

NEW

Renewal of Number

POLICY DECLARATIONS

No. NDO1584313

United States Liability Insurance Company

1190 Devon Park Drive, Wayne, Pennsylvania 19087

A Member Company of United States Liability Insurance Group

NAMED INSURED AND ADDRESS:

**RIVERSIDE BROOKFIELD HIGH SCHOOL
EDUCATIONAL FOUNDATION
160 RIDGEWOOD RD
RIVERSIDE, IL 60546-2408**

POLICY PERIOD: (MO. DAY YR.) From: 09/08/2020 To: 09/08/2021

12:01 A.M. STANDARD TIME AT YOUR
MAILING ADDRESS SHOWN ABOVE

BUSINESS DESCRIPTION: Non-Profit Management Liability

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.

	PREMIUM
Non Profit Management Liability Coverage Parts	\$475.00
Wholesaler Broker Fee	\$50.00
TOTAL:	\$525.00



Coverage Form(s) and Endorsement(s) made a part of this policy at time of issue

See Endorsement EOD (1/95)

Agent: **G.A. MAVON & CO. (1221)**
10 West Chicago Avenue
Hinsdale, IL 60521-3499

Issued: 09/09/2020 11:40 AM

Broker:

By: Thomas P. Kinney
Authorized Representative

UPD (08-07) THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE PART COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

EXTENSION OF DECLARATIONS

Policy No. NDO1584313

Effective Date: 09/08/2020

12:01 AM STANDARD TIME

FORMS AND ENDORSEMENTS

The following forms apply to the Management Liability coverage part

<i>Endt#</i>	<i>Revised</i>	<i>Description of Endorsements</i>
DO-100	05/17	Directors and Officers Coverage Part
DO-207	05/17	Failure to Maintain Insurance Exclusion
DO-239	05/17	Specified Person or Entity Exclusion
DO-283	11/17	Data and Security Plus Endorsement
DO-GTC	05/17	General Terms and Conditions
DO-IL	03/18	Illinois State Amendatory Endorsement
Jacket	07/19	Policy Jacket
NPPLA	09/17	Nonprofit Management Liability Policy Application

NON PROFIT MANAGEMENT LIABILITY COVERAGE PART DECLARATIONS

PLEASE READ YOUR POLICY CAREFULLY.

THIS IS A CLAIMS MADE POLICY COVERAGE FORM AND UNLESS OTHERWISE PROVIDED HEREIN, THE COVERAGE OF THIS FORM IS LIMITED TO LIABILITY FOR CLAIMS FIRST MADE DURING THE POLICY PERIOD, OR THE EXTENSION PERIOD, IF APPLICABLE. DEFENSE COSTS SHALL BE APPLIED AGAINST THE RETENTION.

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ITEM I. PARENT ORGANIZATION AND PRINCIPAL ADDRESS

**RIVERSIDE BROOKFIELD HIGH SCHOOL EDUCATIONAL FOUNDATION
160 RIDGEWOOD RD
RIVERSIDE, IL 60546-2408**

ITEM II. POLICY PERIOD: (MM/DD/YYYY) From: 09/08/2020 To: 09/08/2021

Non Profit Directors and Officers Liability Coverage Part

ITEM III. LIMITS OF LIABILITY

a. Non Profit Directors & Officers	\$1,000,000	EACH CLAIM
b. Non Profit Directors & Officers	\$1,000,000	IN THE AGGREGATE

ITEM IV. RETENTION: \$0 EACH CLAIM

ITEM V. PREMIUM: \$475

RETROACTIVE DATE: Full Prior Acts

PRIOR OR PENDING LITIGATION 09/08/2020

Employment Practices Liability Coverage Part

ITEM III. LIMITS OF LIABILITY

a. Employment Practices	NOT COVERED
b. Employment Practices	

ITEM IV. RETENTION: NOT COVERED

ITEM V. PREMIUM: NOT COVERED

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

NON PROFIT MANAGEMENT LIABILITY COVERAGE PART DECLARATIONS

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Fiduciary Liability Coverage Part

ITEM III. LIMITS OF LIABILITY

a. Fiduciary Liability NOT COVERED

ITEM IV. RETENTION: NOT COVERED

ITEM V. PREMIUM: NOT COVERED

ITEM VI. Coverage Form(s)/Part(s) and Endorsement(s) made a part of this policy at time of issue:
See Endorsement EOD (01/95)

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