CAPISSOOSIC

POLICY DECLARATIONS No. CAP1560051D United States Liability Insurance Company 1190 Devon Park Drive, Wayne, Pennsylvania 19087 A Member Company of United States Liability Insurance Group

Direct Bill Poncy

PARENT ORGANIZATION AND PRINCIPAL ADDRESS. BROOK HILLS HOMEOWNERS ASSOCIATION PO BOX 287 MOKENA, IL 60448

POLICY PERIOD (MO. DAY YR.) From: 02/18/2024 To: 02/18/2025

12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

BUSINESS DESCRIPTION: Community Association

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.

Directors And Officers Liability Coverage Part

PREMIUM

\$2,294.00

Wholesaler Broker Fee

TOTAL

\$2,344.00

\$50.00

Coverage Form(s) and Endorsement(s) made a part of this policy at time of issue

See Endorsement EOD (1/95)

RPS MAYON (1221) 10 West Chicago Avenue Hinsdale, IL 60521-3499

Broker Thornton & Powell

5550 West 147th Street Oak Forest, IL 60452

Issued: 02/21/2024 6:32 AM

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE PART DECLARATIONS, COVERAGE PART DECLARATIONS, COMPLETE THE ABOVE AS MEETING DOWN AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF.