

The ForeFront PortfolioSM for Not-for-Profit Organizations Quote Letter

Contact Information

To: Alex Araiza	Phone: (314) 444-4925
Producer: CHARLES L CRANE AGENCY CO	Email Address: aaraiza@craneagency.com
Licensed Producer Contact: Bill Purcell	Date: February 1, 2023

Account Information

Applicant Name:	HOLLY HILLS SPECIAL BUSINESS DISTRICT
Applicant Address:	3951 BOWEN ST GRAVOIS, MO 63116

Quote Information

Type of Submission: New Business
Product: The ForeFront PortfolioSM for Not-for-Profit Organizations
Policy Form: PF-55501 (07/21)
Issuing Company: Federal Insurance Company
Paper Type: Admitted
Policy Period: February 15, 2023 to February 15, 2024
Quote Number: 0016680430

Cover Letter

Dear Alex,

I am pleased to offer the attached quotation for HOLLY HILLS SPECIAL BUSINESS DISTRICT.

Thank you for considering CHUBB as your market of choice. We look forward to working with you. Should you have any questions, please do not hesitate to contact me.

Sincerely,
Robert Klobe
(314) 889-4418
rklobe@chubb.com

Summary of Quote Options

Option	Total Quoted Premium
Original	\$2,513.00

Payment Plan Option

- Direct Bill
- Pre-Paid (100% in 1 payment)

Subjectivities

CHUBB hereby indicates the coverage described below. However, any obligations the Insurer may have under this quotation are conditioned upon each of the following conditions having first been met.

- There are no subjectivities for this policy.

Premium Summary for Original

PremiumPolicy Premium **\$2,513.00****Taxes, Assessment and Surcharges**Total Taxes/Assessments/Surcharges **\$0.00****Total Quoted Premium****\$2,513.00**

General Terms and Conditions for Original

Extended Reporting Period

Additional Period	1 Year(s)
Additional Premium	100% of the annualized premium

The following Basic Contract(s) are applicable

Title	Form Number
GENERAL TERMS AND CONDITIONS POLICY FORM	PF-55501 (07/21)
DIRECTORS AND OFFICERS AND ENTITY LIABILITY FOR NOT-FOR-PROFIT ORGANIZATIONS COVERAGE PART POLICY FORM	PF-55503 (07/21)
CRIME COVERAGE PART POLICY FORM	PF-55507 (07/21)

The following Notice(s) will be added to the basic contract(s)

Title	Form Number
Terrorism Policyholder Disclosure Notice	10-02-1281 (03/15)
Notice of Loss Control Services	14-02-23030 (05/18)
Notice to Policyholders	99-10-0460B (08/19)
Chubb Producer Compensation Practices and Policies	ALL-20887a (09/19)
Trade or Economic Sanctions Notice	ALL-21101 (09/19)
Social Engineering Tips	ALL-317454 (03/21)
U.S. Treasury Departments Office of Foreign Assets Control - OFAC - Advisory Notice to Policyholders	PF-17914a (04/16)
Notice to Policyholders - Questions About Your Insurance	PF-17993a (04/20)

The following General Terms and Conditions Endorsement(s) will be added to the basic contract(s)

The titles and headings are for convenience only. Please refer to the policy and endorsements for a description of coverage.

Title	Form Number
MISSOURI AMENDATORY ENDORSEMENT	PF-55969 (07/21)
Cap On Losses From Certified Acts Of Terrorism	ALL-52004 (05/20)

Directors & Officers and Entity Liability Coverage Part for Not-for-Profit Organizations for Original

Insuring Clauses

Limits

D&O Aggregate Limit of Liability	\$1,000,000
Additional Limit of Liability Dedicated for Executives	\$500,000
Sublimit for Member Inquiry Coverage	\$500,000
Sublimit for Tax Matters	\$100,000

Retentions

Insuring Clause (A)	None
Insuring Clauses (B) & (C)	\$5,000

Continuity Provision(s)

Pending or Prior Proceedings Date	February 15, 2023
-----------------------------------	-------------------

Coverage Part Defense Provision(s)

Duty to Defend by Chubb

The following Directors & Officers and Entity Liability Endorsement(s) will be added to the basic contract(s)

The titles and headings are for convenience only. Please refer to the policy and endorsements for a description of coverage.

Title	Form Number
MISSOURI AMENDATORY ENDORSEMENT	PF-56210 (07/21)

Crime Coverage Part for Original

Insuring Clauses			
Included if Checked	Insuring Clause	Limit	Retention
<input checked="" type="checkbox"/>	A.1 Employee Theft	\$500,000	\$5,000
<input checked="" type="checkbox"/>	A.2 Client Theft	\$500,000	\$5,000
<input checked="" type="checkbox"/>	A.3 ERISA Fraud or Dishonesty	\$500,000	None
<input checked="" type="checkbox"/>	B. Premises	\$500,000	\$5,000
<input checked="" type="checkbox"/>	C. In Transit	\$500,000	\$5,000
<input checked="" type="checkbox"/>	D. Forgery	\$500,000	\$5,000
<input checked="" type="checkbox"/>	E. Computer System Fraud	\$500,000	\$5,000
<input checked="" type="checkbox"/>	F. Funds Transfer Fraud	\$500,000	\$5,000
<input checked="" type="checkbox"/>	G. Social Engineering Fraud With Official Authorization	\$50,000	\$5,000
<input checked="" type="checkbox"/>	H. Money Orders and Counterfeit Currency Fraud	\$1,000,000	\$5,000
<input checked="" type="checkbox"/>	Claim and Computer Investigations Expense	\$100,000	None

Corporate Credit Card Fraud

Limit	Retention
\$50,000	\$5,000

The following Crime Endorsement(s) will be added to the basic contract(s)

The titles and headings are for convenience only. Please refer to the policy and endorsements for a description of coverage.

Title	Form Number
MISSOURI AMENDATORY ENDORSEMENT	PF-54776 (07/21)
CORPORATE CARD COVERAGE ENDORSEMENT	PF-54737 (07/21)
SOCIAL ENGINEERING FRAUD - OFFICIAL AUTHORIZATION ENDORSEMENT	PF-54739 (07/21)

Conditions of this Quotation

This quotation remains valid until: March 31, 2023

Please read this quotation carefully, as the limits, coverage and other terms and conditions may vary significantly from those requested in your submission and/or from the expiring policy. Terms and conditions that are not specifically mentioned in this quotation are not included. The terms and conditions of this quotation supersede the submitted insurance specifications and all prior quotes and binders. Actual coverage will be provided by and in accordance with the policy as issued.

The insurer is not bound by any statements made in the submission purporting to bind the insurer unless such statement is reflected in the policy or in an agreement signed by someone authorized to bind the insurer.

If between the date of this quotation and the proposed inception date of the Policy there is a significant adverse change in the condition of this Applicant, or an occurrence of an event, or other circumstances which could substantially change the underwriting evaluation of the Applicant, then, at the Insurer's option, this quotation may be withdrawn by written notice thereof to Applicant. The Insurer also reserves the right to modify the final terms and conditions upon review of the completed Application and any other information requested by the underwriter herein. If such material change in the risk is discovered after binding, the insurance coverage may, in the underwriter's sole discretion, be declared void ab initio ("from the beginning").

This information is intended for producers that are properly licensed and authorized in at least one of the writing companies that comprise the Chubb Group of Insurance Companies (Chubb). If you are not a licensed and authorized Chubb producer, please direct this communication to the person in your office that holds such designations and contact Chubb to update the contact information for this policy.

Note: If the Insuring Company noted above is Chubb Custom Insurance Company, Westchester Surplus Lines Insurance Company, Executive Risk Indemnity Inc. (Connecticut only) or Illinois Union Insurance Company, then this insurance is issued pursuant to the state Surplus Lines laws that the Insured is domiciled. Persons insured by Surplus Lines carriers do not have the protection of the above captioned state's Guaranty Act to the extent of any right of recovery for the obligation of an insolvent unlicensed insurer. For purposes of surplus lines compliance, we require the producer to confirm, upon the binding of this placement, the insured's "home state" as defined in the Non-admitted and Reinsurance Reform Act of 2010 (NRRA). If the state set forth in "Applicant Address" in this quote is the insured's "home state," then no action is required. However, if the insured's "home state" is other than that set forth in "Applicant Address," then you must notify us in writing prior to placement of the correct "home state" of the insured.

Any applicable taxes, surcharges or countersignature fees, etc., are in addition to the above quoted figures. Your office is responsible for making State Surplus Lines Filings and complying with all applicable laws.

Sincerely,
Robert Klobe
(314) 889-4418
rklobe@chubb.com

Chubb. Insured.SM



Chubb Producer Compensation Practices & Policies

Chubb believes that policyholders should have access to information about Chubb's practices and policies related to the payment of compensation to brokers and independent agents. You can obtain that information by accessing our website at <http://www.chubbproducercompensation.com> or by calling the following toll-free telephone number:

1-866-512-2862.