

## CERTIFICATE OF LIABILITY INSURANCE

1/1/2025

DATE (MM/DD/YYYY) 12/21/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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	Lockton Companies 444 W. 47th Street, Suite 900 Kansas City MO 64112-1906	CONTACT NAME: PHONE (A/C, No, Ext): (A/C, No, Ext): (A/C, No): E-MAIL ADDRESS:				
	(816) 960-9000 kcasu@lockton.com	INSURER(S) AFFORDING COVERAGE	NAIC #			
		INSURER A: American Zurich Insurance Compa	any 40142			
INSURED 1443833	CORPORATE AMERICA CREDIT UNION 4365 CRESCENT ROAD IRONDALE AL 35210	INSURER B: American Guarantee and Liab. Ins.	Co. 26247			
		INSURER C: Colonial American Casualty & Surety Co				
		INSURER D : Zurich American Insurance Co of Illino	ois 27855			
		INSURER E:				
		INSURER F:				

COVERAGES CERTIFICATE NUMBER: 17271080 REVISION NUMBER: XXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	NSR TYPE OF INSURANCE		ADDL INSD		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	EXP (YY) LIMITS	
A	X	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR	N	N	CPO 4993137-02	1/1/2024	1/1/2025	DAMAGE TO DENTED	000,000
								MED EXP (Any one person) \$ 10,	,000
								PERSONAL & ADV INJURY \$ 1,0	000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,0	000,000
		POLICY PRO- JECT X LOC						PRODUCTS - COMP/OP AGG \$ 2,0	000,000
X OTHER: TOT. AGG. \$10M							\$		
В	AUTOMOBILE LIABILITY		N	N	CPO 4993137-02	1/1/2024	1/1/2025	COMBINED SINGLE LIMIT \$ 1,0	000,000
	X	ANY AUTO						BODILY INJURY (Per person) \$ XX	XXXXX
		OWNED SCHEDULED AUTOS ONLY AUTOS							XXXXX
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$ XX	XXXXX
								\$ XX	XXXXX
В	X	UMBRELLA LIAB X OCCUR	N	N	AUC 4989572 – 02	1/1/2024	1/1/2025	EACH OCCURRENCE \$ 2,0	000,000
		EXCESS LIAB CLAIMS-MADE						AGGREGATE \$ 2,0	000,000
		DED RETENTION \$							XXXXX
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE			N	WC 4993136-02	1/1/2024	1/1/2025	X PER OTH- STATUTE ER	
			N/A					E.L. EACH ACCIDENT \$ 1,0	000,000
								E.L. DISEASE - EA EMPLOYEE \$ 1,0	000,000
								E.L. DISEASE - POLICY LIMIT \$ 1,0	000,000
C	BOI	ND;	N	N	CUB 1435899-03	1/1/2024	1/1/2025	DISHONESTY - \$10,000,000;	<del></del>
D	D&	0			DOP 0663850-04	1/1/2024	1/1/2025	D&O - \$7,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
<b>17271080</b> PROOF OF COVERAGE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1	AUTHORIZED REPRESENTATIVE Jayl M Agnello