



<Brand>

HEALTH CARE ORGANIZATION
EMPLOYMENT PRACTICES LIABILITY
DECLARATIONS

POLICY NO. <Policy Number>

Travelers Casualty and Surety Company of America
Hartford, Connecticut 06183-9062
(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:**
<name>

D/B/A:
<name of d/b/a>

Principal Address:
<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 CLAIMS OR LOSS TO THE COMPANY MUST BE ADDRESSED TO:**

<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:**

Health Care Organization Employment Practices Liability

ITEM 5 Only those coverage features marked " Applicable" are included in this policy.

Health Care Organization Employment Practices Liability

Limit of Liability: \$<amount> for all **Claims**

Third Party Wrongful Act Coverage: Applicable Not Applicable

Additional Defense Coverage: Applicable Not Applicable

**Additional Defense
Limit of Liability:**

\$<amount> for all **Claims**

Retention:

\$<amount> for each **Claim** under Insuring Agreement A.
\$<amount> for each **Claim** under Insuring Agreement B., if applicable.

**Prior and Pending
Proceeding Date:**

Claims for Wrongful Employment Practices: <date>
Claims for Third Party Wrongful Acts: <date>

Continuity Date:

Claims for Wrongful Employment Practices: <date>
Claims for Third Party Wrongful Acts: <date>

ITEM 6 **PREMIUM FOR THE POLICY PERIOD:**

\$<amount>

\$<amount> Annual Installment Premium if ITEM 10 below is applicable

ITEM 7 **TYPE OF LIABILITY COVERAGE:**

Reimbursement

Duty-to-Defend

Only the type of liability coverage marked "" is included in this policy.

ITEM 8 **LIABILITY COVERAGE EXTENDED REPORTING PERIOD:**

Additional Premium Percentage: <percentage>%

Additional Months: <number of months>

(If exercised in accordance with Section III. CONDITIONS O. EXTENDED REPORTING PERIOD of the Liability Coverage Terms and Conditions)

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:**

Applicable

Not Applicable

Only those coverage features marked " Applicable" are included in this policy.

ITEM 11 **FORMS AND ENDORSEMENTS ATTACHED AT INCEPTION:**

<form attached>

<form attached>

<form attached>

<form attached>

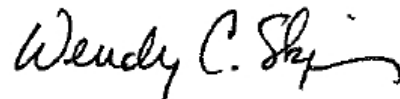
The Declarations, the **Application**, the Liability Coverage Terms and Conditions, each purchased **Liability Coverage**, as set forth in ITEM 4 of the Declarations, and any endorsements attached thereto, constitute the entire agreement between the Company, the entity named in ITEM 1 of the Declarations, and any **Insured**.

Countersigned By
(where applicable)

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



President, Bond & Specialty Insurance



Corporate Secretary

Specimen