

CERTIFICATE OF COVERAGE

This "Certificate of Coverage", together with the master policy to which it is attached, constitute the policy issued to the "Certificate Holder". Any coverage listed below is subject to the terms, conditions and limitations set forth below and in the master policy referenced.

POLICYHOLDER NAME AND ADDRESS:											
Education Support Purchasing Group c/o Association Insurance Management P.O. Box 742946 Dallas, TX 75374-2946											
CERTIFICATE HOLDER (NAMED INSURED) NAME AND ADDRESS:											
07-118 Pittsford Central PTSA 75 Barker Rd Pittsford, NY9											
Insured #: NY9176774											
The Certificate Holder is:											
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Organization/Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Other Non-Profit											
Location of Business:	Business Description:										
75 Barker Rd Pittsford, NY9	Parent Teacher Association										
ITEM 1	COVERAGE PERIOD: Effective: 7/1/2023 To: 7/1/2024 At 12:01 A.M. Standard Time at the mailing address of the policyholder shown above. CERTIFICATE NUMBER: DO2023AIM08298 PRIOR CERTIFICATE NUMBER: DO2022AIM02079										
ITEM 2	INSURER: Concert Specialty Insurance Company Master Policy Number: DO2023AIM00001										
ITEM 3	PRODUCER NAME AND ADDRESS: AIM Association Insurance Management, Inc. P.O. Box 742946 Dallas, TX 75374-2946 Surplus Lines License #1615689										
ITEM 4	SCHEDULE OF CHARGES: <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">Directors And Officers Liability Premium</td> <td style="text-align: right;">\$ 198.00</td> </tr> <tr> <td>Policy Fees</td> <td style="text-align: right;">\$ 162.51</td> </tr> <tr> <td>Surplus Lines Tax</td> <td style="text-align: right;">\$ 17.49</td> </tr> <tr> <td>Stamping Fee</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Grand Total</td> <td style="text-align: right;">\$ 378.00</td> </tr> </table>	Directors And Officers Liability Premium	\$ 198.00	Policy Fees	\$ 162.51	Surplus Lines Tax	\$ 17.49	Stamping Fee	\$	Grand Total	\$ 378.00
Directors And Officers Liability Premium	\$ 198.00										
Policy Fees	\$ 162.51										
Surplus Lines Tax	\$ 17.49										
Stamping Fee	\$										
Grand Total	\$ 378.00										
ITEM 5	SCHEDULE OF COVERAGE AND LIMITS OF INSURANCE*: DIRECTORS AND OFFICERS LIABILITY (D&O) INSURANCE <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">Directors And Officers (D&O) Aggregate Limit</td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td>Directors And Officers (D&O) Retention</td> <td style="text-align: right;">\$0</td> </tr> <tr> <td>Directors And Officers (D&O) Prior or Pending Litigation Date</td> <td style="text-align: right;">None</td> </tr> </table>	Directors And Officers (D&O) Aggregate Limit	\$1,000,000	Directors And Officers (D&O) Retention	\$0	Directors And Officers (D&O) Prior or Pending Litigation Date	None				
Directors And Officers (D&O) Aggregate Limit	\$1,000,000										
Directors And Officers (D&O) Retention	\$0										
Directors And Officers (D&O) Prior or Pending Litigation Date	None										

ITEM 6		SCHEDULE OF COVERAGE AND LIMITS OF INSURANCE*:	
EMPLOYMENT-RELATED PRACTICES LIABILITY (EPL) INSURANCE			
	Employment-Related Practices Liability (EPL) Aggregate Limit		Not Covered
	Employment-Related Practices Liability (EPL) Deductible		Not Covered
	Employment-Related Practices Liability (EPL) Retroactive Date		Not Covered
ITEM 7		MASTER POLICY FORMS & ENDORSEMENT SCHEDULE	
	Form #	Description	
CS ML DO DS 00	03 21	PRIVATE COMPANY DIRECTORS AND OFFICERS LIABILITY DECLARATIONS	
CS IL 00 01	05 19	SIGNATURE PAGE	
CS IL 00 12	07 11	SCHEDULE OF FORMS AND ENDORSEMENTS	
CS IL 00 19	10 12	SERVICE OF SUITS - CONCERT SPECIALTY INSURANCE COMPANY	
CS PN 04 99 TX	11 19	IMPORTANT NOTICE TO ALL TEXAS POLICYHOLDERS	
CS PN 04 99 75	06 20	NOTICE TO POLICYHOLDER - TEXAS	
IL PO 01	01 04	U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL (OFAC) ADVISORY NOTICE TO POLICYHOLDERS	
ML 00 01	01 19	LIABILITY COVERAGE PARTS COMMON POLICY TERMS AND CONDITIONS	
ML 00 02	01 19	PRIVATE COMPANY DIRECTORS AND OFFICERS LIABILITY COVERAGE FORM.	
CSML DO 00 01	03 21	DIRECTORS AND OFFICERS AMENDATORY ENDORSEMENT	
CS IL 30 68	03 21	MINIMUM EARNED PREMIUM	
ML 10 10	01 19	CONDITIONS AMENDED – TERRITORY (U.S., U.S. TERRITORIES AND POSSESSIONS, PUERTO RICO AND CANADA)	
ML 10 11	01 19	NUCLEAR ENERGY LIABILITY EXCLUSION	
ML DO 00 02	03 21	FUNGI OR BACTERIA EXCLUSION	
ML DO 00 03	03 21	FAILURE TO MAINTAIN INSURANCE EXCLUSION	
ML 20 06	01 19	DEFINITION OF DAMAGES AMENDED – PUNITIVE DAMAGES EXCLUDED (D&O)	
ML 10 19	01 19	PRIOR WRONGFUL ACTS EXCLUSION	
IL 09 85	12 20	DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT	
ML 10 23	01 19	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM	
ML 10 27	01 19	EXCLUSION OF OTHER ACTS OF TERRORISM COMMITTED OUTSIDE THE UNITED STATES; CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM	
ML 10 13	01 19	ADDITIONAL EXTENDED REPORTING PERIOD ELECTED	
CS IL 31 14	07 20	POLICY CONDITIONS ADDED	
CSML EL 00	03 21	LIMITS OF INSURANCE AMENDED	
EP 00 01	11 19	EMPLOYMENT-RELATED PRACTICES LIABILITY COVERAGE FORM	
EP 01 19	09 07	LIABILITY TO VOLUNTEERS	
IL N0 01	09 03	FRAUD STATEMENT	
CG 16 89	12 22	EXCLUSION - CHARTERED ORGANIZATIONS	
CS PN 04 99 72	06 20	HOW TO REPORT A CLAIM	
ITEM 8		FORMS SPECIFIC TO CERTIFICATE HOLDER SHOWN ON THIS CERTIFICATE:	
	Form #	Description	
	ML 10 19 01 19	PRIOR WRONGFUL ACTS EXCLUSION	

*Any payments made under EPL Item #6 (if covered), reduces the D&O Aggregate Limit under Item #5.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIOR WRONGFUL ACTS EXCLUSION

This endorsement only applies to and modifies insurance provided under the checked Coverage Forms. It does not apply to Coverage Forms that are not checked.

<input checked="" type="checkbox"/>	Private Company Directors And Officers Liability Coverage Form
<input type="checkbox"/>	Employment-related Practices Liability Coverage Form
<input type="checkbox"/>	Fiduciary Liability Coverage Form

SCHEDULE

Prior Acts Date: 7/1/2022
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to the **Exclusions** of each Coverage Form(s) checked above:

Prior Acts Exclusion

Based upon, arising out of or attributable to any "wrongful act" or "interrelated wrongful acts" that occurred before the Prior Acts Date shown in the Schedule of this endorsement.

If Private Company Directors And Officers Liability Coverage Form is checked, this exclusion is applicable to all insuring agreements.