

NORTH SHORE MANAGEMENT ASSOCIATES, INC.

5 Revere Dr., Suite 200, Northbrook, IL 60062
Phone (847) 660-7290

NSMXXXXXX

INSURED'S NAME AND MAILING ADDRESS:

Sample

PRODUCER:

12:01 A. M.
Standard Time at
the location of property
involved.

Inception (Month, Day, Year)

Expiration (Month, Day, Year)

Years

Amount of Insurance	Prepaid Term Premium Due at Inception	State Tax & Stamping Fees	CAT Fee	Inspection Fee
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TOTAL AMOUNT DUE

Please Read Carefully
THIS POLICY WORDING HAS BEEN
AMENDED AND MAY NOT BE CONCURRENT
WITH THE WORDING ON OTHER POLICIES.

Amount*	Description, Perils and Locations of Insured
Part of	
Excess of	
	on:
*All limits are per occurrence and in the aggregate annually (separately as respects flood and earthquake including EQSL where applicable).	SITUATE:

UNDERLYING DEDUCTIBLE(S) OR LIMITS:

CANCELLATION:

WORDING OR FORMS ATTACHED

See attached form NSF 2150.

Issued at Northbrook, Illinois on July 25, 2025

CERTIFIED ORIGINAL

NOTICE:

1. THE INSURANCE POLICY THAT YOU HAVE PURCHASED IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF CALIFORNIA. THESE COMPANIES ARE CALLED “NONADMITTED” OR “SURPLUS LINE” INSURERS.

2. THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT THAT APPLY TO CALIFORNIA LICENSED INSURERS.

3. THE INSURER DOES NOT PARTICIPATE IN ANY OF THE INSURANCE GUARANTEE FUNDS CREATED BY CALIFORNIA LAW. THEREFORE, THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF THE INSURER BECOMES INSOLVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.

4. THE INSURER SHOULD BE LICENSED EITHER AS A FOREIGN INSURER IN ANOTHER STATE IN THE UNITED STATES OR AS A NON-UNITED STATES (ALIEN) INSURER. YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER, OR “SURPLUS LINE” BROKER OR CONTACT THE CALIFORNIA DEPARTMENT OF INSURANCE AT THE FOLLOWING TOLL-FREE TELEPHONE NUMBER: 1-800-927-4357. ASK WHETHER OR NOT THE INSURER IS LICENSED AS A FOREIGN OR NON-UNITED STATES (ALIEN) INSURER AND FOR ADDITIONAL INFORMATION ABOUT THE INSURER. YOU MAY ALSO CONTACT THE NAIC’S INTERNET WEB SITE AT WWW.NAIC.ORG.

5. FOREIGN INSURERS SHOULD BE LICENSED BY A STATE IN THE UNITED STATES AND YOU MAY CONTACT THAT STATE’S DEPARTMENT OF INSURANCE TO OBTAIN MORE INFORMATION ABOUT THAT INSURER.

6. FOR NON-UNITED STATES (ALIEN) INSURERS, THE INSURER SHOULD BE LICENSED BY A COUNTRY OUTSIDE OF THE UNITED STATES AND SHOULD BE ON THE NAIC’S INTERNATIONAL INSURERS DEPARTMENT (IID) LISTING OF APPROVED NONADMITTED NON-UNITED STATES INSURERS. ASK YOUR AGENT, BROKER, OR “SURPLUS LINE” BROKER TO OBTAIN MORE INFORMATION ABOUT THAT INSURER.

7. CALIFORNIA MAINTAINS A LIST OF APPROVED SURPLUS LINE INSURERS. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST, OR VIEW THAT LIST AT THE INTERNET WEB SITE OF THE CALIFORNIA DEPARTMENT OF INSURANCE: WWW.INSURANCE.CA.GOV.

8. IF YOU, AS THE APPLICANT, REQUIRED THAT THE INSURANCE POLICY YOU HAVE PURCHASED BE BOUND IMMEDIATELY, EITHER BECAUSE EXISTING COVERAGE WAS GOING TO LAPSE WITHIN TWO BUSINESS DAYS OR BECAUSE YOU WERE REQUIRED TO HAVE COVERAGE WITHIN TWO BUSINESS DAYS, AND YOU DID NOT RECEIVE THIS DISCLOSURE FORM AND A REQUEST FOR YOUR SIGNATURE UNTIL AFTER COVERAGE BECAME EFFECTIVE, YOU HAVE THE RIGHT TO CANCEL THIS POLICY WITHIN FIVE DAYS OF RECEIVING THIS DISCLOSURE. IF YOU CANCEL COVERAGE, THE PREMIUM WILL BE PRORATED AND ANY BROKER'S FEE CHARGED FOR THIS INSURANCE WILL BE RETURNED TO YOU.

D-2 (Effective January 1, 2017)

NOTICE TO POLICYHOLDERS - OFAC

U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSET CONTROL ("OFAC")

No coverage is provided by this Policyholder Notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided.

This Policyholder Notice provides information concerning possible impact on your insurance coverage due to directives issued by OFAC. Please read this Policyholder Notice carefully.

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous:

- Foreign agents;
- Front organizations;
- Terrorists;
- Terrorist organizations; and
- Narcotics traffickers;

as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's web site: <http://www.treas.gov/ofac>.

In accordance with OFAC regulations, if it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, this insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to OFAC. When an insurance policy is considered to be a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments also apply.

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NSMXXXXX

THE INSURANCE COMPANY(IES) AND/OR UNDERWRITERS SIGNATORY HERETO (HEREINBEFORE CALLED THE COMPANY) EACH FOR ITSELF SEVERALLY BUT NOT JOINTLY DO(ES) INSURE FOR THE AMOUNT UNDERWRITTEN FOR EACH AND EVERY LOSS COVERED HEREUNDER AS SET FORTH UNDER THEIR RESPECTIVE NAMES SUBJECT TO ANNUAL AGGREGATE WORDING AS PER THE ATTACHED.

IN WITNESS WHEREOF, THE FOLLOWING COMPANY(IES) AND/OR UNDERWRITERS EXECUTE AND ATTEST THESE PRESENTS, AND SUBSCRIBE FOR THE AMOUNTS OF THE INSURANCE PROVIDED HEREUNDER AS SHOWN:

INSURERS AND ASSIGNED POLICY NUMBERS	LIMIT OF LIABILITY	ANNUAL PREMIUM	TAXES & STAMPING FEES
SHELTER REINSURANCE COMPANY xxxxx			SHELTER RE TAXES & FEE
ASPEN SPECIALTY INSURANCE COMPANY xxxxx			ASPEN TAXES & FEE
TOTALS:			

BY: 

AUTHORIZED SIGNATURE

APPLICABLE FORMS AND ENDORSEMENTS

Forms and endorsements listed below apply to and are made part of this policy at time of issue.

SLA D-2 Form
OFAC Notice
NSM Declarations
NSM Schedule
Applicable forms and Endorsements page
NSM Warranty Policy
CF 1525 Minimum Premium Clause
LSW 1135A Privacy Policy Statement
NMA 2915 Cyber Risk Exclusion
NMA 2340 Land, Water & Air Exclusion, Seepage and/or Pollution and/or Contamination Exclusion, Debris Removal
NMA 2802 Electronic Data Recognition Exclusion
LMA 5096 Several Liability Notice
NMA 2962 Biological or Chemical Materials Exclusion
NMA 2918 War and Terrorism Exclusion
NMS 1191 Radioactive Contamination Exclusion Clause, Physical Damage-Direct
NMA 1331 Cancellation Clause
LMA 3100 Sanction Limitation and Exclusion Clause
LMA 5092 U.S. TRIA Not Purchased Clause
CP 01 40 07 06 Exclusion Due to Virus or Bacteria Clause

Service of Suit(s)
Company Declarations.

WARRANTY POLICY

Named Insured: Sample

In consideration of the premium charged, this company agrees to provide coverage on:

As per Policy Declaration Page (As more fully defined in the Warranty Policy)

Against Loss or Damage caused by or resulting from:

At the Location(s) shown below:

For the following Limit(s) of Liability:

Part of

Excess of

Warranted same terms (other than Limits of Liability, Rate(s), and except as otherwise provided herein), and conditions as and to follow the settlements of:

(or its identical replacement) (hereinafter referred to as the "Warranty Company") and that they have at the time of any loss at least:

Part of

Excess of

(subject only to reduction by amount of any loss not reinstated) on the identical subject matter and risk and in identically the same proportion on each separate part thereof.

The premium hereon is calculated at:

plus taxes and fees as shown on declarations page.

Any alteration in the Warranty Company's rate(s) shall be advised immediately to this company which shall be entitled to revise the rate(s) or premium hereon.

This policy is otherwise subject without notice to the same conditions, endorsements and assignments as are or may be assumed in the Warranty Company's insurance on which this policy is based.

IMPORTANT NOTICE:

This policy contains a Warranty on the part of the Insured that certain other insurance in a specified amount is carried by the Insured.

Under the terms of this contract, if such other insurance is reduced, or the contract providing such other insurance expires or is cancelled, then this coverage automatically terminates, unless consent to such change is obtained and incorporated into this policy by specific endorsement thereon signed by agent or an authorized representative of this company.

It is the responsibility of the Insured to procure such endorsement. It is not the duty of this company, nor the duty of any agent or employee of the Insured or this company, to protect the Insured against a violation of said Warranty or a failure on the part of the Insured to procure such endorsement.

Attached to and forming a part of policy number: NSMXXXXX, which consists of the following subscribers:

XXXXX

XXXXX

of the: North Shore Management Associates, Inc.

issued to: Sample

effective:

dated: 7/25/2025

By:



AUTHORIZED REPRESENTATIVE

MINIMUM PREMIUM CLAUSE


IN THE EVENT OF CANCELLATION OF THIS POLICY BY THE INSURED, A MINIMUM PREMIUM OF 25% OF INCEPTION SHALL BECOME EARNED; ANY CONDITIONS OF THE POLICY TO THE CONTRARY NOTWITHSTANDING.

FAILURE OF THE INSURED TO MAKE TIMELY PAYMENT OF PREMIUM SHALL BE CONSIDERED A REQUEST BY THE INSURED FOR THE COMPANY TO CANCEL. IN THE EVENT OF SUCH CANCELLATION BY THE COMPANY FOR NON-PAYMENT OF PREMIUM THE MINIMUM PREMIUM SHALL BE DUE AND PAYABLE; PROVIDED HOWEVER, SUCH NON-PAYMENT CANCELLATION SHALL BE RESCINDED IF THE INSURED REMITS THE FULL PREMIUM WITHIN 10 DAYS OF RECEIVING IT.

IN THE EVENT OF ANY OTHER CANCELLATION BY THE COMPANY THE EARNED PREMIUM SHALL BE COMPUTED PRO-RATA, NOT SUBJECT TO THE MINIMUM PREMIUM.

CF1525

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

Attached to and forming a part of policy number	NSMXXXXX	issued by:	, North Shore Management
issued to:	Sample	BY.	
effective date:			AUTHORIZED REPRESENTATIVE