

NDO1573770A

Renewal of Number

***** RENEWAL CERTIFICATE *****

Direct Bill Policy

POLICY DECLARATIONS

United States Liability Insurance Company

1190 Devon Park Drive, Wayne, Pennsylvania 19087

A Member Company of United States Liability Insurance Group

No. NDO1573770B

NAMED INSURED AND ADDRESS:

TIDEWATER CHAPTER OF THE VIRGINIA SOCIETY
OF CERTIFIED PUBLIC ACCOUNTANTS INC.

P.O. BOX 418

NORFOLK, VA 23501

POLICY PERIOD: (MO. DAY YR.) From: 06/08/2021 To: 06/08/2022

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

BUSINESS DESCRIPTION: Non-Profit Directors and Officers

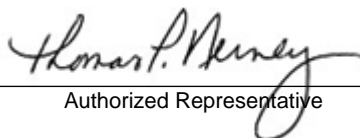
IN CONSIDERATION OF THE RENEWAL PREMIUM STATED BELOW, EXPIRING POLICY NUMBER NDO1573770A IS RENEWED FOR THE POLICY PERIOD STATED ABOVE. PLEASE ATTACH THIS RENEWAL CERTIFICATE TO YOUR EXPIRING POLICY. THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED.

	PREMIUM
Non Profit Management Liability Coverage Parts	\$800.00
TOTAL:	\$800.00

Coverage Form(s) and Endorsement(s) made a part of this policy at time of issue
See Endorsement EOD (1/95)

Agent: TOWNE INSURANCE AGENCY, LLC (4058)
301 Bendix Rd., Suite 300
Virginia Beach, VA 23452

Issued: 06/09/2021 1:07 PM

By: 
Authorized Representative

UPC (08-07)

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE PART COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

EXTENSION OF DECLARATIONS

Policy No. NDO1573770B

Effective Date: 06/08/2021

12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS

FORMS AND ENDORSEMENTS

The following forms apply to the Management Liability coverage part

<i>Endt#</i>	<i>Revised</i>	<i>Description of Endorsements</i>
DO-100	05/17	Directors and Officers Coverage Part
DO-201	05/17	Accreditation/Certification/Standard Setting Exclusion
DO-207	05/17	Failure to Maintain Insurance Exclusion
DO-209	05/17	Absolute Professional Liability Exclusion
DO-239	05/17	Specified Person or Entity Exclusion
DO-283	11/17	Data and Security Plus Endorsement
DO-298	05/17	Amendment of Prior or Pending Litigation Exclusion
DO-GTC	05/17	General Terms and Conditions
DO-VA	12/18	Virginia State Amendatory Endorsement
Jacket	07/19	Policy Jacket
* VA Disclosure Notice	01/21	Virginia Disclosure Notice
* VA Notice	01/21	Virginia Notice

Endorsements marked with an asterisk (*) have been added to this policy or have a new edition date and are attached with this certificate.

NON PROFIT MANAGEMENT LIABILITY COVERAGE PART DECLARATIONS

PLEASE READ YOUR POLICY CAREFULLY.

THIS IS A CLAIMS MADE POLICY COVERAGE FORM AND UNLESS OTHERWISE PROVIDED HEREIN, THE COVERAGE OF THIS FORM IS LIMITED TO LIABILITY FOR CLAIMS FIRST MADE DURING THE POLICY PERIOD, OR THE EXTENSION PERIOD, IF APPLICABLE. DEFENSE COSTS SHALL BE APPLIED AGAINST THE RETENTION.

No. NDO1573770B

Effective Date: 06/08/2021

12:01 AM STANDARD TIME

ITEM I. PARENT ORGANIZATION AND PRINCIPAL ADDRESS

TIDEWATER CHAPTER OF THE VIRGINIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS INC.
P.O. BOX 418
NORFOLK, VA 23501

ITEM II. POLICY PERIOD: (MM/DD/YYYY) From: 06/08/2021 To: 06/08/2022

Non Profit Directors and Officers Liability Coverage Part

ITEM III. LIMITS OF LIABILITY

- a. Non Profit Directors & Officers \$1,000,000 EACH CLAIM
- b. Non Profit Directors & Officers \$1,000,000 IN THE AGGREGATE

ITEM IV. RETENTION: \$0 EACH CLAIM

ITEM V. PREMIUM: \$800

RETROACTIVE DATE: Full Prior Acts

PRIOR OR PENDING LITIGATION See form DO-298

Employment Practices Liability Coverage Part

ITEM III. LIMITS OF LIABILITY

- a. Employment Practices NOT COVERED
- b. Employment Practices

ITEM IV. RETENTION: NOT COVERED

ITEM V. PREMIUM: NOT COVERED

NON PROFIT MANAGEMENT LIABILITY COVERAGE PART DECLARATIONS

PLEASE READ YOUR POLICY CAREFULLY.

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No. NDO1573770B

Effective Date: 06/08/2021

12:01 AM STANDARD TIME

Fiduciary Liability Coverage Part

ITEM III. LIMITS OF LIABILITY

a. Fiduciary Liability NOT COVERED

ITEM IV. RETENTION: NOT COVERED

ITEM V. PREMIUM: NOT COVERED

ITEM VI. Coverage Form(s)/Part(s) and Endorsement(s) made a part of this policy at time of issue:
See Endorsement EOD (01/95)

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

This Endorsement modifies insurance provided under the following:

NON PROFIT MANAGEMENT LIABILITY POLICY

SPECIFIED PERSON OR ENTITY EXCLUSION

It is hereby agreed that this endorsement applies to all purchased Coverage Parts:

The Company shall not be liable for Loss or Defense Costs in connection with any Claim:

1. brought by the person(s) or entity(ies) named below; or
2. brought against an Insured based upon, arising out of, directly or indirectly resulting from or in consequence of the activities, operations, acts or failure to act of the following person(s) or entity(ies):

Virginia Society of Certified Public Accountants

All other terms and conditions of this Policy remain unchanged. This endorsement is a part of your Policy and takes effect on the effective date of your Policy unless another effective date is shown.

VIRGINIA DISCLOSURE NOTICE

You have purchased claims-made liability insurance. When this insurance terminates, we will send an offer with the available options for purchasing a supplemental extended reporting period. You may be entitled to receive information on claims under this policy. If you have any questions regarding your claims-made coverage or the importance of purchasing the supplemental extended reporting period, please contact your insurance company or your insurance agent.

IMPORTANT INFORMATION REGARDING YOUR INSURANCE

In the event you need to contact someone about this insurance for any reason, please contact your agent. If no agent was involved in the sale of this insurance, or if you have additional questions, you may contact the insurance company issuing this insurance at the following address and telephone number:

United States Liability Insurance Company
1190 Devon Park Drive
Wayne, PA 19087
(800) 523-5545

If you have been unable to contact or obtain satisfaction from the company or the agent, you may contact the Virginia State Corporation Commission's Bureau of Insurance at:

P.O. Box 1157
Richmond, VA 23218
1-877-310-6560
(804) 371-9185

Written correspondence is preferable so that a record of your inquiry is maintained. When contacting your agent, company or the Bureau of Insurance, have your policy number available.

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Payment Details

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An email confirmation has been sent to ashimp@corbinandcompany.net for your records. You may also want to print this screen and retain it for your records.

Policy Number:	NDO1573770B
Payment Amount:	\$800.00
Pay By:	VISA *****2411
Payment Date:	6/8/2021
Your confirmation number is:	001315

[Done](#)

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For billing and payment assistance, please call 1-866-632-2003

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Policy Number:	NDO1573770C
Payment Amount:	\$800.00
Pay By:	VISA *****2411
Payment Date:	5/9/2022
Your confirmation number is:	057137

[Done](#)

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**For billing and payment assistance, please call:
1-866-632-2003 (USA) or 1-866-539-2150 (Canada)**

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