



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
890 ROZIER ST
SAINTE GENEVIEVE MO 63670

Surplus Lines Broker:
0410986

CSU Producer Resources, Inc.
6200 South Gilmore Road
Fairfield, OH 45014-5141
Scott Hintze

Policy Period: From 10/12/2024 To 10/12/2025 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	DEPOSIT PREMIUM	PREMIUM
Commercial General Liability	\$	1,815.00
Terrorism Risk Insurance Extension Act	\$	25.00
Broker Fee	\$	50.00
	TOTAL POLICY PREMIUM	\$ 1,890.00
CANCELLATION MINIMUM EARNED PREMIUM IS 25.0% OF TOTAL POLICY PREMIUM.		
Surplus Lines Taxes	\$	94.50
Stamping Fee		N/A
Other Taxes or Fees		N/A
	TOTAL	\$ 1,984.50

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:

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)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/19/2025

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 FAX (A/C, No): 573-883-3981 E-MAIL ADDRESS: coi@lakenan.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED Workforce Development Board of Southeast Missouri Inc. 760 S. Kingshighway, Suite C Cape Girardeau MO 63703	WORKDEV-01 INSURER A: CINCINNATI SPECIALTY UNDERWRITERS	NAIC # 13037
	INSURER B: TRAVELERS ASSIGNED RISK	
	INSURER C: CHUBB INSURANCE COMPANY	
	INSURER D: CINCINNATI INSURANCE COMPANY	10677
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 86762550

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"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE 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-4N94929-4-24	5/1/2024	5/1/2025	<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 D 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 3,000,000 Cyber 50,000 Employment Practices 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

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CERTIFICATE OF LIABILITY INSURANCE

Workers Comp 5/1/24 - 5/1/25

DATE (MM/DD/YYYY)
2/19/2025

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COVERAGES **CERTIFICATE NUMBER:** 86762550 **REVISION NUMBER:**

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C	Directors & Officers			8246-8994	1/22/2025	1/22/2026	D&O 3,000,000
D	Cyber Liability			CSU0219273	10/17/2024	10/17/2025	Cyber 50,000
C	EPL			8246-8994	1/22/2025	1/22/2026	Employment Practices 3,000,000

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CERTIFICATE HOLDER

CANCELLATION

For Information Purposes

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AUTHORIZED REPRESENTATIVE
R. DeLoe



Cyber 10/17/24-10/17/25 & 10/10 Yaal25-Yaal26 & EPL Yaal25-Yaal26

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