

DECLARATIONS

Certificate of Insurance:

Directors & Officers - (01.22.26 - 01.22.27)

Employment Practices Liability (EPL)

(01.22.26 - 01.22.27)

FEDERAL INSURANCE COMPANY

A stock insurance company, incorporated under the laws of Indiana, herein called the Company

Capital Center, 251 North Illinois, Suite 1100
Indianapolis, IN 46204-1927

Policy Number: 8246-8994

THE DIRECTORS AND OFFICERS LIABILITY AND ENTITY LIABILITY, FIDUCIARY LIABILITY AND EMPLOYMENT PRACTICES LIABILITY COVERAGE SECTIONS (WHICHEVER ARE PURCHASED) PROVIDE CLAIMS MADE COVERAGE, WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE DURING THE "POLICY PERIOD", OR DURING AN APPLICABLE EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED UNLESS OTHERWISE PROVIDED HEREIN, BY "DEFENSE COSTS," AND "DEFENSE COSTS" WILL BE APPLIED AGAINST THE RETENTION. IN NO EVENT WILL THE COMPANY BE LIABLE FOR "DEFENSE COSTS" OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY. READ THE ENTIRE POLICY CAREFULLY.

Item 1. Organization: WORKFORCE DEVELOPMENT BOARD OF SOUTHEAST
MISSOURI INC
Principal Address: 1021 Kingsway
CAPE GIRARDEAU, MO 63701

Item 2. Policy Period: (A) From: 12:01 A.M. on January 22, 2026
(B) To: 12:01 A.M. on January 22, 2027
Local time at the address shown in Item 1.

Item 3. A Combined Maximum Aggregate Limit of Liability is applicable:

Yes No The Combined Maximum Aggregate Limit of Liability for all **Claims** under all **Liability Coverage Sections** each **Policy Year** shall be: \$N/A

Item 4. Coverage is available for the following only:

Yes No Directors & Officers Liability and Entity Liability Coverage Section

Yes No Employment Practices Liability Coverage Section

Yes No Fiduciary Liability Coverage Section

Yes No Crime Non-Liability Coverage Section

Yes No Kidnap/Ransom and Extortion Non-Liability Coverage Section

Item 5. Extended Reporting Period:

(A) Additional Period:

1 year

(B) Additional Premium:

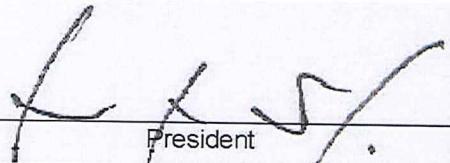
150% of Annual Premium

Item 6. Termination of prior policies: 8246-8994
(Jan 22, 2025 - Jan 22, 2026)

In witness whereof, the Company issuing this Policy has caused this Policy to be signed by its authorized officers, but it shall not be valid unless also signed by a duly authorized representative of the Company.

FEDERAL INSURANCE COMPANY

Secretary



President



Authorized Representative

11/10/2025

Date



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

Gen. Liability
10/12/25 - 10/12/26

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
1 N BRENTWOOD BLVD
Suite 700
SAINT LOUIS MO 63105

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

Policy Period: From 10/12/2025 To 10/12/2026 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
DEPOSIT PREMIUM	
Commercial General Liability	\$ 1,979.00
Terrorism Risk Insurance Extension Act	\$ 25.00
Broker Fee	\$ 50.00
TOTAL POLICY PREMIUM	\$ 2,054.00
CANCELLATION MINIMUM EARNED PREMIUM IS 25.0% OF TOTAL POLICY PREMIUM.	
Surplus Lines Taxes	\$ 102.70
Stamping Fee	N/A
Other Taxes or Fees	N/A
TOTAL	\$ 2,156.70

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)



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

*Cyber Liability
10/17/25 - 10/17/26*

COMMON POLICY DECLARATIONS

POLICY NUMBER: CSU0219273

PREVIOUS POLICY NUMBER: CSU0219273

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
1 N BRENTWOOD BLVD
Suite 700
SAINT LOUIS MO 63105

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

Policy Period: From 10/17/2025 To 10/17/2026 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
	DEPOSIT PREMIUM
Cyber Liability	\$ 435.00
Terrorism Risk Insurance Extension Act	\$ 25.00
Broker Fee	\$ 50.00
	TOTAL POLICY PREMIUM \$ 510.00
CANCELLATION MINIMUM EARNED PREMIUM IS 25.0% OF TOTAL POLICY PREMIUM.	
Surplus Lines Taxes	\$ 25.50
Stamping Fee	N/A
Other Taxes or Fees	N/A
	TOTAL \$ 535.50

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:

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



Director's & Officers 01.22.25-01.22.26 / Workers Comp 05.01.25-05.01.26

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/6/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFFERS 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
Lakenan
PO Box 407
Ste Genevieve MO 63670

CONTACT
NAME:
PHONE (A/C, No. Ext): 573-883-7746
E-MAIL ADDRESS: coi@lakenan.com
FAX (A/C, No): 573-883-3981

INSURED
Workforce Development Board of Southeast Missouri Inc.
760 S. Kingshighway, Suite C
Cape Girardeau MO 63703

WORKDEV-01

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: CINCINNATI SPECIALTY UNDERWRITERS	13037
INSURER B: TRAVELERS ASSIGNED RISK	
INSURER C: CHUBB INSURANCE COMPANY	
INSURER D: CINCINNATI INSURANCE COMPANY	10677
INSURER E:	
INSURER F:	

COVERAGE

CERTIFICATE NUMBER: 1524121782

REVISION NUMBER:

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		ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X	COMMERCIAL GENERAL LIABILITY		CSU0063548	10/12/2024	10/12/2025	EACH OCCURRENCE	\$ 1,000,000	
		CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
							MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$ 1,000,000	
							GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
								\$	
		GEN'L AGGREGATE LIMIT APPLIES PER:					COMBINED SINGLE LIMIT (Ea accident)	\$	
		POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					BODILY INJURY (Per person)	\$	
		OTHER:					BODILY INJURY (Per accident)	\$	
							PROPERTY DAMAGE (Per accident)	\$	
								\$	
		AUTOMOBILE LIABILITY							
		ANY AUTO							
		OWNED AUTOS ONLY	<input type="checkbox"/>						
		Hired AUTOS ONLY	<input type="checkbox"/>						
		NON-OWNED AUTOS ONLY	<input type="checkbox"/>						
		UMBRELLA LIAB	<input type="checkbox"/>						
		EXCESS LIAB	<input type="checkbox"/>						
		OCCUR	<input type="checkbox"/>						
		CLAIMS-MADE	<input type="checkbox"/>						
		DED	<input type="checkbox"/>						
		RETENTIONS \$	<input type="checkbox"/>						
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			Y/N	6JUB-4N94929-4-25	5/1/2025	5/1/2026	<input checked="" type="checkbox"/> PER STATUTE	OTHR-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	<input type="checkbox"/>	N				E.L. EACH ACCIDENT	\$ 1,000,000
		(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
		If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
C	Directors & Officers				8246-8994	1/22/2025	1/22/2026		
D	Cyber Liability				CSU0219273	10/17/2024	10/17/2025		
C	EPL				8246-8994	1/22/2025	1/22/2026	D&O Cyber Employment Practices	3,000,000 50,000 3,000,000

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

Directors & Officers & Employment Practices Liability-Policy #8246-8994-Chubb Insurance Company-Eff/Exp Dates 1/22/25-1/22/26-Claims Made: Limit \$3,000,000; \$10,000 Retention; Policy Includes Employee Theft Coverage \$1,000,000 with \$5,000 Retention

CERTIFICATE HOLDER

CANCELLATION

For Information Purposes

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