NDO1601932
Renewal of Number

POLICY DECLARATIONS

No. NDO1601932A

*** RENEWAL CERTIFICATE ***

United States Liability Insurance Company

1190 Devon Park Drive, Wayne, Pennsylvania 19087

A Member Company of United States Liability Insurance Group

Customer Copy
Direct Bill Policy
Service Center Policy

NAMED INSURED AND ADDRESS:

WHEELCARE HEALTH INC.
1504 TWISTED OAK DR
RESTON, VA 20194

POLICY PERIOD: (MO. DAY YR.) From: 09/23/2026 To: 09/23/2027

12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

BUSINESS DESCRIPTION: Non-Profit Management Liability

IN CONSIDERATION OF THE RENEWAL PREMIUM STATED BELOW, EXPIRING POLICY NUMBER NDO1601932 IS RENEWED FOR THE POLICY PERIOD STATED ABOVE. PLEASE ATTACH THIS RENEWAL CERTIFICATE TO YOUR EXPIRING POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED.

	PREMIUM
Non Profit Management Liability Coverage Parts	$698.00
TOTAL:	**$698.00**

Coverage Form(s) and Endorsement(s) made a part of this policy at time of issue

See Endorsement EOD (1/95)

Agent: **USAA INSURANCE AGENCY, INC. (6458)**
9800 Fredericksburg Rd.
San Antonio, TX 78288

Issued: **08/25/2026 12:58 PM**

By: Thomas P. Kenney
Authorized Representative

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE PART COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

EXTENSION OF DECLARATIONS

Policy No. NDO1601932A

Effective Date: **09/23/2026**
12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS

FORMS AND ENDORSEMENTS

The following forms apply to the Management Liability coverage part

Endt#	*Revised*	*Description of Endorsements*
DO-100	05/17	Directors and Officers Coverage Part
DO-207	05/17	Failure to Maintain Insurance Exclusion
DO-232	05/17	Product Liability Exclusion
DO-283	11/17	Data and Security Plus Endorsement
DO-314	03/21	Biometric Information Exclusion
* DO-316	12/25	Pollutants, Communicable Disease, Infectious Agent, Mold, Silica, Perfluoroalkyl and Polyfluoroalkyl Substances (Pfas), Asbestos and Lead Exclusion
DO-GTC	05/17	General Terms and Conditions
DO-VA	12/18	Virginia State Amendatory Endorsement
Jacket	07/19	Policy Jacket
VA Disclosure Notice	01/21	Virginia Disclosure Notice
VA Notice	01/21	Virginia Notice

Endorsements marked with an asterisk (*) have been added to this policy or have a new edition date and are attached with this certificate.

NON PROFIT MANAGEMENT LIABILITY COVERAGE PART DECLARATIONS

PLEASE READ YOUR POLICY CAREFULLY.

THIS IS A CLAIMS MADE POLICY COVERAGE FORM AND UNLESS OTHERWISE PROVIDED HEREIN, THE COVERAGE OF THIS FORM IS LIMITED TO LIABILITY FOR CLAIMS FIRST MADE DURING THE POLICY PERIOD, OR THE EXTENSION PERIOD, IF APPLICABLE. DEFENSE COSTS SHALL BE APPLIED AGAINST THE RETENTION.

No. NDO1601932A

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ITEM I. PARENT ORGANIZATION AND PRINCIPAL ADDRESS

WHEELCARE HEALTH INC.
1504 TWISTED OAK DR
RESTON, VA 20194

ITEM II. POLICY PERIOD: (MM/DD/YYYY) From: 09/23/2026 To: 09/23/2027

Non Profit Directors and Officers Liability Coverage Part

ITEM III. LIMITS OF LIABILITY

a. Non Profit Directors & Officers	$1,000,000	EACH CLAIM
b. Non Profit Directors & Officers	$1,000,000	IN THE AGGREGATE

ITEM IV. RETENTION:	$0	EACH CLAIM
ITEM V. PREMIUM:	$698	
RETROACTIVE DATE:	Full Prior Acts	
PRIOR OR PENDING LITIGATION	09/23/2025	

Employment Practices Liability Coverage Part

ITEM III. LIMITS OF LIABILITY

a. Employment Practices	NOT COVERED
b. Employment Practices	
ITEM IV. RETENTION:	NOT COVERED
ITEM V. PREMIUM:	NOT COVERED

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

NON PROFIT MANAGEMENT LIABILITY COVERAGE PART DECLARATIONS

PLEASE READ YOUR POLICY CAREFULLY.

THIS IS A CLAIMS MADE POLICY COVERAGE FORM AND UNLESS OTHERWISE PROVIDED HEREIN, THE COVERAGE OF THIS FORM IS LIMITED TO LIABILITY FOR CLAIMS FIRST MADE DURING THE POLICY PERIOD, OR THE EXTENSION PERIOD, IF APPLICABLE. DEFENSE COSTS SHALL BE APPLIED AGAINST THE RETENTION.

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Fiduciary Liability Coverage Part

ITEM III. LIMITS OF LIABILITY

a. Fiduciary Liability	NOT COVERED
ITEM IV. RETENTION:	NOT COVERED
ITEM V. PREMIUM:	NOT COVERED

ITEM VI. Coverage Form(s)/Part(s) and Endorsement(s) made a part of this policy at time of issue:

See Endorsement EOD (01/95)