



ALLIED WORLD ASSURANCE COMPANY (U.S.), INC.
(A member company of Allied World Assurance Company Holdings Ltd.)
225 Franklin Street, Boston, MA 02110 · Tel. (857) 288-6000 · Fax (617) 556-8060

FORCEFIELDSM
EMPLOYMENT PRACTICES LIABILITY POLICY

POLICY NUMBER: <POLICYNO>

RENEWAL OF: <PRIOR_POLNO>

NOTICES

EXCEPT TO SUCH EXTENT AS MAY OTHERWISE BE PROVIDED HEREIN, THE COVERAGE OF THIS POLICY IS GENERALLY LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD AND REPORTED IN WRITING TO THE INSURER PURSUANT TO THE TERMS HEREIN.

THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR DEFENSE COSTS. AMOUNTS INCURRED FOR DEFENSE COSTS SHALL BE APPLIED AGAINST THE RETENTION AMOUNT.

THE INSURER DOES NOT ASSUME THE DUTY TO DEFEND ANY CLAIM UNDER THIS POLICY; HOWEVER, IF THE INSURED TENDERS THE DEFENSE OF ANY CLAIM TO THE INSURER IN ACCORDANCE WITH THE TERMS HEREIN, THE INSURER SHALL ASSUME THE DEFENSE OF SUCH CLAIM.

PLEASE READ THE ENTIRE POLICY CAREFULLY AND DISCUSS THE COVERAGE HEREUNDER WITH YOUR INSURANCE BROKER.

DECLARATIONS

ITEM 1. NAMED INSURED: <INSURED>

ADDRESS: <ADDRESS>

ITEM 2. POLICY PERIOD: Inception Date: <POLEFFDATE> Expiration Date: <POLEXDATE>
(12:01 a.m. Standard Time at the address stated in Item 1)

ITEM 3. LIMITS OF LIABILITY

- A. POLICY AGGREGATE LIMIT OF LIABILITY
- B. THIRD PARTY SUB-LIMIT OF LIABILITY

ITEM 4. RETENTION:

ITEM 5. PREMIUM:

ITEM 6. PENDING AND PRIOR DATE:

ITEM 7. DISCOVERY PERIOD:

1 Year:	
2 Years:	
3 Years:	
4 Years:	
5 Years:	
6 Years:	

ITEM 8. ADDRESS OF INSURER FOR NOTICES UNDER THIS POLICY

A. Claim-Related Notices:

**ALLIED WORLD ASSURANCE COMPANY (U.S.), INC.
ATTN: CLAIMS DEPARTMENT
9 FARM SPRINGS ROAD
FARMINGTON, CT 06032
or
noticeofloss@darwinpro.com**

B. All Other Notices:

**ALLIED WORLD ASSURANCE COMPANY (U.S.), INC.
ATTN: PROFESSIONAL LIABILITY UNDERWRITING
199 WATER STREET
NEW YORK, NY 10038**

In Witness Whereof, the **Insurer** has caused this Policy to be executed and attested. This Policy shall not be valid unless countersigned by a duly authorized representative of the **Insurer**.

President

Secretary

AUTHORIZED REPRESENTATIVE