

IMPORTANT: DISCLOSURE AND ACKNOWLEDGMENT

By receipt of this notice your policy contains one or more of the following coverages:

- Employment Practices Liability (CF-2102)
- Cyber Liability (CF-2123)
- Directors and Officers Liability (CF-1140 or CF-1517)
- Sexual Misconduct Liability (CF-1140)
- Pastors Counseling Liability (CF-1140)

NORTH DAKOTA INSURANCE DEPARTMENT REQUIREMENT

North Dakota Insurance Department Administrative Rule 45-05-09 requires policyholders to acknowledge that the limit of insurance may be reduced or completely eliminated by payments for legal defense costs and claim expenses for the coverages stated above.

YOUR SIGNATURE IS NEEDED: Please review, sign below and return to North Star Mutual Insurance Company by mail using the enclosed envelope, by email to commercial@northstarmutual.com or by fax at 507-423-6010. You may also send it to your insurance agency at the address listed on the policy declarations.

POLICYHOLDER ACKNOWLEDGMENT

I acknowledge that forms CF-1140, CF-1517, CF-2102 and CF-2123 provide limits of insurance which may be reduced or completely eliminated by payments for legal defense costs and claims expenses.

Policyholder Signature: _____ Date: _____

Policy Number: _____

Should you have any questions relating to this notice or the affected coverages, please contact your agent.

THANK YOU FOR YOUR TIME AND ATTENTION TO THIS MATTER.