

Executive Protection Policy

DECLARATIONS

FIDUCIARY LIABILITY COVERAGE SECTION

Item 1. **Parent Organization:**

[Account Name]

[Account Address including address1 and address2]

[Account City Name], [Account Domicile State] [Account Zip Code]

Item 2. Limits of Liability:

(A) Each **Loss** [Each Loss]

(B) Each **Policy Period** [Fiduciary Agg Limit]

Note that the limits of liability and any deductible or retention are reduced or exhausted by **Defense Costs**.

Item 3. Deductible Amounts:

(A) Non-Indemnifiable **Loss** None

(B) Indemnifiable **Loss** [Deductible Amount: Indemnifiable Loss]

Item 4. **Sponsor Organization:**

[list sponsor organizations]

Item 5. **Benefit Programs** included as **Insureds** and any other additional **Insureds**:

[benefit program(s)]

Item 6. Extended Reporting Period:

(A) Additional Premium: [First Discovery percent] % of the Annual Premium

(B) Additional Period: [Enter additional period]

Item 7. Pending or Prior Date: [Pending or Prior Date]

Item 8. Continuity Date: [Continuity Date]

[CURRENCYTYPE]

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