

STATE OF MICHIGAN
COURT OF CLAIMS

DAVID HOREIN, ET.AL.,

COC No. 23-000063-MM

Plaintiffs,

HON. JAMES ROBERT REDFORD

v

MICHIGAN DEPARTMENT OF HEALTH AND
HUMAN SERVICES,

CLASS ACTION SETTLEMENT
MOTION TO CERTIFY CLASS

Defendant.

CORRECTED EXHIBIT 1 TO SUPPLEMENTAL
BRIEFING IN SUPPORT OF PLAINTIFFS' UNOPPOSED
MOTION FOR FINAL APPROVAL

STATE OF MICHIGAN
COURT OF CLAIMS

DAVID HOREIN, ET.AL.,

COC No. 23-000063-MM

Plaintiffs,

HON. JAMES REDFORD

v

MICHIGAN DEPARTMENT OF HEALTH AND
HUMAN SERVICES,

CLASS ACTION SETTLEMENT
MOTION TO CERTIFY CLASS

Defendant.

Robin B. Wagner (P79408)
Michael L. Pitt (P24429)
Beth M. Rivers (P33614)
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Attorneys for Plaintiffs
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Michigan Law Center, PLLC
Attorney for Plaintiffs
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586-803-8500
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Attorneys for Defendant
Michigan Department of Attorney General
Health, Education & Family Services Division
P.O. Box 30758
Lansing, MI 48909
(517) 335-7603
giovanattin@michigan.gov
beachb@michigan.gov
hendleyt@michigan.gov

Nancy K. Chinonis P71350
Cline, Cline & Griffin
Attorney for Special Subclass
Representative Hawk Kennedy
503 S. Saginaw St.
Suite 1000
Flint, MI 48502
nchinonis@ccglawyers.com
(810) 600-4229

Supplemental Affidavit of Michele Fuller

I, Michele Fuller, do hereby swear and affirm as follows:

1. Article 5 of the CPT Institute Michigan Charities Pooled Trust Master Trust Agreement creates the role of a Beneficiary Advocate. The duties of a Beneficiary Advocate are

detailed in Section 5.4, in which the Beneficiary Advocate serves as a liaison between the Beneficiary and the Trustee and assists each party as may be required so the Beneficiary's best interests are served. The Beneficiary Advocate is named and appointed who, among other responsibilities, holds the "authority to obtain guidance, findings and assessments regarding the life care of the Trust Beneficiary," that is, the individual class member. For the 28 individuals with Next Friends, the parent, family member or guardian appointed as Next Friend fulfills this role.

2. For the 22 individuals who were represented in this process by the Guardian ad Litem, I propose the following process:

- a. There is one individual among these 22 who now lives at home with her mother who has indicated she is willing and able to serve as Beneficiary Advocate and signed the Acceptance of Beneficiary Advocate document.
- b. There are 19 individuals who are permanent or temporary wards of the State of Michigan, DHHS, MCI Division. I have nominated, and the parties agreed, that Charlene Distler, of Probate Support Specialists, LLC, serve as Beneficiary Advocate for these individuals. Charlene Distler is a well-regarded and experienced probate professional. She has served in leadership positions on the Michigan Guardianship Association counsel as well as the Governor's Elder Abuse Task Force. She is willing and able to as Beneficiary Advocate for these class members and liaise with the individuals and their caseworkers to ensure that they receive benefits from the pooled SNT.
- c. MDHHS has agreed to designate an appropriately knowledgeable official to provide Distler and her organization, Probate Support Specialists, LLC, with the available contact and placement information for each class member in this category.


MDHHS also agrees to provide Distler and Probate Support Specialists, LLC, as necessary, with authority to discuss with the class members in this category and/or their caseworkers the needs and best interests of the individual regarding additional therapies, technology, communication devices, entertainment, hobbies, or other unmet needs that could be addressed by that individual's trust funds.

- d. Distler and Probate Support Services have agreed to continue in their role as Beneficiary Advocate for the pooled SNT for each individual until the earlier date of 1) the depletion of an individual's funds in the pooled SNT, 2) that individual's 19th birthday, when they cease to be wards of the state, or 3) three years from the effective date of the Settlement Agreement. If three years or one of these individual's 19th birthday arrives and assets remain their pooled SNT sub-account, Distler and Probate Support Specialists will work with the individual to appoint a successor Beneficiary Advocate for the pooled SNT. In some situations, the beneficiary (class member) themselves may be able to serve in this role and in other situations Distler will apply her best judgment in nominating an individual known to the beneficiary and deemed able to serve in the role of Beneficiary Advocate.
3. There are two individuals in this group who are no longer minors and who have not been reached. I propose that the GAL Sanford Mall will himself or by engaging a private investigator, apply reasonable diligence to locate these individuals. If, by December 31, 2024, the GAL has exhausted his reasonable and diligent efforts and not been able to locate one or more of these seven class members, the award funds will be considered forfeit pursuant to ¶ 67 of the Settlement Agreement. If the GAL has located these individuals, he shall evaluate whether they can serve as their own Beneficiary Advocate for the pooled SNT or nominate an appropriate party

to serve in that role on their behalf. If neither of those options is possible, the Distler and Probate Support Specialists, LLC, will serve as the Beneficiary Advocate and execute the Joinder Agreement for the pooled SNT accordingly on behalf of the class member. If Distler and Probate Support Specialists, LLC, are needed to serve the role of Beneficiary Advocate for either of these two class members, they will do so until the earlier of 1) the depletion of that individual's funds in the pooled SNT or three years from the effective date of the Settlement Agreement. If after three years, assets remain in their pooled SNT sub-account, Probate Support Specialists, LLC, will work with the individual to appoint a successor Beneficiary Advocate for the pooled.

4. I have worked with Charlene Distler for many years and know her to be a person of integrity with deep understanding of the responsibilities and obligations of a fiduciary. She is well versed in the regulations governing public benefits and the workings of a pooled SNT to be able to competently represent the 19 to 21 Patient Plaintiff Class members for whom she would serve as Beneficiary Advocate. Ms. Distler's professional credentials and her proposal to serve as Beneficiary Advocate are attached hereto as Appendix A.

I have nothing further to declare.


Michele Fuller

Subscribed and sworn before me on
this 1st day of October, 2024

See attached

Denise Chacon, Notary Public

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California Alameda
County of _____)

On October 1, 2024 before me, Denise Chacon, notary public
(insert name and title of the officer)

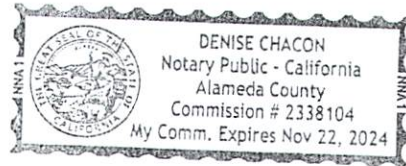
personally appeared Michele Fuller,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____

(Seal)



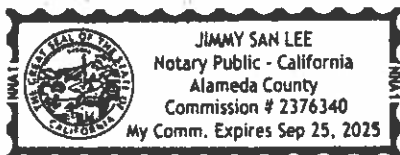
CALIFORNIA JURAT

GOVERNMENT CODE § 8202

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Alameda



Subscribed and sworn to (or affirmed) before me on
this 26 day of September, 2024, by
Date Month Year

(1) Michele Fuller

(and (2) _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to
be the person(s) who appeared before me.

Place Notary Seal and/or Stamp Above

Signature [Signature]
Signature of Notary Public

OPTIONAL

Completing this information can deter alteration of the document or
fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____



59 N. Walnut St., Ste 301
Mount Clemens, MI 48043
(586) 415-0136 Fax (586) 415-8001

www.probatesupport.net

September 26, 2024

Proposed Services as Beneficiary Advocate by Probate Support Specialists.

- ❖ Advocate for the best interests of possible 19-21 Trust Beneficiaries for Settlement Proceeds for a possible eleven year contract:
- ❖ Establish contact with pooled trust administrator; receipt proof of settlement proceeds to subaccounts; open file, create tracking and diary system; create ledger for each sub account; diary Prudent Investor Rule appointments for bi-annual review; review annual account of Trustee and address any concerns; assure that tax matters are addressed.
- ❖ Secure foster case manager's contact information; contact individual foster case worker for placement, foster care family and/or facility information, pertinent dynamics, court concerns, diagnoses (allergies), schooling, including IEP (if applicable) and establishing proofing for developmental disability, current transportation information, dreams, aspirations and goals.
- ❖ Introduction to children and foster care parent(s) and/or facility via Zoom, to develop rapport and acquire information about pertinent dynamics, court concerns, diagnoses, schooling, proof of developmental disability, transportation, dreams, aspirations and goals; encourage request for enhancement courses, supplemental programs, etc.; schedule bi-annual or quarterly appointments as necessitated by need.
- ❖ Review requests of trust beneficiary, foster parent, and or foster care worker for funds; facilitate discussion if needed; seek interpretation of request from attorney if needed.
- ❖ Strategic planning with foster care worker, trust beneficiary and attorney (if needed) for disbursement of funds to possible ABLE account and/or transition of funds to trust beneficiary upon reaching age of majority.
- ❖ Effective Date of Settlement: November 26, 2024, Probate Support Specialists, llc to receive Seventy – five Thousand Dollars (\$75,000.00) to perform these responsibilities for each of these individuals at a rate of One Hundred Twenty – Five Dollars (\$125.00) per hour; estimating five (5) hours each to establish files and relationships and another twenty (20) to twenty – five hours per individual over the 11 year period.

Respectfully submitted,

Charlene M. Distler
Probate Support Specialists, LLC



PROBATE
SUPPORT
SPECIALISTS

59 N. Walnut St., Ste 301
Mount Clemens, MI 48043
(586) 415-0136 Fax (586) 415-8001

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- ❖ Introduction to children and foster care parent(s) and/or facility via Zoom, to develop rapport and acquire information about pertinent dynamics, court concerns, diagnoses, schooling, proof of developmental disability, transportation, dreams, aspirations and goals; encourage request for enhancement courses, supplemental programs, etc.; schedule bi-annual or quarterly appointments as necessitated by need.
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Respectfully submitted,

A handwritten signature in blue ink, reading 'Charlene M. Distler'.

Charlene M. Distler
Probate Support Specialists, LLC

Curriculum Vitae of

CHARLENE M. DISTLER

*59 North Walnut, Suite 301
Mount Clemens, Michigan 48043
Office: (586) 415-0136
Fax: (586) 415-8001
charlene@probatesupport.net*

Professional Development:

PRESIDENT, PROBATE SUPPORT SPECIALISTS, LLC

August 2005 to present: Created and established an independent professional fiduciary contract company formed for the support of all courts and probate professionals, seeking additional resources to enhance client services. Thoroughly skilled in all areas of probate preparation, including decedent, guardianship, conservatorship estates, Annual Accountings, Creditor and Proofs of Claim issues, Real Estate, Probate Administration, Trust Administration, Guardian Reports, Medicaid Applications, advocacy, and appearance at CMH/Medicaid Appeal hearings, hearing preparation, heir search, client liaison, and professional contacts to expedite Medicaid, Social Security, and IRS matters.

Specializing as Special Needs Trustees, Trustees, Trust Directors, Trust Protectors, Durable and Health Care Powers of Attorney.

Additionally serving the unique appointments of Public Administrators offices and their appointments as Special Fiduciary for investigative purposes.

****Currently serving on the Attorney General's Senior Abuse Task Force, including guardianship reform.**

SUPERVISOR, MACOMB COUNTY GUARDIANSHIP PROGRAM

Creation and preparation of detailed reports, memos, forensic accountings and spreadsheets to facilitate criminal investigation; Assistant to Corporation Counsel during protracted settlement meetings and court hearings; Appearance at court on behalf of program, during hearings for Accountings, Annual Reports, Petitions, Case Evaluations, and Mediations. Re-organized program: streamlining reporting, clerical, case note management, tickler and bookkeeping systems; *Authored* guardianship manual; *Supervised* staff with all day-to-day operations; program closed after criminal investigation completed. (May 2003 to June 2005)

PROBATE PARALEGAL TO J. RUSSELL LABARGE, JR., PUBLIC ADMINISTRATOR

Drafting of all documents (petitions, briefs, annual accounts [with all proofing documents], annual reports, mediation, arbitration, facilitation summaries, Medicaid applications, Representative Payee Reports, real estate and tax matters); supervise financial matters on behalf of wards; legal research (both book and on-line); and management of part-time employees. *Direct contact person* for court-appointed wards and all matters relating to their well-being; responsible for *full investigation* of guardianship, conservatorship, trust and decedent estate matters; *liaison* to clients, wards' families, courts, tribunals, Social Service agencies, IRS, corporate entities; (June 1998 to May 2003)

MACOMB COMMUNITY COLLEGE

Co-teaching and Guest Lecturing with attorney/professor in area of probate specialty.
(Fall semester, 2002 to present)

MACOMB COUNTY PROBATE COURT CLERK

Wills and Estates Division

Conducted *information searches* for court, county personnel, corporate, and general public; *corresponded* with credit agencies; *researched* microfilm inquiries; *General clerical skills* utilized and enhanced; worked in collaboration with Probate Register and court staff to *create* the Legal Assistant's and Public Administrator's Sections of the Macomb County Probate Bar Association. (September 1996 to June 1998)

PARALEGAL TO DAVID D. TURFE (NOW HON.)

Drafted legal documents; *client liaison*; trial preparation; management of attorneys' court dockets; research; library updates (September 1994 to September 1996)

INTERN TO CHIEF COUNSEL, MACOMB COUNTY, FRANK KRYCIA

16th Judicial Circuit Court - Macomb County (Winter Semester, 1994)

Summation and tracking of all legal documents regarding an environmental action having 63 interested parties.

INTERN TO THE HONORABLE JOHN B. BRUFF

16th Judicial Circuit Court - Macomb County (Winter Semester, 1994)

Processed court docket; assistant to court clerk and secretary; updated video library; liaison to press during high profile murder trial.

Publications:

Michigan Lawyer's Weekly: [The Lawyer's Paralegal] *Every day can be like a roller coaster-here's how to make the ride smoother.* April 28, 2008]

Laches: *Career Development - The Adventure Continues*, April 2007

Bar Briefs: *Forcing Guardianship*, April 2002
Professionalism in the Workplace, May 2001

Education:

SCAO CERTIFIED MEDIATOR

State Court Administrator's 40-hour intensive training for Mediation skill building.

Training completed: September 2004, certification completed: April 2005.

Domestic Relations and Domestic Violence, advanced training completed March 2006.

MACOMB COUNTY COMMUNITY COLLEGE

Associate of General Studies, Magna Cum Laude, with concentration in law, May 2005.

Seminars/CLEs:

Plenary Presenter, *Changes in Guardianship*, ELDERS 2024 Fall Conference, October

Presenter, *Michigan Guardianship Association (MGA) Guardianship 201*, Spring Conference, April 2019. **

Attendee, *State Bar Section Conference – Elder Law and Disability Rights Section*, all conferences attended since 2014.

Presenter, *Michigan Guardianship Association (MGA) – Guardianship 101*, Fall Conference, October 2016**

Attendee, *Medicaid Bootcamp*, October 2018, Special Breakout Session.

Michigan Guardianship Association (MGA), Summer Conference, June 2014, Co-chair, Educational Committee. **

Michigan Guardianship 2013 Spring Conference, Various breakout sessions for updates on all aspects of public guardianship. **

Medicaid Boot Camp, January 28, 2023, Novi, Michigan. Dave Schaltz, Sandy Mall and Michele Fuller, presenters: Update on all things Medicaid.

Presenter, *State Bar of Michigan*, September 18, 2008, Dearborn, Michigan
Improving Your Verbal Communication Skills-An Interactive Session

Presenter, *Institute for Paralegal Education*, November 2011
The Probate Process from Start to Finish for Paralegals

Presenter, 4th ICLE Annual Solo & Small Firm Institute & State Bar of Michigan, September 2007: *Client Relations for Legal Assistants*

Presenter, AARP Sponsored, Macomb Community College, September 14, 2007
Work at 50+ - A New Age of Possibility & Purpose

Train the Trainer – Social Security Prescription Drug Programs

Case Notes and Time Slipping-The Proper Way! **

*Medicaid Applications, The Legal Assistant's Point of View***

*Protection Issues for Legally Incapacitated Individuals***

*Trust Administration for the Legal Assistant***

Attorney General: Public Administration & Charitable Trust Divisions **

Michigan Probate: Beyond the Basics (CLE)

*Supervised and Informal Estates for the Legal Assistant***

**I developed and implemented these seminars for the benefit of various organizations.

Associations:

Treasurer, Michigan Guardianship Association, Vice – Chair Educational Committee
Vice Chair, Macomb County Probate Bar Association/Paralegal Section
Past Chair, Macomb County Bar Association/Paralegal Section
Member, Oakland County Bar Association, Paralegal Section
Member, Women’s Small Business Association, Metro Chapter
Member, Macomb Community College, Legal Assistant Technology Advisory Board
Member, Baker College, Paralegal Advisory Board
Past-President, Macomb Community College/Student Legal Assistant Association
Recipient of the Women's Economic Club of Detroit Student Recognition Award

Notary Public: County of Macomb, State of Michigan, Expires: July 14, 2024.

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
FILING ENDORSEMENT

This is to Certify that the 2024 ANNUAL STATEMENT

for

PROBATE SUPPORT SPECIALISTS, LLC

ID Number: 801330874

received by electronic transmission on December 20, 2023 ***, is hereby endorsed.***

Filed on December 20, 2023, ***by the Administrator.***

The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 20th day of December, 2023.

Linda Clegg

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

MICHIGAN DEPARTMENT OF LABOR & ECONOMIC GROWTH BUREAU OF COMMERCIAL SERVICES

Date Received	(FOR BUREAU USE ONLY)		
	FILED		
	This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.		
Name	Charlene M. Tope Bureau of Commercial Services		
Address	32089 Williamsburg Drive		
City	State	Zip Code	
St. Clair Shores	MI	48082	
EFFECTIVE DATE			

AUG 09 2005

 Tran Info: 10888983-1 07/28/05
 Chk#: 4828 Amt: \$50.00
 ID: CHARLENE M TOPE

Document will be returned to the name and address you enter above.
 If left blank document will be mailed to the registered office.

ARTICLES OF ORGANIZATION

For use by Domestic Limited Liability Companies

(Please read information and instructions on last page)

Pursuant to the provisions of Act 23, Public Acts of 1993, the undersigned execute the following Articles:

B 2614 X

ARTICLE I

The name of the limited liability company is: Probate Support Specialists, LLC

ARTICLE II

The purpose or purposes for which the limited liability company is formed is to engage in any activity within the purposes for which a limited liability company may be formed under the Limited Liability Company Act of Michigan.

ARTICLE III

The duration of the limited liability company if other than perpetual is: _____

ARTICLE IV

1. The street address of the location of the registered office is:

32089 Williamsburg Drive, St. Clair Shores, Michigan 48082
(Street Address) (City) (ZIP Code)

2. The mailing address of the registered office if different than above:

_____, Michigan _____
(Street Address or P.O. Box) (City) (ZIP Code)

3. The name of the resident agent at the registered office is: Charlene M. Tope

ARTICLE V (Insert any desired additional provision authorized by the Act; attach additional pages if needed.)

Signed this 22 day of July, 2005

By Charlene M. Tope as President
(Signature(s) of Organizer(s))


Charlene M. Tope, President

(Type or Print Name(s) of Organizer(s))

X

 **IRS** DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

000372.212761.0003.001 1 MB 0.309 695
[Barcode]


PROBATE SUPPORT SPECIALISTS LLC
TOPE CHARLENE SINGLE MBR
32089 WILLIAMSBURG DR
ST CLAIR SHORES MI 48082

00372

Date of this notice: 08-08-2005

Employer Identification Number:
20-3184774

Form: SS-4

Number of this notice: CP 575 E

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an EIN. We assigned you EIN 20-3184774. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label IRS provided. If that isn't possible you should use your EIN and complete name and address shown above on all federal tax forms, payments and related correspondence. If this information isn't correct, please correct it using the tear off stub from this notice. Return it to us so we can correct your account. If you use any variation of your name or EIN, doing so could cause a delay in processing and may result in incorrect information in your account. Doing so could result in our assigning you more than one EIN.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records.
 - * Use this EIN and your name exactly as they appear on all your federal tax forms.
 - * Refer to this EIN on your tax related correspondence and documents.
- Thank you for your cooperation.

COPY

LARA Corporations
Online Filing System
Department of Licensing and Regulatory Affairs

Form Revision Date 07/2016

ANNUAL STATEMENT
For use by DOMESTIC LIMITED LIABILITY COMPANY
(Required by Section 207, Act 23, Public Act of 1993)

Identification Number: 801330874

Annual Statement Filing Year: 2024

1. Limited Liability Company Name:

PROBATE SUPPORT SPECIALISTS, LLC

2. The street address of the limited liability company's registered office and name of the resident agent at that office:

1. Resident Agent Name: CHARLENE M. DISTLER

2. Street Address: 36333 HARPER AVE

Apt/Suite/Other:

City: CLINTON TWP

State: MI

Zip Code: 48035

3. Mailing address of the registered office:

P.O. Box or Street Address: 3603 E 14 MILE ROAD

Apt/Suite/Other:

City: STERLING HEIGHTS

State: MI

Zip Code: 48310

This annual statement must be signed by a member, manager, or an authorized agent.

Signed this 20th Day of December, 2023 by:

Signature	Title	Title if "Other" was selected
Charlene M. Distler	Member	

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.

☐ Decline ☒ Accept



HANOVER

Miscellaneous Advantage

Professional Liability Insurance

Declarations Page

NOTICE: THIS POLICY IS A CLAIMS-MADE POLICY. PLEASE READ THE POLICY CAREFULLY.

Policy Number

LHB H263943 04

The Hanover Insurance Company

440 Lincoln Street
Worcester, MA 01653
(A Stock Insurance Company, herein called the **Insurer**)

Issue Date 03/19/2024

Item 1. NAMED INSURED AND ADDRESS

Probate Support Specialist LLC
36333 Harper Ave.
Clinton Twp, MI 48035

Item 2. POLICY PERIOD

Inception Date: 05/18/2024 Expiration Date: 05/18/2025
(12:01 AM standard time at the address shown in Item 1.)

Item 3. LIMIT OF LIABILITY

- a. \$500,000 for each **Claim**; not to exceed
- b. \$500,000 for all **Claims** in the Aggregate

Item 4. SUBLIMITS OF LIABILITY

Privacy and Security
Liability Coverage

- a. \$0 for each **Claim**; not to exceed
- b. \$0 for all **Claims** in the Aggregate

Item 5. DEDUCTIBLE

- a. \$2,500 each **Claim**
- b. N/A for all **Claims** in the Aggregate

Item 6. SUPPLEMENTAL COVERAGE LIMIT AND DEDUCTIBLE

	LIMIT	DEDUCTIBLE
Disciplinary Proceedings Coverage	\$25,000 per Insured / \$50,000 for all Insureds	\$0
Subpoena Assistance	\$25,000 in the Aggregate	\$0
Crisis Event Expense	\$25,000 per Event / \$50,000 in the Aggregate	\$0
Reputation Protection Expense	\$15,000 in the Aggregate	\$0
Withheld Client Fee Assistance	\$25,000 in the Aggregate	\$0
Nonprofit Directors and Officers Expense	\$10,000 in the Aggregate	\$0

Declarations Page

Item 7. PROFESSIONAL SERVICES

Paralegal Services

Item 8. RETROACTIVE DATE

05/18/2020

Item 9. PREMIUM FOR THE POLICY PERIOD

\$2,707.00

Total Premium:

\$2,707.00

Item 10. ENDORSEMENTS EFFECTIVE AT INCEPTION: See Schedule of Forms attached.

Item 11. NOTICE TO INSURER

Report a claim to the Company as required by Section G. Duties in the Event of Claim(s) or Potential Claim(s) to:

The Hanover Insurance Company
440 Lincoln Street
Worcester, MA 01653

National Claims Telephone Number: 800-628-0250. For Cyber Claims: 800-385-5271

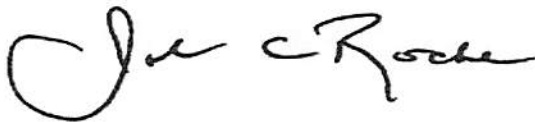
Facsimile: 800-399-4734

Email: firstreport@hanover.com For Cyber Claims: Cyberclaims@hanover.com

Agent on behalf of:

DUDEK INSURANCE AGENCY GROUP INC
36120 GREEN ST
NEW BALTIMORE, MI 48047
0201373

We have caused this Policy to be signed by our President and Secretary and countersigned where required by a duly authorized agent of the Company.



John C. Roche, President



Charles F. Cronin, Secretary