

MEMORANDUM OF CLUB LIABILITY INSURANCE

|   |               |           |   |             |
|---|---------------|-----------|---|-------------|
| Coverage is provided in the: HANOVER INSURANCE COMPANY            |               |           |   |             |
| POLICY NUMBER   | POLICY PERIOD |           |   | AGENCY CODE |
|   | FROM          | TO        |   |             |
| RSC21344  | 4/13/2023     | 4/13/2024 | AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN BELOW.                    |             |
| NAMED INSURED AND MAILING ADDRESS                                 |               |           | AGENT   |             |
| HamWAN Memphis Metro, inc<br>420 N McNeil St<br>Memphis TN, 38112 |               |           | RISK STRATEGIES COMPANY<br>333 W. WACKER DRIVE<br>SUITE 1200<br>CHICAGO, IL 60606 |             |

|   |           |
|---|-----------|
| Form of Business:<br>AMERICAN RADIO RELAY LEAGUE- RADIO CLUB LIABILITY  |           |
| IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY. THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PART(S) FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT. |           |
|   | PREMIUM   |
| Commercial Property Coverage Part   | \$ _____  |
| Commercial General Liability Coverage Part  | \$ 200.00 |
| Commercial Crime Coverage Part  | \$ _____  |
| Commercial Inland Marine Coverage Part  | \$ _____  |
| Boiler and Machinery coverage part  | \$ _____  |
| Commercial Auto Coverage Part   | \$ _____  |
| PREMIUM<br>The total premium of \$ 200.00 is due at inception   |           |
| Form(s) and Endorsement(s) applicable to all Coverage Part(s) and made a part of this policy at time of issue:<br>401-1127 01/08, 401-1135 01/08, IL 0003 09/08, IL0017 11/98, IL0022 05/87, IL0140 11/05, IL0260 09/07, SIG1100 08/14  |           |

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| LIMITS OF INSURANCE  |              |
| General Aggregate Limit (Other Than Products Completed Operations) | \$ 2,000,000 |
| Products Completed Operations Aggregate Limit                      | \$ 2,000,000 |
| Personal and Advertising Injury Limit                              | \$ 1,000,000 |
| Each Occurrence Limit  | \$ 1,000,000 |
| Fire Damage Limit (Any One Fire)                                   | \$ 100,000   |
| Medical Expense Limit (Any One Person)                             | \$ 10,000    |

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART COVERAGE

FORM(S) AND  
FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE  
NUMBERED POLICY.