

**DECLARATIONS
 TECHNOLOGY PROFESSIONAL AND CYBER ADVANTAGE POLICY
 SHARED AGGREGATE LIMIT**

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

CLAIMS-MADE NOTICE

THIS POLICY PROVIDES COVERAGE ON A CLAIMS-MADE BASIS. SUBJECT TO ITS TERMS, THIS POLICY APPLIES ONLY TO "CLAIMS" FIRST MADE AGAINST "YOU" DURING THE "POLICY PERIOD", AUTOMATIC EXTENDED REPORTING PERIOD OR ANY PURCHASED OPTIONAL EXTENDED REPORTING PERIOD THAT MAY APPLY. PLEASE READ THE POLICY CAREFULLY TO DETERMINE RIGHTS, DUTIES, COVERAGE AND COVERAGE RESTRICTIONS.

"CLAIM EXPENSE" WITHIN LIMITS NOTICE

THIS CLAIMS-MADE POLICY PROVIDES FOR "CLAIM EXPENSE" PAYABLE WITHIN, AND NOT IN ADDITION TO, THE LIMITS OF INSURANCE. "CLAIM EXPENSE" WILL REDUCE AND MAY EXHAUST THE LIMIT OF INSURANCE, AND WILL BE APPLIED AGAINST THE RETENTION. IN THE EVENT THAT THE LIMIT OF INSURANCE IS EXHAUSTED, WE SHALL NOT BE LIABLE FOR "CLAIM EXPENSE", JUDGMENTS OR SETTLEMENTS IN EXCESS OF THE APPLICABLE LIMIT.

Named Insured and Address:	C PLUS ELECTRONICS, INC 14731 FRANKLIN AVE STE A TUSTIN, CA 92780-7221
Legal Entity:	Corporation

Policy Number: LH3 H954359 02	Policy Period From: 03/05/2024 To: 03/05/2025 12:01 A.M. Standard Time at the address of the First Named Insured as stated herein	Agent Name, Address and Code: LBW INSURANCE & FINANCIAL 28055 SMYTH DRIVE VALENCIA, CA 91355 1001629
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Underwriting Company: The Hanover Insurance Company Address: 440 Lincoln Street Worcester, MA 01653

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

Item 1: Notice of a Claim

Report any Claim or potential Claim to the Company's Dedicated Technology Claim Contact as required by SECTION V – CONDITIONS

E-mail: TechCIm@hanover.com
Phone: 888-357-9186
Fax: 508-926-4633