

Risk Specialists Companies Insurance Agency, Inc.
d/b/a RSCIA in NH, UT & VT
777 SOUTH FIGUEROA STREET
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BINDER OF INSURANCE CONFIRMATION LETTER

December 21, 2022

EVE WILDHAGEN
ALLIANT INSURANCE SERVICES, INC.
18100 VON KARMAN AVENUE 10TH FLOOR
IRVINE, CA 92612

Insured: MIAMI VALLEY RISK MANAGEMENT ASSOCIATION
3085 WOODMAN DR., SUITE 200
KETTERING, OH 45420

Insurance Carrier: NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
1271 AVE OF THE AMERICAS, FL 37, NEW YORK, NY, 10020-1304

Policy: GOVERNMENT CRIME POLICY
TAB #: 7075668, SUBMISSION #: 675128760
POLICY #: 02-140-52-68
REPLACEMENT OF POLICY #: 2-359-34-02
POLICY PERIOD: FROM 01/01/2023 TO 01/01/2024

Dear EVE:

On behalf of National Union Fire Insurance Company of Pittsburgh, Pa. (hereinafter "Insurer"), I am pleased to confirm the binding of coverage in accordance with our agreement as set forth below and subject to the conditions set forth herein. Please review said Binder for accuracy and contact the Insurer prior to the effective date of policy coverage of any inaccuracy(ies) found within the issued Binder. If the Insurer does not hear from you prior to the effective date of policy coverage it will be understood that the Binder has been accepted as an accurate description of the agreed upon terms of coverage.

*****IMPORTANT POLICY ISSUANCE VERIFICATION*****

A policy will be issued with the name and address of the Insured exactly as referenced in the "Policy Information" Section of this Binder. If this information is inaccurate, please advise us immediately.

POLICY INFORMATION

INSURED: MIAMI VALLEY RISK MANAGEMENT ASSOCIATION
INSURED'S ADDRESS: 3085 WOODMAN DR., SUITE 200
KETTERING, OH 45420
TYPE OF POLICY: Government Crime Policy

BASIC FORM: CR0026 (05/06)

INSURANCE COMPANY: National Union Fire Insurance Company of Pittsburgh, Pa.

POLICY NUMBER: 02-140-52-68

EFFECTIVE DATE: 01/01/2023 **EXPIRATION DATE:** 01/01/2024

Single Loss Coverage Forms	Limit of Liability	Single Loss Deductible
Employee Theft-Per Loss Coverage	\$2,000,000	\$50,000
Forgery or Alteration	\$2,000,000	\$50,000
Inside Premises-Theft of Money & Securities	\$100,000	\$10,000
Inside Premises-Robbery, Safe Burglary-Other Prop.	\$100,000	\$10,000
Outside the Premises	\$100,000	\$10,000
Computer Fraud	\$2,000,000	\$50,000
Funds Transfer Fraud	\$2,000,000	\$50,000
Money Orders and Counterfeit Paper Currency	\$5,000	\$0

Premium	\$21,135
Commission	0.00 %

Total Amount due: \$21,135

Important Conditions of Binder: See Below

ENDORSEMENTS

The following endorsements will be added to the basic policy:

#	Form #	Ed Dt	Title
1	CR0219	08/07	OHIO CHANGES
2	MNSCPT		ADDITIONAL NAMED INSURED
3	CR2519	05/06	ADD FAITHFUL PERFORMANCE OF DUTY COVERAGE FOR GOVERNMENT EMPLOYEES
4	CR2520	08/07	ADD CREDIT, DEBIT OR CHARGE CARD FORGERY
5	140846	05/21	Cyberextortion Exclusion
6	113013	10/12	PROTECTED INFORMATION EXCLUSION
7	CR2512	08/07	INCLUDE TREASURER OR TAX COLLECTORS AS EMPLOYEES
8	119679	09/15	ECONOMIC SANCTIONS ENDORSEMENT
9	113024	10/12	INDIRECT OR CONSEQUENTIAL LOSS EXCLUSION
10	95427	08/07	CRIME ADVANTAGE
11	95419	08/07	BONDED EMPLOYEES EXCLUSION DELETED

12	99758	08/08	NOTICE OF CLAIM (REPORTING BY E-MAIL)
13	CR2540	08/07	INCLUDE EXPENSES INCURRED TO ESTABLISH AMOUNT OF COVERED LOSS
14	95428	08/07	EMPLOYEE POST TERMINATION COVERAGE
15	134480	07/19	IMPERSONATION FRAUD COVERAGE (ADDITIONAL PREMIUM) (ISO COM AND GOV CRIME)
16	141306	08/21	Cyberextortion Exclusion Resulting Directly
17	78859	10/01	FORMS INDEX ENDORSEMENT

CONDITIONS OF BINDER

When signed by the Insurer, the coverage described above is in effect from 12:01 AM of the Effective Date listed above to 12:01 AM of the Expiration Date listed above, pursuant to the terms, conditions and exclusions of the policy form listed above, any policy endorsements described above, and any modifications of such terms as described in this Binder section. Unless otherwise indicated, this Binder may be canceled prior to the Effective Date by the Insured, or by the Broker on the behalf of the Insured, by written notice to the Insurer or by the surrender of this Binder stating when thereafter such cancellation shall be effective. Unless otherwise indicated, this Binder may be canceled by the Insurer prior to the Effective Date by sending written notice to the Insured at the address shown above stating when, not less than thirty days thereafter, such cancellation shall be effective. Unless otherwise indicated, this Binder may be canceled by the Insurer or by the Insured on or after the Effective Date in the same manner and upon the same terms and conditions applicable to cancellation of the policy form listed above. Issuance by the Insurer and acceptance by or on the behalf of the Insured of the policy shall render this Binder void except as indicated below.

A condition precedent to coverage afforded by this Binder is that no material change in the risk occurs and no submission is made to the Insurer of a claim or circumstances that might give rise to a claim between the date of this Binder indicated above and the Effective Date.

Please note this Binder contains only a general description of coverages provided. For a detailed description of the terms of a policy you must refer to the policy itself and the endorsements bound herein.

PREMIUM PAYMENT

Our accounting procedures require that payment be remitted within 30 days of the effective date of coverage or 15 days from the billing date, whichever is later.

We appreciate your compliance with this procedure.

We appreciate your business and hope that we can be of further service to you in the future.

Sincerely,



Chris Marker
Vice President
Financial Lines
415-836-2972

If you have any questions regarding this policy, or for any other service needs, please contact our AIG Broker Services:

Monday-Friday 9:00 AM - 6:00 PM Eastern
Telephone: 1-877-TO-SERVE or (877)867-3783
E-mail: TOSERVE@aig.com
Fax: (800) 315-3896

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