

NON-PROFIT ORGANIZATION DIRECTORS AND OFFICERS LIABILITY DECLARATIONS

POLICY NO. XXXXXXXXXX

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 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.

cnamed insured>
N/D/A
D/B/A: name of d/b/a>
Principal Address:
POLICY PERIOD:
nception Date: <date> Expiration Date: <date> 2:01 A.M. standard time both dates at the Principal Address stated in ITEM 1.</date></date>
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> Exact 1-888-460-6622> EMail: 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> EFor questions related to claim reporting or handling, please call 1-800-842-8496.>
COVERAGE INCLUDED AS OF THE INCEPTION DATE IN ITEM 2: Non-Profit Organization Directors and Officers Liability

ITEM 5	Only those coverage features marked " Applicable" are included in this policy.			
	NON-PROFIT ORGANIZATION DIRECTORS AND OFFICERS LIABILITY			
	Limit of Liability:	\$ <amount></amount>	for all Claims	
	Additional Defense Coverage:	☐ Applicable	☐ Not Applicable	
	Additional Defense Limit of Liability:	\$ <amount></amount>	for all Claims	
	Retention:	\$ <amount> \$<amount> \$<amount></amount></amount></amount>	for each Claim under Insuring Agreement A. for each Claim under Insuring Agreement B. for each Claim under Insuring Agreement C.	
	Prior and Pending Proceeding Date:	<date></date>		
	Continuity Date:	<date></date>		
ITEM 6	PREMIUM FOR THE POLICY PERIOD:			
	\$ <amount> Policy Premium</amount>			
	\$ <amount> Annual Installment Pren</amount>	mium		
ITEM 7	TYPE OF LIABILITY COVERAGE:			
	Reimbursement			
	☐ Duty-to-Defend			
	Only the type of liability coverage ma	liability coverage marked "⊠" is included in this policy.		
ITEM 8	LIABILITY COVERAGE EXTENDED REPORTING PERIOD:			
	Additional Premium Percentage:	<percentage>%</percentage>		
	Additional Months:	<number months<="" of="" th=""><th>3></th></number>	3>	
	(If exercised in accordance with sect Liability Coverage Terms and Condit	e with section III. CONDITIONS , O. EXTENDED REPORTING PERIOD of the and Conditions)		
ITEM 9	LIABILITY COVERAGE RUN-OFF EXTENDED REPORTING PERIOD:			
	Additional Premium Percentage:	<percentage>%</percentage>		
	Additional Months:	<number months="" of=""></number>		
	(If exercised in accordance with sect Coverage Terms and Conditions)	ion III. CONDITIONS	, K. CHANGE OF CONTROL of the Liability	
ITEM 10	ANNUAL REINSTATEMENT OF THE LIABILITY COVERAGE LIMIT OF LIABILITY:			
	☐ Applicable			
	☐ Not Applicable			
	Only those coverage features marked " \boxtimes Applicable" are included in this policy.			

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

JNOP. KK

Corporate Secretary