



_____,
a stock insurance company, herein
called the Insurer

(insert name of product)

NON PROFIT ORGANIZATION

DECLARATIONS

Policy Number:

NOTICE: THE LIABILITY COVERAGE PARTS SCHEDULED IN ITEM 5 OF THE DECLARATIONS PROVIDE CLAIMS MADE COVERAGE. EXCEPT AS OTHERWISE SPECIFIED HEREIN: COVERAGE APPLIES ONLY TO A CLAIM FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD AND WHICH HAS BEEN REPORTED TO THE INSURER IN ACCORDANCE WITH THE APPLICABLE NOTICE PROVISIONS. COVERAGE IS SUBJECT TO THE INSURED'S PAYMENT OF THE APPLICABLE RETENTION. PAYMENTS OF DEFENSE COSTS ARE SUBJECT TO, AND REDUCE, THE AVAILABLE LIMIT OF LIABILITY. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

ITEM 1: Named Entity and Address:

ITEM 2: Producer's Name and Address:

ITEM 3: Policy Period:

(A) Inception Date:

(B) Expiration Date:

12:01 a.m. local time at the address shown in ITEM 1

ITEM 4: Premium: \$ _____

ITEM 5: Liability Coverage Part Elections:

Only those **Liability Coverage Parts** and Coverage Features that are designated with an "X" are included under this Policy

- ☐ "Combined Aggregate Limit of Liability For All **Liability Coverage Parts**" \$
- ☐ "Defense Outside the Limit of Liability (100%)" for the following coverage parts:
 - ☐ Non Profit Directors, Officers and Entity Liability Coverage Part
 - ☐ Employment Practices Liability Coverage Part
 - ☐ Fiduciary Liability Coverage Part

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If both the “Combined Aggregate Limit of Liability For All **Liability Coverage Parts**” and the “Defense Outside the Limit of Liability (100%)” options are selected, the maximum aggregate defense outside the limits paid by the Insurer shall be equal to 100% of the “Combined Aggregate Limit of Liability For All **Liability Coverage Parts**”.

- ☐ “Defense Outside the Limit of Liability (Uncapped)” for all **Liability Coverage Parts**.

COVERAGE PART	AGGREGATE LIMIT(S) OF LIABILITY (AND SUB-LIMITS OF LIABILITY, WHERE APPLICABLE)	RETENTION(S)	PRIOR OR PENDING DATE(S)
☐ Non Profit Directors, Officers and Entity Liability (Additional, Elective Coverage Features)	\$ _____ \$ _____ Sub-Limit of Liability \$ _____ \$ _____ Sub-Limit of Liability \$ _____ Sub-Limit of Liability \$ _____	Insured Person Liability \$ _____ Corporate Reimbursement \$ _____ \$ _____ \$ _____ \$ _____ \$ _____	_____ _____ _____ _____ _____ _____ _____
☐ Entity Liability Coverage ☐ Investigation Costs ☐ Additional Limit of Liability for Claims Against Managers ☐ Legal Services Wrongful Act ☐ Data Privacy Event Expense Coverage	\$ _____ \$ _____ Sub-Limit of Liability \$ _____ \$ _____ Sub-Limit of Liability \$ _____ Sub-Limit of Liability \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____	_____ _____ _____ _____ _____ _____
☐ Employment Practices Liability (Additional, Elective Coverage Features)	\$ _____ Sub-Limit of Liability \$ _____ Sub-limit of Liability for Defense Costs: \$ _____ Sub-limit of Liability for Expenses: \$ _____	\$ _____ \$ _____ \$ _____ \$ _____	_____ _____ _____ _____
☐ Third Party Liability Coverage ☐ Wage and Hour Defense Cost Coverage Extension ☐ Workplace Violence Expenses Coverage Extension	\$ _____ Sub-Limit of Liability \$ _____ Sub-limit of Liability for Defense Costs: \$ _____ Sub-limit of Liability for Expenses: \$ _____	\$ _____ \$ _____ \$ _____ \$ _____	_____ _____ _____ _____

☐ <i>Training Costs</i>	Sub-limit of Liability for Training Costs: \$ _____	\$ _____	_____
☐ Fiduciary Liability (Additional Elective Coverage Features)	\$ _____	\$ _____	_____
☐ <i>Settlement Program Coverage</i>	Sub-Limit of Liability \$ _____	\$ _____	_____
☐ <i>HIPAA:</i>	Sub-Limit of Liability \$ _____	\$ _____	_____

ITEM 6: Non-Liability Coverage Part Elections:

Only those **Non-Liability Coverage Parts** that are designated with an "X" are included under this Policy

COVERAGE PART	LIMIT(S) OF INSURANCE	RETENTION
☐ Crime	See Crime Coverage Part Dec. Page, Form No. _____	See Crime Coverage Part Dec. Page, Form No. _____
☐ Kidnap and Ransom/Extortion	See Kidnap and Ransom/Extortion Coverage Part Dec. Page, Form No. _____	See Kidnap and Ransom/Extortion Coverage Part Dec. Page, Form No. _____

ITEM 7: Extended Reporting Period:

(A) Duration: _____ (B) Premium*: \$ _____

* Premium for the Extended Reporting Period elected shall be the indicated percentage of the sum of the annual premium specified for all **Liability Coverage Parts** plus the annualized amounts of any additional premiums charged during the **Policy Period**. The Extended Reporting Period is not available for the **Non-Liability Coverage Parts**.

ITEM 8: Endorsements:

This Policy includes the following endorsements at issuance:

ITEM 9: Address For Notices to Insurer:

For Claims other than Kidnap and Ransom/Extortion:

via mail: The Hartford
Claims Department
Hartford Financial Products
277 Park Ave., 15th Floor

For all notices other than Claims:

via mail: The Hartford
Product Services
Hartford Financial Products
277 Park Ave., 15th Floor

New York, New York 10172
via email: HFPClaims@thehartford.com
via fax: (917) 464-6000

New York, New York 10172
via email: HFPEXpress@thehartford.com
via fax: 866-586-4550

For Kidnap and Ransom/Extortion Claims, see Kidnap and Ransom/Extortion Coverage Part Declarations.

This Policy shall not be valid unless countersigned by the Insurer's duly authorized representative.