TRAVELERS

Managed Care Errors and Omissions 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.

ITEM 4 **COVERAGE INCLUDED AS OF THE INCEPTION DATE IN ITEM 2:**

Managed Care Errors and Omissions Liability

ITEM 5 Only those coverage features marked " ☒ Applicable" are included in this policy.

SPECIMEN

Limits of Liability:		for each **Claim**; not to exceed for all **Claims**
Additional Defense Coverage:	☐ Applicable	☐ Not Applicable
Additional Defense Limit of Liability:		for all **Claims**
Retention:		for each **Claim**
Prior and Pending Proceeding Date:		
Continuity Date:		

ITEM 6 **PREMIUM FOR THE POLICY PERIOD:**

Annual Installment Premium if ITEM 10 below is applicable

ITEM 7 **TYPE OF LIABILITY COVERAGE:**

☐ Reimbursement

☐ Duty-to-Defend

Only the type of liability coverage marked "☒" is included in this policy.

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:**

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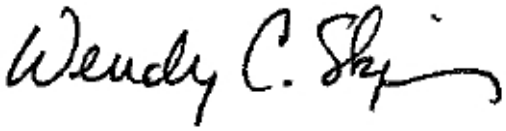
THE DECLARATIONS, THE APPLICATION, THE LIABILITY COVERAGE TERMS AND CONDITIONS, THIS LIABILITY COVERAGE, AND ANY ENDORSEMENTS ATTACHED THERETO, CONSTITUTE THE ENTIRE AGREEMENT BETWEEN THE COMPANY AND THE INSURED.

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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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