

EMPLOYMENT PRACTICES LIABILITY POLICY



POLICY NUMBER _____

The Hartford

Twin City Fire Insurance Company
Indianapolis, Indiana

NOTICE: THIS IS A CLAIMS-MADE AND REPORTED POLICY. EXCEPT AS MAY BE OTHERWISE PROVIDED HEREIN, THE COVERAGE OF THIS POLICY IS LIMITED TO LIABILITY FOR WRONGFUL ACTS FOR WHICH CLAIMS ARE FIRST MADE WHILE THE POLICY IS IN FORCE AND WHICH ARE REPORTED TO THE INSURER NO LATER THAN SIXTY (60) DAYS AFTER THE TERMINATION OF THE POLICY. PLEASE READ AND REVIEW THE POLICY CAREFULLY.

THE LIMIT OF LIABILITY AVAILABLE TO PAY LOSS, INCLUDING JUDGMENT OR SETTLEMENT AMOUNTS, SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE AND OTHER CLAIMS EXPENSES. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE AND OTHER CLAIMS EXPENSES SHALL BE APPLIED AGAINST THE APPLICABLE RETENTION AMOUNT.

THE POLICY DOES NOT PROVIDE FOR ANY DUTY OR OBLIGATION ON THE PART OF THE INSURER TO DEFEND THE INSURED PERSONS AND THE COMPANY.

● Agency Code, Name and Address

DECLARATIONS

SPECIMEN

ITEM A Name of Company and Address:

ITEM B Policy Period: From 12:01 a.m. on _____ To 12:01 a.m. on _____
Standard time at the address shown above

ITEM C

LIMIT OF LIABILITY	\$ _____	in the aggregate each Policy Period, including Claims Expenses
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ITEM D

RETENTION	\$ _____	in the aggregate each Claim, including Claims Expenses
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ITEM E

DISCOVERY PERIOD PREMIUM	\$ _____
DISCOVERY PERIOD DURATION	() months

ITEM F PRIOR LITIGATION DATE:

ITEM G Punitive, Exemplary, Multiple and Liquidated Damages Coverage Granted? _____

ITEM H PREMIUM: \$ _____

ITEM I FORM NUMBER OF ENDORSEMENTS ATTACHED AT ISSUANCE:

This Declarations Page, together with the completed and signed Proposal, including all attachments and exhibits, and the attached Employment Practices Liability Policy form and all endorsements thereto, shall constitute the Contract between the Insureds and the Insurer.

Date: _____ Authorized Representative: _____