



**<Brand Name>**  
**DESIGNATED BENEFIT PLAN**  
**FIDUCIARY LIABILITY COVERAGE**  
**DECLARATIONS**

POLICY NO. XXXXXXXXXXXX

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

**THIS LIABILITY COVERAGE IS WRITTEN ON A CLAIMS-MADE BASIS. THIS LIABILITY COVERAGE COVERS ONLY CLAIMS FIRST MADE AGAINST INSUREDS 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.**

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

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| <b>ITEM 5</b> | <p>Only those coverage features marked "<input checked="" type="checkbox"/> Applicable" are included in this <b>Policy</b>.</p> <div style="border: 1px solid black; padding: 10px;"> <p style="text-align: center;"><b>DESIGNATED BENEFIT PLAN FIDUCIARY LIABILITY COVERAGE</b></p> <p><b>Limit of Liability:</b>            \$&lt;amount&gt;    for all <b>Claims</b></p> <p><b>Settlement Program Limit of Liability</b> \$&lt;amount&gt;            for each <b>Settlement Program Notice</b>, which amount is included within, and not in addition to, any applicable limit of liability</p> <p><b>HIPAA Limit of Liability</b>    \$&lt;amount&gt;            which amount is included within, and not in addition to, any applicable limit of liability</p> <p><b>502(c) Penalties Limit of Liability</b>                                \$&lt;amount&gt;            which amount is included within, and not in addition to, any applicable limit of liability</p> <p><b>Additional Defense Coverage:</b>    <input type="checkbox"/> Applicable    <input type="checkbox"/> Not Applicable</p> <p><b>Additional Defense Limit of Liability:</b>                                \$&lt;amount&gt;            for all <b>Claims</b></p> <p><b>Retention:</b>    \$&lt;amount&gt;            for each <b>Claim</b> under Insuring Agreement A</p> <p><b>Prior and Pending Proceeding Date:</b>                                &lt;date&gt;</p> <p><b>Continuity Date:</b>    &lt;date&gt;</p> </div> |
| <b>ITEM 6</b> | <p><b>PREMIUM FOR THE POLICY PERIOD:</b></p> <p>\$&lt;amount&gt; Policy Premium</p> <p>\$&lt;amount&gt; Annual Installment Premium</p>  |
| <b>ITEM 7</b> | <p><b>TYPE OF COVERAGE:</b></p> <p><input type="checkbox"/> Reimbursement</p> <p><input type="checkbox"/> Duty-to-Defend</p> <p>Only the type of coverage marked "<input checked="" type="checkbox"/>" is included in this <b>Policy</b>.</p>   |
| <b>ITEM 8</b> | <p><b>EXTENDED REPORTING PERIOD:</b></p> <p>Additional Premium Percentage:            &lt;percentage&gt;%</p> <p>Additional Months:    &lt;number of months&gt;</p> <p>(If exercised in accordance with section <b>V. CONDITIONS, M. EXTENDED REPORTING PERIOD</b>, of the Designated Benefit Plan Fiduciary Liability Coverage)</p>  |

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

**THE DECLARATIONS, THE APPLICATION, THE DESIGNATED BENEFIT PLAN FIDUCIARY LIABILITY COVERAGE, AND ANY ENDORSEMENTS ATTACHED THERETO, CONSTITUTE THE ENTIRE AGREEMENT BETWEEN THE COMPANY AND THE INSURED.**

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Countersigned By

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

  
President, Bond & Specialty Insurance

  
Corporate Secretary