CUNA MUTUAL GROUP
CUMIS Insurance Society, Inc.
P.O. Box 1084 ▪ 5910 Mineral Point Road
Madison, WI 53701-1084
Phone: 608/238-5851

CUMIS Corporate Credit Union Bond 150
DECLARATIONS

Corporate Credit Union:
Corporate America Credit Union
4365 Crescent Rd
Irondale, AL 35210

Bond Number: 209965

This Bond is effective at 12:01 a.m. on 1/1/2012 and is continuous until canceled.

These Declarations are effective at 12:01 a.m. on 1/1/2012 and supersede any previous Declarations.

Reason for new Declarations:
Corporate Bond 150 renewal.

Countersignature
(Where Required)

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The Annual Bond Period begins at 12:01 a.m. on 1/1/2012 and ends at 12:01 a.m. on 1/1/2013. The Annual Bond Premium shown below is for an entire Annual Bond Period, whether or not your coverage is in effect during that entire period.

SECTION 1

		SINGLE LOSS LIMIT OF LIABILITY**	ANNUAL AGGREGATE DEDUCTIBLE	ANNUAL PREMIUM
BOND 150			$250,000	
A1.	Employee Or Director Dishonesty	$8,000,000	*	
A3.	Defense Costs	$8,000,000	*	
B.	On Premises	$8,000,000	*	
B2.	Reward Payment	$10,000	0	
B3.	Payments For Injured Or Deceased Directors, Employees Or Members			
	Death Payments	$10,000	0	
	Injury Payments	$5,000	0	
B4.	Post-Robbery Trauma Counseling	$1,500	0	
C.	In Transit	$8,000,000	*	
D.	Extortion, Kidnap And Ransom	$8,000,000	0	
E.	Stop Payment	$8,000,000	*	
F.	Wrongful Dishonor And Notice Of Dishonor	$8,000,000	*	
G1.	Electronic Crime: Computer Systems Fraud	$8,000,000	*	
G2.	Electronic Crime: Hacker or Computer Virus	$8,000,000	*	
G3.	Electronic Crime: Funds Transfer	$8,000,000	*	
H.	Forgery Or Alteration	$8,000,000	*	
I.	Unauthorized Signatures	$8,000,000	*	
K.	Counterfeit Share Draft Or Check	$8,000,000	*	
L.	Audit Expense	$100,000	0	
M.	Counterfeit Currency	$8,000,000	*	
N.	Counterfeit Securities	$8,000,000	*	
Optional Endorsements:				
A2.	Faithful Performance	No Coverage		
J.	Cash Letter	No Coverage		
R.	Signature Guarantee	No Coverage		
Total Annual Premium				$69,498

*Included in Aggregate Deductible

These Declarations together with the following forms complete this Bond: **See Schedule Attached**

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POLICY NUMBER: 209965

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
255 CDB A603 10 97	BOND 150 INSURING AGREEMENT
255 CDB A611 12 99	BOND 150 POLICY CHANGE
255 CDB A613 05 01	EMPLOYEE BENEFIT PLANS ENDORSEMENT CORP BOND
255 CDB A612 11 00	ELECTRONIC CRIME MEMBER ENDORSEMENT CORP BOND
255 CDB A615 11 05	POLICY MODIFCATION ENDORSEMENT CORPORATE CREDIT UNION

CUNA MUTUAL GROUP

CUMIS Insurance Society, Inc.

Home Office:
2000 Heritage Way
Waverly, IA 50677

Administrative Office:
5910 Mineral Point Rd
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 01/01/2012 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: 244456-004

Corporate America Credit Union
4365 Crescent Rd
Irondale AL 35210 1774

ITEM 2. POLICY PERIOD begins 01/01/2012 at 12:01 a.m. and expires 01/01/2013 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	$3,000,000		
Individual	Included	No	$0
Reimbursement	Included	No	$250,000
Entity	Included	No	$500,000
Employment Practices Liability	$3,000,000	No	$250,000
Fiduciary Liability	$250,000	No	$5,000

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

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 AND PENDING LITIGATION

	Date
Management Liability	
Individual	N/A
Reimbursement	N/A
Entity	N/A
Director And Officer Umbrella	N/A
Employment Practices Liability	N/A
Fiduciary Liability	N/A

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	$3,000,000	Yes	$0
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

Terrorism Risk Insurance Act Coverage Waived

Total Annual Premium $127,223.00

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

Countersignature
(Where Required)

POLICY NUMBER: 244456

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 0002 03 11	TERMS, CONDITIONS AND OTHER PROVISIONS MPL
MPL 0003 06 09 AL	NONRENEWAL, TERMINATION AND CANCELLATION ENDORSEMENT
MPL 0100 03 11	MANAGEMENT LIABILITY COVERAGE - NON-PROFIT
MPL 0104 03 11	CORPORATE CREDIT UNION ADVANTAGE ENDT
MPL 0200 06 09	EMPLOYMENT PRACTICES LIABILITY COVERAGE
MPL 0300 06 09	FIDUCIARY LIABILITY COVERAGE
TRIPRA 02 08	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM TRIPRA
MPL 7500 06 09	MANAGEMENT & PROFESSIONAL LIABILITY POLICY MANUSCRIPT
MPL 0025 03 10	DELETE OF A SUBSIDIARY ENDORSEMENT
MPL 0037 03 11	CHANGES IN EXPOSURE ENDORSEMENT