREEMENTS, LIMITS OF INSURANCE AND DEDUCTIBLES

Insuring Agreement	Limits of Insurance Per Occurrence	Deductible Amount Per Occurrence
1. Employee Dishonesty	$100,000	$10,000
2. Forgery or Alteration	Not Covered	
3. Inside the Premises	Not Covered	
4. Outside the Premises	Not Covered	
5. Computer Hacking	Not Covered	
6. Money Orders and Counterfeit Paper Cash	Not Covered	
7. Loss of Client's Property	Not Covered	
8. Funds Transfer Fraud	Not Covered	
9. Fraudulently Induced Transfer	Not Covered	
10. ERISA Fraud or Dishonesty	Not Covered	

If added by Endorsement, Insuring Agreement(s):

If "Not Covered" is inserted opposite any specified Insuring Agreement, or if no amount is inserted, such Insuring Agreement and any other reference thereto in this Policy shall be deemed to be deleted.

Annual Premium for this Policy: $635.00

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ITEM 4. ENDORSEMENTS FORMING PART OF THIS POLICY WHEN ISSUED
SEE ATTACHED SCHEDULE

ITEM 5. CANCELLATION OF PRIOR INSURANCE
By acceptance of this Policy you give us notice canceling prior policy or bond No(s).

FORMS SCHEDULE

POLICY NUMBER: 105823

Forms and Endorsements applying to this Coverage Part and made a part of this policy at time of issue:

REFER TO DECLARATIONS FOR APPLICABLE PREMISES AND COVERAGES

Form and Edition	Description
CB 99 02 01 19	CRIME BOND
CB 01 70 01 19	ERISA AMENDATORY ENDORSEMENT
CB 00 19 01 19	EXCLUDE TRADING LOSS ENDORSEMENT
CB 00 44 01 19	INCLUDE LEASED WORKERS AS EMPLOYEE ENDORSEMENT
CB 01 35 01 19	WASHINGTON CHANGES ENDT
CB 00 15 01 19	INCLUDE VOLUNTEER WORKERS AS EMPLOYEE
CB 00 14 01 19	INCLUDE SPECIFIED DIRECTORS OR TRUSTEES ON COMMITTEES EMPLOYEES

TruStage | CUMIS Insurance Society

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TruStage | CUMIS Insurance Society

Home Office:
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Waverly, IA 50677

Administrative Office:
5910 Mineral Point Road
Madison, WI 53705

Attached in your Management and Professional Liability Policy (MPL)

- Please read your MPL.
- Place your new MPL in your Corporate Property & Casualty Coverage binder behind the appropriate Management and Professional Liability Policy tab.

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KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS

QUESTIONS ABOUT YOUR INSURANCE? - If you have questions about this insurance, do not hesitate to contact CUMIS Insurance Society, Inc. or your authorized TruStage™ Representative to resolve your questions.

CUMIS Insurance Society, Inc.
Administrative Office
5910 Mineral Point Road
Madison, WI 53705
800-637-2676

000012 90077148601 6 29 21 0 0000 0 000

POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE

The federal Terrorism Risk Insurance Act requires notification of coverage for losses arising out of acts of terrorism. As defined in the Terrorism Risk Insurance Act, the term certified "act of terrorism" means any act that is 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 an air carrier or vessel 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.

You should know that where coverage is provided by this policy for losses resulting from certified acts of terrorism, such losses may be partially reimbursed by the United States Government under a formula established by Federal law. However, your policy may contain other exclusions which might affect your coverage such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020, of covered terrorism losses exceeding the statutory established deductible paid by the insurance company providing this coverage. The premium charged for this coverage does not include any charges for the portion of loss that may be covered by the Federal Government under the Act.

You should also know that the Terrorism Risk Insurance Act, as amended, contains a $100 Billion cap that limits U.S. Government reimbursement as well as insurer's liability for losses resulting from certified acts of terrorism when the amount of such losses in any calendar year exceeds $100 billion. If the aggregate insured losses for all insurers exceed $100 billion, your coverage may be reduced.

The summary of the Terrorism Risk Insurance Act and the coverage under your policy contained in this notice is necessarily general in nature. Your policy contains specific terms, definitions, exclusions and conditions. In case of any conflict, your policy language will control the resolution of all coverage questions. The portion of your annual premium attributable to coverage for acts of terrorism is currently waived.

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TruStage | CUMIS Insurance Society

146-0091-7
243350-022

Home Office:
2000 Heritage Way
Waverly, IA 50677

Administrative Office:
5910 Mineral Point Road
Madison, WI 53705

DECLARATIONS
MANAGEMENT & PROFESSIONAL LIABILITY POLICY

THIS IS A CLAIMS MADE POLICY. DEFENSE COSTS ARE INCLUDED WITHIN THE ANNUAL AGGREGATE LIMIT OF LIABILITY. ANY DEDUCTIBLES SHALL APPLY TO DEFENSE COSTS. READ THIS POLICY CAREFULLY.

The effective date of these Declarations begins at 12:01 a.m. on 01/01/2026 for the Coverage, Annual Aggregate Limit(s) Of Liability and Deductible(s) shown below. These Declarations supersede any previous Declarations.

Reason for new Declarations:
Renewal

ITEM 1. INSURED ORGANIZATION

Policy No: 243350-022

CU Northwest Inc
1421 N Meadowwood Ln Ste 130
Liberty Lake WA 99019 7613

ITEM 2. POLICY PERIOD begins 01/01/2026 at 12:01 a.m. and expires 01/01/2027 at 12:01 a.m.

ITEM 3. COVERAGE

If "no coverage" is shown opposite any coverage below, that coverage is not provided and is deleted from this Policy.	(A) Coverage Annual Aggregate Limit Of Liability	(B) Coverage Is Part Of Policy Annual Aggregate Limit Of Liability	(C) Per Claim Deductible
Management Liability	$1,000,000		
Individual	Included	No	$0
Reimbursement	Included	No	$5,000
Entity	Included	No	$5,000
Employment Practices Liability	$250,000	No	$25,000
Fiduciary Liability	$1,000,000	No	$5,000

ITEM 4. POLICY ANNUAL AGGREGATE LIMIT OF LIABILITY N/A

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ITEM 5. EXTENDED REPORTING PERIOD

Additional Annual Premium:	100%
Additional Period:	12 Months

ITEM 6. ADDITIONAL INSUREDS

	(A) Insureds Are Included In This Policy	(B) Subject to Annual Aggregate Sub-Limit Of Liability	(C) Annual Aggregate Sub-Limit Of Liability
Management Liability			
Employees And Leased Employees	Yes	No	N/A
Employment Practices Liability			
Employees And Leased Employees	Yes	No	N/A
Independent Contractors	No	N/A	N/A
Fiduciary Liability			
Employees And Leased Employees	Yes	No	N/A

ITEM 7. PRIOR OR PENDING LITIGATION

	Date
Management Liability	
Individual	N/A
Reimbursement	N/A
Entity	N/A
Director And Officer Umbrella	N/A
Personal Excess Liability	N/A
Employment Practices Liability	N/A
Fiduciary Liability	01/01/2015
Enhanced Defense Reimbursement	01/01/2015

ITEM 8. ENHANCED COVERAGES	(A) Enhanced Coverage Annual Aggregate Limit Of Liability	(B) Part of Coverage Annual Aggregate Limit Of Liability	(C) Per Claim Deductible
Management Liability			
Investigative Costs	No Coverage	N/A	N/A
Outside Director Liability	No Coverage	N/A	N/A
Director And Officer Umbrella	No Coverage	N/A	N/A
Director And Officer ID Theft – $7,500 Limit Per Director or Officer	No Coverage	N/A	N/A
Employment Practices Liability			
Fair Labor Standards Act	No Coverage	N/A	N/A
Enhanced Defense Reimbursement Co-Payment 50%	$50,000	N/A	$5,000
Crisis Management Expense Reimbursement	No Coverage	N/A	N/A

Terrorism Risk Insurance Act Coverage Waived

Total Annual Premium $4,858.00

The following forms along with these Declarations complete this Management & Professional Liability Policy.

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FORMS SCHEDULE

POLICY NUMBER: 243350

Forms and Endorsements applying to this Coverage Part and made a part of this policy at time of issue:

REFER TO DECLARATIONS FOR APPLICABLE PREMISES AND COVERAGES

Form and Edition	Description
MPL 0003 10 24 WA	NONRENEWAL, TERMINATION AND CANCELLATION ENDORSEMENT
MPL 0020 01 20 WA	MANAGEMENT & PROFESSIONAL LIABILITY POLICY STATE ENDORSEMENT
MPL 0019 06 09	WRONGFUL PROFESSIONAL LIABILITY ACT ENDORSEMENT
MPL 0101 01 20	MANAGEMENT LIABILITY COVERAGE -PRIVATE
MPL 0200 01 20	EMPLOYMENT PRACTICES LIABILITY COVERAGE
MPL 0300 01 20	FIDUCIARY LIABILITY COVERAGE
MPL 0700 07 13	FINANCIAL SERVICES PROFESSIONAL LIABILITY COVERAGE
MPL 0701 06 09	CREDIT UNION SERVICES ORGANIZATION ADVANTAGE ENDORSEMENT
TRIPRA 01 15	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM TRIPRA
MPL 0800 01 24	ENHANCED DEFENSE REIMBURSEMENT COVERAGE
MPL 0060 01 20	CLAIMS REPORTING NOTIFICATION ENDORSEMENT
MPL 0960 01 20	SUPPLEMENTAL COVERAGE ENDORSEMENT
MPL 0002 01 23	TERMS, CONDITIONS AND OTHER PROVISIONS MPL NEW

CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM ENDORSEMENT

This endorsement is subject to the Declarations, Coverages, Definitions, Exclusions, and Conditions contained in the Policy, except as modified in this endorsement.

ADDITIONAL EXCLUSION

Cap On Certified Terrorism Losses

1. If aggregate insured losses attributable to "certified acts of terrorism" under the Terrorism Risk Insurance Act exceed $100 billion in any one calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we will not be liable for the payment of any portion of the amount of such losses that exceeds $100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

2. The terms and limitations of any terrorism exclusion, or the inapplicability or omission of a terrorism exclusion, do not serve to create coverage for any loss which would otherwise be excluded under this Policy.

ADDITIONAL DEFINITION

Certified Act Of Terrorism

"Certified act of terrorism" means an act that is 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 pursuant to the federal Terrorism Risk Insurance Act. The criteria contained in the Terrorism Risk Insurance Act for a "certified act of terrorism" include the following:

a. The act resulted in insured losses in excess of $5 million in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act; and

b. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is 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.

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ENHANCED DEFENSE REIMBURSEMENT COVERAGE MANAGEMENT & PROFESSIONAL LIABILITY POLICY

This Coverage is subject to the Declarations, Terms, Conditions And Other Provisions, except as modified in this Coverage.

COVERAGE

Enhanced Defense Reimbursement

1. If Enhanced Defense Reimbursement Coverage is granted as shown in Item 8. (A) on the Declarations, the "insurance organization" shall reimburse any "insured" for "defense costs" incurred as a result of any "claim" for which there is no coverage available under any other coverage under Management & Professional Liability issued to the "insured" and that is first made against the "insured" during the "policy period" or, if exercised, during the Extended Reporting Period, for:
   Injunctive or other equitable relief;

   Violation of the rules, regulations or directives of the Consumer Financial Protection Bureau, including any formal or informal investigation by any regulatory body involving such an allegation;

   Improper sequencing or other mishandling of transactions resulting in excessive overdraft or insufficient funds fees being charged to a customer(s);

   Patent infringement;

   Violation of the Telephone Consumer Protection Act (47 U.S.C. § 227); or

   Which coverage is wholly excluded by one or more of the following exclusions contained in the Management & Professional Liability Policy:

   Acquired Collateral Additional Exclusion;
   Contractual Liability Additional Exclusion;
   Diminution In Value Additional Exclusion;
   Guaranteed Performance Additional Exclusion;
   Insolvency Of Financial Institutions Additional Exclusion;
   Investment Value Additional Exclusion;
   Legal Lending Limit Additional Exclusion;
   Pollution Or Nuclear Exclusion; or
   Privacy And Security Exclusion.

2. This Enhanced Defense Reimbursement Coverage applies only to "defense costs." It affords no coverage for any other element of "loss" incurred by an "insured" on account of a "claim" including, but not limited to, settlement payments or liability imposed by a judgment in a legal action.

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Defense Costs

The Defense Costs definition in the Terms, Conditions And Other Provisions is replaced with the following:

"Defense costs" means reasonable attorneys' fees, experts' fees, arbitrators' fees or mediators' fees and expenses, that are incurred after notice is provided in compliance with the Claims Reporting Condition and, as a direct result of defending a "claim," including any appeals and the premium for any attachment, appeal or other similar bonds.

Provided, however, "defense costs" does not include:

a. Wage, salary, benefit or overhead expenses of an "insured";

b. Any attorneys' fees, disbursements, costs or expenses incurred in connection with an affirmative claim by or on behalf of an "insured" including counterclaims, cross-claims or third-party claims, except for claims for contribution or indemnity asserted with the "insurance organization's" consent against persons or parties not insured under this Policy; or

c. Amounts that are incurred in connection with providing any collateral that may be required for obtaining any appeal bond, or other similar bond or any obligation to provide such collateral.

ADDITIONAL EXCLUSION

The "insurance organization" shall not be liable to make any payment:

Prior Or Pending Litigation

For "defense costs" related to any "claim" based upon, arising out of, attributable to, resulting directly or indirectly from any written demand, suit, litigation, order, formal complaint, formal civil administrative or civil regulatory proceeding, judgment or arbitration proceeding against any "insured" occurring on or prior to the Prior Or Pending Litigation Date shown in Item 7. on the Declarations for Enhanced Defense Reimbursement Coverage, or any "interrelated wrongful act" that is part of or alleged in the aforementioned events.

CONDITIONS

Deductibles And Limits Of Liability

For purposes of Enhanced Defense Reimbursement Coverage only, the following is added to the Deductibles And Limits Of Liability Condition in the Terms, Conditions And Other Provisions:

Co-Payment

The "insured" will be responsible for that portion of "defense costs" that is equal to the co-payment percentage shown on the Declarations for all "defense costs" in excess of the Per Claim Deductible.

Defense And Settlements

For purposes of Enhanced Defense Reimbursement Coverage only, the following is added to the Defense And Settlements Condition in the Terms, Conditions And Other Provisions:

The "insured organization" shall have the right and duty to select defense counsel and defend any "claim."

The "insurance organization" shall have no right or duty to settle any "claim," but the "insured" may settle any "claim" in its discretion and at its sole expense.

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