



<Brand Name>

**EMPLOYMENT PRACTICES LIABILITY
DECLARATIONS**

POLICY NO. XXXXXXXXXXXX

**Travelers Casualty and Surety Company of America
Hartford, Connecticut**
(A Stock Insurance Company, herein called the Company)

THE LIABILITY COVERAGES ARE WRITTEN ON A CLAIMS-MADE BASIS. THE LIABILITY COVERAGES COVER ONLY CLAIMS FIRST MADE AGAINST INSURED DURING THE POLICY PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY SETTLEMENTS OR JUDGMENTS WILL BE REDUCED BY DEFENSE EXPENSES, AND DEFENSE EXPENSES WILL BE APPLIED AGAINST THE RETENTION. THE COMPANY HAS NO DUTY TO DEFEND ANY CLAIM UNLESS DUTY-TO-DEFEND COVERAGE HAS BEEN SPECIFICALLY PROVIDED HEREIN.

ITEM 1	NAMED INSURED: <named insured> D/B/A: <name of d/b/a> Principal Address: <address>
ITEM 2	POLICY PERIOD: Inception Date: <date> Expiration Date: <date> 12:01 A.M. standard time both dates at the Principal Address stated in ITEM 1.
ITEM 3	ALL NOTICES OF CLAIM OR LOSS MUST BE SENT TO THE COMPANY BY EMAIL, FACSIMILE, OR MAIL AS SET FORTH BELOW: <Email: BSIClaims@travelers.com> <Fax: 1-888-460-6622> <Mail: Travelers Bond & Specialty Insurance Claim P.O. Box 2989 Hartford, CT 06104-2989 Overnight Mail: Travelers Bond & Specialty Insurance Claim One Tower Square, S202A Hartford, CT 06183> <For questions related to claim reporting or handling, please call 1-800-842-8496.>
ITEM 4	COVERAGE INCLUDED AS OF THE INCEPTION DATE IN ITEM 2: Employment Practices Liability

ITEM 5	<p>Only those coverage features marked "<input checked="" type="checkbox"/> Applicable" are included in this policy.</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p style="text-align: center;">EMPLOYMENT PRACTICES LIABILITY</p> <p>Limit of Liability: \$<amount> for all Claims</p> <p>Third Party Claim Coverage: <input type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable</p> <p>Additional Defense Coverage: <input type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable</p> <p>Additional Defense Limit of Liability: \$<amount> for all Claims</p> <p>Retention: \$<amount> for each Claim under Insuring Agreement A. \$<amount> for each Claim under Insuring Agreement B., if applicable.</p> <p>Prior and Pending Proceeding Date: Claims for Wrongful Employment Practices: <date> Claims for Third Party Wrongful Acts: <date></p> <p>Continuity Date: Claims for Wrongful Employment Practices: <date> Claims for Third Party Wrongful Acts: <date></p> </div>
ITEM 6	<p>PREMIUM FOR THE POLICY PERIOD:</p> <p>\$<amount> Policy Premium</p> <p>\$<amount> Annual Installment Premium</p>
ITEM 7	<p>TYPE OF LIABILITY COVERAGE:</p> <p><input type="checkbox"/> Reimbursement</p> <p><input type="checkbox"/> Duty-to-Defend</p> <p>Only the type of liability coverage marked "<input checked="" type="checkbox"/>" is included in this policy.</p>
ITEM 8	<p>LIABILITY COVERAGE EXTENDED REPORTING PERIOD:</p> <p>Additional Premium Percentage: <percentage> %</p> <p>Additional Months: <number of months></p> <p>(If exercised in accordance with section III. CONDITIONS O. EXTENDED REPORTING PERIOD of the Liability Coverage Terms and Conditions)</p>

ITEM 9	LIABILITY COVERAGE RUN-OFF EXTENDED REPORTING PERIOD: Additional Premium Percentage: <percentage>% Additional Months: <number of months> (If exercised in accordance with section III. CONDITIONS K. CHANGE OF CONTROL of the Liability Coverage Terms and Conditions)
ITEM 10	ANNUAL REINSTATEMENT OF THE LIABILITY COVERAGE LIMIT OF LIABILITY: <input type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable Only those coverage features marked " <input checked="" type="checkbox"/> Applicable" are included in this policy.
ITEM 11	FORMS AND ENDORSEMENTS ATTACHED AT ISSUANCE: <form number/edition date> <form number/edition date> <form number/edition date> <form number/edition date> <form number/edition date> <form number/edition date> <form number/edition date> <form number/edition date>

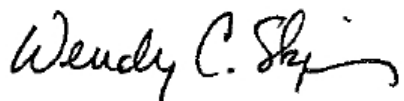
THE DECLARATIONS, THE APPLICATION, THE LIABILITY COVERAGE TERMS AND CONDITIONS, THIS LIABILITY COVERAGE, AND ANY ENDORSEMENTS ATTACHED THERETO, CONSTITUTE THE ENTIRE AGREEMENT BETWEEN THE COMPANY AND THE INSURED.

Countersigned By

IN WITNESS WHEREOF, the Company has caused this policy to be signed by its authorized officers.



President, Bond & Specialty Insurance



Corporate Secretary