TRAVELERS

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FIDUCIARY LIABILITY DECLARATIONS

POLICY NO.

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.

ITEM 1	**NAMED INSURED:** D/B/A: Principal Address:
ITEM 2	**POLICY PERIOD:** Inception Date: Expiration Date: 12:01 A.M. standard time both dates at the Principal Address stated in ITEM 1.
ITEM 3	**ALL NOTICES OF CLAIM OR LOSS MUST BE SENT TO THE COMPANY BY EMAIL, FACSIMILE, OR MAIL AS SET FORTH BELOW:** **Email:** **Fax:** **Mail:** **Overnight Mail:** **For questions related to claim reporting or handling, please call 1-800-842-8496.**

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ITEM 4	**COVERAGE INCLUDED AS OF THE INCEPTION DATE IN ITEM 2:** Fiduciary Liability
ITEM 5	Only those coverage features marked "☒ Applicable" are included in this policy.

FIDUCIARY LIABILITY

Limit of Liability:		for all **Claims**
Settlement Program Limit of Liability		for each **Settlement Program Notice**, which amount is included within, and not in addition to, any applicable limit of liability
HIPAA Limit of Liability		which amount is included within, and not in addition to, any applicable limit of liability
Additional Defense Coverage:	☐ Applicable	☐ Not Applicable
Additional Defense Limit of Liability:		for all **Claims**
Retention:		for each **Claim** under Insuring Agreement A
		for each **Settlement Program Notice** under Insuring Agreement B
Prior and Pending Proceeding Date:		
Continuity Date:		

ITEM 6	**PREMIUM FOR THE POLICY PERIOD:** Policy Premium Annual Installment Premium
ITEM 7	**TYPE OF LIABILITY COVERAGE:** ☐ Reimbursement ☐ Duty-to-Defend Only the type of liability coverage marked "☒" is included in this policy.

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ITEM 8	**LIABILITY COVERAGE EXTENDED REPORTING PERIOD:** Additional Premium Percentage: Additional 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: Additional 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 ISSUANCE:**

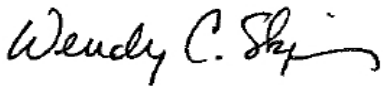
THE DECLARATIONS, THE APPLICATION, THE LIABILITY COVERAGE TERMS AND CONDITIONS, THIS LIABILITY COVERAGE, AND ANY ENDORSEMENTS ATTACHED THERETO, CONSTITUTE THE ENTIRE AGREEMENT BETWEEN THE COMPANY AND THE INSURED.

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Countersigned By

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



President



Corporate Secretary

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