

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

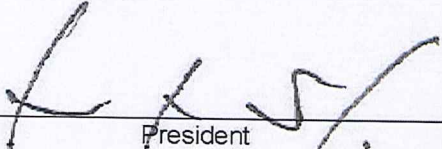
Item 6. Termination of prior policies: 8246-8994
 (Jan 22, 2025 - Jan 22, 2026)

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

11/10/2025

 Date



 Authorized Representative



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

Terrorism Risk Insurance Extension Act
Broker Fee

\$ 1,979.00
\$ 25.00
\$ 50.00

TOTAL POLICY PREMIUM

\$ 2,054.00

CANCELLATION MINIMUM EARNED PREMIUM IS 25.0% OF TOTAL POLICY PREMIUM.

Surplus Lines Taxes
Stamping Fee
Other Taxes or Fees

\$ 102.70
N/A
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.

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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
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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
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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

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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 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
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

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:		

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

WORKDEV-01

COVERAGES

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 INSD	SUBR 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: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CSU0063548	10/12/2024	10/12/2025	EACH OCCURRENCE \$ 1,000,000 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 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	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 N	N/A	6JUB-4N94929-4-25	5/1/2025	5/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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	Directors & Officers Cyber Liability EPL			8246-8994 CSU0219273 8246-8994	1/22/2025 10/17/2024 1/22/2025	1/22/2026 10/17/2025 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