



*General Liability Policy*  
10/12/23-10/12/24

**The Cincinnati Specialty Underwriters  
Insurance Company**  
A Stock Insurance Company

Headquarters: 6200 S. Gilmore Road, Fairfield, OH 45014-5141  
Mailing address: P.O. Box 145496, Cincinnati, OH 45250-5496  
www.cinfin.com ■ 513-870-2000

## COMMON POLICY DECLARATIONS

**POLICY NUMBER:** CSU0063548

**PREVIOUS POLICY NUMBER:** CSU0063548

**NAMED INSURED AND MAILING ADDRESS:**  
Workforce Development Board

Refer to Named Insured Schedule CSIA409  
1021 KINGSWAY DR  
CAPE GIRARDEAU MO 63701

**PRODUCER - Your contact for matters pertaining to this policy: 24-029**  
Lakenan  
3636 S Geyer Rd Ste 260  
Saint Louis MO 63127

Surplus Lines Broker:  
0410986  
CSU Producer Resources, Inc.  
6200 South Gilmore Road  
Fairfield, OH 45014-5141  
Scott Hintze

**Policy Period:** From 10/12/2023 To 10/12/2024 AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS  
SHOWN ABOVE.

**Form of Business:**

Individual  Partnership  Corporation  Joint Venture  Limited Liability Company  Other

**Business Description:** Employment Services

**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. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.**

COVERAGE PARTS	PREMIUM
<b>DEPOSIT PREMIUM</b>	
Commercial General Liability	\$ 1,650.00
Terrorism Risk Insurance Extension Act	\$ 25.00
Broker Fee	\$ 50.00
<b>TOTAL POLICY PREMIUM</b>	<b>\$ 1,725.00</b>
<b>CANCELLATION MINIMUM EARNED PREMIUM IS 25.0% OF TOTAL POLICY PREMIUM.</b>	
Surplus Lines Taxes	\$ 86.25
Stamping Fee	N/A
Other Taxes or Fees	N/A
<b>TOTAL</b>	<b>\$ 1,811.25</b>

Premium is subject to annual audit:  Yes  No

**NOTICE TO POLICYHOLDER:**

**This is evidence of insurance procured and developed under the Missouri Surplus Lines Laws. It is NOT covered by the Missouri Insurance Guaranty Association. This insurer is not licensed by the state of Missouri and is not subject to its supervision.**

Billing Method: Direct Bill

**THIS IS NOT A BILL. You will receive a separate invoice if a premium charge or return is due.**

**FORMS AND ENDORSEMENTS ATTACHED TO THIS POLICY AT TIME OF ISSUE:**

Refer to Forms and Endorsements Schedule CSIA406

THIS COMMON POLICY DECLARATIONS AND THE SUPPLEMENTAL DECLARATION(S) TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE PART(S), COVERAGE FORM(S) AND FORM(S) AND ENDORSEMENT(S), IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

Signed by: \_\_\_\_\_ Date \_\_\_\_\_  
(Authorized representative or countersignature, where applicable)