



**DECLARATIONS:
EMPLOYED LAWYERS
PROFESSIONAL LIABILITY POLICY**

CNA INSURANCE COMPANIES
CNA PLAZA
Chicago, IL 60685

NOTICE

THIS IS A CLAIMS-MADE POLICY AND, SUBJECT TO ITS PROVISIONS, APPLIES ONLY TO ANY "CLAIM" FIRST MADE AGAINST THE EMPLOYED LAWYERS DURING THE POLICY PERIOD. NO COVERAGE EXISTS FOR CLAIMS FIRST MADE AFTER THE END OF THE POLICY PERIOD UNLESS, AND TO THE EXTENT, THE EXTENDED REPORTING PERIOD APPLIES. DEFENSE COSTS REDUCE THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE RETENTION AMOUNT. PLEASE REVIEW THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

ACCOUNT NUMBER	COVERAGE PROVIDED BY
N/A	Columbia Casualty Company
POLICY NUMBER	
652150338	

NAMED ENTITY AND PRINCIPAL ADDRESS	PRODUCER
ITEM 1. Central Coast Community Energy 70 Garden Court, #300 MONTEREY, CA 93940	AmWINS Insurance Brokerage of California, LLC 444 South Flower Street, #4500 LOS ANGELES, CA 90071

Item 2. **Policy Period:** 9/18/2021 To 9/18/2022
12:01 a.m. Standard Time at the Principal Address stated in Item 1.

Item 3. **Limit of Liability (Inclusive of Defense Costs):**
\$1,000,000 Maximum aggregate Limit of Liability under the Policy.

Item 4. **Retention Amount applicable to each Claim (Defense Costs are subject to Retention Amount):**
\$0 Non-Indemnifiable
\$25,000 Indemnifiable
\$25,000 Moonlighting Coverage (If Applicable)

Item 5. **Policy Premium:**
\$20,730

Item 6. **Notice to Insurer under Section VIII.:** CNA - Claims Reporting
P.O. Box 8317
Chicago, IL 60680-8317
Email address: SpecialtyProNewLoss@cna.com
Fax Number: 866-773-7504

Item 7. **Other Notices to Insurer:** Professional Risk Facilities
113 S. Service Road
Jericho, NY 11753

Item 8. **Prior and Pending Proceeding Date (Exclusion V.H.):** 09/18/2019

Item 9. **Retroactive Date (Exclusion V.G.):** 09/18/2019

California Premium:	\$20,730.00
Non-Taxable Fees:	\$350.00
Taxable Fees:	
Surplus Lines Tax:	\$621.90
Stamping Fee:	\$51.83

Item 10. Endorsements forming a part of this Policy at issuance:

G22241-A Securities Activities Exclusion
Manu 18 - Moonlighting Endorsement

Policy Number:652150338

These Declarations, along with completed and signed **Application** and the Policy, shall constitute the contract between the **Insureds** and the Insurer.

Authorized Representative:



9/22/2021