



CERTIFICATE OF LIABILITY INSURANCE

1/1/2027

DATE (MM/DD/YYYY)

12/22/2025

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).

PRODUCER	Lockton Companies, LLC DBA Lockton Insurance Brokers, LLC in CA CA license #0F15767 444 W. 47th St., Ste. 900 Kansas City MO 64112-1906 (816) 960-9000 kcasu@lockton.com	CONTACT NAME:	
		PHONE (A/C, No. Ext):	FAX (A/C, No.):
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A : American Zurich Insurance Company	
			NAIC #
			40142
INSURED 1443833	CORPORATE AMERICA CREDIT UNION 4365 CRESCENT ROAD IRONDALE AL 35210	INSURER B : American Guarantee and Liab. Ins. Co.	
		INSURER C : Colonial American Casualty & Surety Co	
		INSURER D : Zurich American Insurance Co of Illinois	
		INSURER E :	
		INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 17271080

REVISION NUMBER: XXXXXXXX

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	TYPE OF INSURANCE			ADD'L SUBR INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO- JECT <input checked="" type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: TOT. AGG. \$10M			N	N	CPO 4993137-04	1/1/2026	1/1/2027	EACH OCCURRENCE	\$ 1,000,000			
									DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000			
									MED EXP (Any one person)	\$ 10,000			
									PERSONAL & ADV INJURY	\$ 1,000,000			
									GENERAL AGGREGATE	\$ 2,000,000			
									PRODUCTS - COMP/OP AGG	\$ 2,000,000			
										\$			
									COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000			
									BODILY INJURY (Per person)	\$ XXXXXXXX			
									BODILY INJURY (Per accident)	\$ XXXXXXXX			
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			N	N	CPO 4993137-04	1/1/2026	1/1/2027	PROPERTY DAMAGE (Per accident)	\$ XXXXXXXX			
										\$ XXXXXXXX			
									EACH OCCURRENCE	\$ 2,000,000			
									AGGREGATE	\$ 2,000,000			
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB			N	N	AUC 4989572-04	1/1/2026	1/1/2027		\$ XXXXXXXX			
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			Y/N <input checked="" type="checkbox"/> N	N/A	WC 4993136-04	1/1/2026	1/1/2027	X PER STATUTE	OTH-ER			
									E.L. EACH ACCIDENT	\$ 1,000,000			
									E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000			
									E.L. DISEASE - POLICY LIMIT	\$ 1,000,000			
C	BOND;			N	N	CUB 1435899-05	1/1/2026	1/1/2027	DISHONESTY - \$10,000,000;				
D	D&O								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

17271080
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.

AUTHORIZED REPRESENTATIVE

Agnes M. Agnello