

Complete copies of Liability, Volunteer and D&O insurance policies are available at the secured Board member section of the website.

DECLARATIONS

FEDERAL INSURANCE COMPANY

A stock insurance company, incorporated
under the laws of Indiana, herein called the Company

Capital Center, 251 North Illinois, Suite 1100
Indianapolis, IN 46204-1927

Policy Number: 8250-4475

THE DIRECTORS AND OFFICERS LIABILITY AND ENTITY LIABILITY, FIDUCIARY LIABILITY AND EMPLOYMENT PRACTICES LIABILITY COVERAGE SECTIONS (WHICHEVER ARE PURCHASED) PROVIDE CLAIMS MADE COVERAGE, WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE DURING THE "POLICY PERIOD", OR DURING AN APPLICABLE EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED UNLESS OTHERWISE PROVIDED HEREIN, BY "DEFENSE COSTS," AND "DEFENSE COSTS" WILL BE APPLIED AGAINST THE RETENTION. IN NO EVENT WILL THE COMPANY BE LIABLE FOR "DEFENSE COSTS" OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY. READ THE ENTIRE POLICY CAREFULLY.

Item 1. Organization: Food For Thought Denver

Principal Address: 4559 W 44th Avenue
Denver, CO 80211

Item 2. Policy Period: (A) From: 12:01 A.M. on September 29, 2021
(B) To: 12:01 A.M. on September 29, 2022
Local time at the address shown in Item 1.

Item 3. A Combined Maximum Aggregate Limit of Liability is applicable:

☐ Yes ☒ No The Combined Maximum Aggregate Limit of Liability for all **Claims** under all **Liability Coverage Sections** each **Policy Year** shall be: \$N/A

Item 4. Coverage is available for the following only:

☒ Yes ☐ No Directors & Officers Liability and Entity Liability Coverage Section

☐ Yes ☒ No Employment Practices Liability Coverage Section

☐ Yes ☒ No Fiduciary Liability Coverage Section

☐ Yes ☒ No Crime Non-Liability Coverage Section

☐ Yes ☒ No Kidnap/Ransom and Extortion Non-Liability Coverage Section

Item 5. Extended Reporting Period:

(A) Additional Period:

1 year

(B) Additional Premium:

100% of Annual Premium

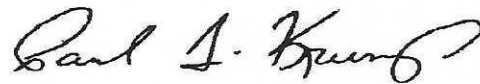
Item 6. Termination of prior policies: 8250-4475
 (Sep 29, 2020 - Sep 29, 2021)

In witness whereof, the Company issuing this Policy has caused this Policy to be signed by its authorized officers, but it shall not be valid unless also signed by a duly authorized representative of the Company.

FEDERAL INSURANCE COMPANY



Secretary



President

09/01/2021

Date



Authorized Representative



IMA SELECT, LLC. (DENVER)
1705 17th Street, Suite 100
Denver, CO 80202

katie.sunwold@imacorp.com
Phone: (303) 615-7723 Fax: (303) 534-0600

NPP021L0050 Version 2

Quote is valid until 9/29/2021

To: **Food For Thought Denver**
Renewal of: NPP1578524C - Expiration Date: 9/29/2021

From: Katie Sunwold
katie.sunwold@imacorp.com

Confirm optional coverages:

- ☐ Do not include any optional coverages.
☐ Include the following optional coverages from Section VI
(Taxes & Fees may apply to optional premium if purchased)
☐ Option 1 - (add: *\$100.00) - Terrorism Coverage
*See Terrorism Section for Exact Pricing and Terms

****DIRECT BILL RENEWAL****

The policyholder will be invoiced 45
days prior to expiration.

This renewal will be invoiced with 1
installment.

This quote is for informational
purposes only - do not bill or collect
payment.

Please advise as soon as possible if
changes are needed or optional
coverages are desired.

I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS

NON PROFIT PACKAGE POLICY INFORMATION	
Carrier:	United States Liability Insurance Company
Status:	Admitted
A.M. Best Rating:	A++ (Superior) - XII
COVERAGE PART	PREMIUM
Commercial General Liability	\$1,046.00
TOTAL PREMIUM DUE TO CARRIER	\$1,046.00
ADDITIONAL COSTS	
Broker Fee	
TOTAL AMOUNT DUE	

FREE AND DISCOUNTED BUSINESS SERVICES AVAILABLE TO USLI INSURED - VISIT BIZRESOURCECENTER.COM FOR DETAILS

The premium quoted was calculated based on information provided by you in your application for insurance. The premium quoted may be adjusted based on an audit of your books and records during and/or at the conclusion of the policy period to determine actual receipts, payroll and other factors used to calculate earned premium.

This account is subject to the following - Sections A, B and C:

Please note that we will not be able to bind coverage until we satisfy all Prior to Binding requirements.

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

A. Prior To Bind Requirements:

- No Prior to Bind Requirements

B. Items Required Within 21 days of the inception of coverage:

- No Items Required Within 21 Days

C. Underwriting Notes:

- No Underwriting Notes

II. DIRECT BILL QUOTE INFORMATION**Additional Quote Information**

-If a notice of claim is received by the Insured or United States Liability Insurance Group between the date of this quote letter and the expiration date of the policy, United States Liability Insurance Group retains the right to require a complete renewal submission and re-underwrite the terms and conditions.

III. COVERED LOCATION(S) AND CORRESPONDING CLASSIFICATIONS

Location #1 - 3559 W 44th Ave., Denver, CO 80211

Liability Coverage

Description	Class Code	Basis	Exposure	Prod/CompOps Rate	All Other Rate	Prod/CompOps Premium	All Other Premium
Food Bank - Not-for-Profit Only	41668	Total Area	750	0.000	115.264	\$0	\$86
			Per 1,000 Total Area				
Soup Kitchens - Not-for-Profit	11039	Sales	250,000	0.290	2.153	\$72	\$538
			Per 1,000 Sales				
Abuse and Molestation Liability - Social Services	41799	Flat	1	0.000	0.000	Incl	Incl
			Flat				
Blanket Additional Insured - Non-Profit Package	49950	Flat	1	0.000	100.000	\$0	\$100
			Flat				
Non-Owned & Hired Automobile Liability - Social Services	90099	Flat	1	0.000	250.210	\$0	\$250
			Flat				

Liability Coverage Premium for Location #1: \$1,046

Please contact us with any questions regarding the terminology used or the coverages provided.

****Read the quote carefully, it may not match the coverages requested****

IV. LIABILITY LIMITS OF INSURANCE**COMMERCIAL GENERAL LIABILITY**

Each Occurrence	\$1,000,000
Personal Injury and Advertising Injury	\$1,000,000
Medical Expense (Any One Person)	\$5,000
Damage To Premises Rented to You	\$100,000
Products/Completed Ops Aggregate	\$1,000,000
General Aggregate	\$2,000,000
General Liability Deductible	\$0

HIRED AND NON-OWNED AUTO

Each Occurrence	Included
Aggregate Included in General Aggregate	

ABUSE AND MOLESTATION

Each Claim	\$1,000,000
Aggregate	\$2,000,000

V. REQUIRED FORMS & ENDORSEMENTS**General Liability Endorsements**

CG0001	(12/07) Commercial General Liability Coverage Form	L-526	(01/15) Absolute War Or Terrorism Exclusion
CG2107	(05/14) Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability - Limited Bodily Injury Exception Not Included	L-549	(12/07) Absolute Professional Liability Exclusion
CG2139	(10/93) Contractual Liability Limitation	L-599	(10/07) Absolute Exclusion For Pollution, Organic Pathogen, Silica, Asbestos And Lead With A Hostile Fire Exception
CG2147	(12/07) Employment-Related Practices Exclusion	L-610	(11/04) Expanded Definition Of Bodily Injury
CG3224	(06/10) Colorado Changes - Amendment Of Insured Contract Definition	L-703 SSO	(10/14) Molestation Or Abuse Insurance (Defense Inside Limits)
IL0017	(11/98) Common Policy Conditions	L-728 SSO	(07/09) Limits Of Insurance Under Multiple Coverage Forms
IL0021	(09/08) Nuclear Energy Liability Exclusion Endorsement	L-729	(08/09) Exclusion - Violation Of Statutes That Govern E-Mails, Fax, Phone Calls Or Other Methods Of Sending Material Or Informat
IL0125	(11/13) Colorado Changes - Civil Union	L-734 NPP	(10/16) Exclusion-Specific Activities, Events or Conditions
IL0228	(09/07) Colorado Changes - Cancellation And Nonrenewal	L-744 NPP	(06/10) Blanket Additional Insured Endorsement
Jacket	(07/19) Policy Jacket	L-783 NPP	(07/18) Amendment of Liquor Liability Exclusion
L-224	(10/10) Punitive Or Exemplary Damages Exclusion	L-787	(05/13) Infringement Of Copyright, Patent, Trademark Or Trade Secret Endorsement
L-232s	(09/05) Classification Limitation Endorsement	LLQ-100	(07/06) Amendatory Endorsement
L-428	(10/08) Firearms Exclusion	LLQ-368	(08/10) Separation Of Insureds Clarification Endorsement
L-488 SSO	(02/11) Non-Owned and/or Hired Auto Liability	*TRIADN	(12/20) Disclosure Notice of Terrorism Insurance Coverage
**L-500	(12/17) Bodily Injury Exclusion - All Employees, Volunteer Workers, Temporary Workers, Casual Laborers, Contractors and Subcontractors		

For your convenience we have marked the endorsements that have changed for this coming term. Those marked with 1 asterisk (*) are new forms not previously included on this account. Those marked with 2 asterisks (**) are forms that have been on the policy, however have updated language.

Please contact us with any questions regarding the terminology used or the coverages provided.

****Read the quote carefully, it may not match the coverages requested****

SCHEDULE

SPONSORING ORGANIZATON GROUP NO.: SR2014MO-P-110591

SPONSORING ORGANIZATON INFORMATION:

Food For Thought Denver
3559 W. 44th Ave
Denver, CO 80211

Effective Date: September 29, 2021

Expiration Date: September 29, 2022

ELIGIBILITY:

All registered volunteers performing tasks as assigned by the Policyholder/Sponsoring Organization listed on the Activity Report on file with Us.

SCOPE OF COVERAGE:

Class

ALL

Insured Risk

Activity Coverage (IRACT068-MO)

Benefits

AD&D (ADSLPERC001)

AME (AME002-MO)

BENEFITS:

Accidental Death & Specific Loss (ADSLPERC001)

Loss of Life Principal Sum Amount	\$10,000.00
Single Specific Loss Principal Sum Amount	\$5,000.00
Double Specific Loss Principal Sum Amount	\$10,000.00
Loss Period	Loss within 180 Days of Injury

Medical Expense for Accident (AME002-MO) - Full Excess (TBFE004)

Maximum Benefit Amount	\$25,000.00 per Injury
Deductible Corridor	\$100.00 per Injury
Loss Period	Initial treatment received within 30 days of Injury
Benefit Period	Benefits payable for 52 weeks from accident date

Dental Expense

Maximum Benefit	100% of the Allowable Expense per tooth; Not to Exceed 100% of the Allowable Expense per Injury
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Orthopedic Appliances

Maximum Benefit	Not to Exceed 100% of the Allowable Expense per Injury
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Outpatient Physical Therapy Expense

Maximum Benefit	Not to Exceed 100% of the Allowable Expense per Injury
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PREMIUM: \$0.50 per participant (Volunteering 1-2 Days), \$3.00 per participant (Volunteering 6+ Days)

This plan has a non-refundable minimum premium of \$200.00 per policy year, which is fully earned on the date the coverage goes into effect.

GT 08/31/21 VG

MEMORANDUM OF COVERAGE

This Memorandum of Coverage is issued to the Direct Marketers Insurance Trust ("the Policyholder") under Master Policy SR2014MO-053172.

This Memorandum of Coverage is a legal contract between the Sponsoring Organization and Us. It is issued in consideration of payment of premiums.

The Memorandum of Coverage is issued in and will be interpreted by the laws of the State of Missouri without giving effect to the principles of conflicts of law of that State or any other state. Any part of this Memorandum of Coverage which is in conflict with the laws of the State of Missouri is changed to conform to the minimum requirements of that State's laws.

We agree to pay benefits subject to the terms, conditions, and limitations of this Memorandum of Coverage.

THIS IS A BLANKET LIMITED ACCIDENT ONLY MEMORANDUM OF COVERAGE.

READ IT CAREFULLY.

BENEFITS ARE NOT PAYABLE FOR LOSS DUE TO SICKNESS.

THIS MEMORANDUM OF COVERAGE IS NOT A MEDICARE SUPPLEMENT POLICY.

**If you are eligible for Medicare, review the Guide to Health Insurance for People
with Medicare available from Us.**

INSURED RISKS

Unless otherwise stated in the Schedule, We will pay benefits for a loss only once.

SPONSORED AND SUPERVISED ACTIVITY COVERAGE (IRACT068-MO)

We will pay the benefits in this Memorandum of Coverage for an Insured while:

- participating in a Sponsored and Supervised Activity;
- traveling as part of a group in transportation authorized or arranged by the Policyholder/Sponsoring Organization.

ELIGIBILITY FOR BENEFITS

ELIGIBILITY

Persons who are eligible to be an Insured under this Memorandum of Coverage are described in the Schedule. This includes persons who may become eligible while this Memorandum of Coverage is in force.

WHEN INSURANCE BEGINS

Insurance for an Insured begins on the later of:

- the Effective Date; or
- the day the Insured becomes eligible under the terms of this Memorandum of Coverage.

CHANGE IN COVERAGE

Any change in the Insured's coverage because of change of class as shown in the Schedule will become effective on the date of the change.

WHEN INSURANCE ENDS

Insurance for an Insured will end on the earliest of the date:

- the Insured is no longer eligible;
- the Insured enters full time active duty in any Armed Forces;
- any premium for the Insured is due and unpaid, subject to the Grace Period provision; or
- this Memorandum of Coverage is terminated.

Termination of insurance will not affect a claim incurred while coverage was in effect.

DESCRIPTION OF BENEFITS

ACCIDENTAL DEATH AND SPECIFIC LOSS BENEFIT (ADSLPERC001)

If an Insured suffers a loss listed below from an Accident within the Loss Period stated in the Schedule, We will pay the benefit opposite the Loss. If the Insured sustains more than one loss as the result of one Accident, We will pay only the largest benefit to which the Insured is entitled.

The Principal Sum is shown in the Schedule.