

**EMPLOYMENT PRACTICES LIABILITY POLICY
DECLARATIONS**

IMPORTANT NOTE: THIS IS CLAIMS MADE COVERAGE. PLEASE READ THIS POLICY CAREFULLY. THIS POLICY IS WRITTEN ON A CLAIMS MADE BASIS AND COVERS ONLY CLAIMS FIRST MADE DURING THE POLICY PERIOD OR THE DISCOVERY PERIOD IF EXERCISED. THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED AS DEFENSE COSTS. DEFENSE COSTS INCURRED SHALL BE APPLIED AGAINST THE RETENTION AMOUNT.

Do not attach this form to a policy. It is for informational use only.

Item 1. Named Company and Address:

Policy Number:

Prior Policy Number:

Item 2. Coverages Granted

Yes

No

Company and Directors and Officers

Employees

Leased Employees

Independent Contractors

Non-Profit Outside Positions

Punitive or Exemplary Damages

Item 3 Limit of Liability: \$

Each Policy Period for all Loss combined (including Defense Costs).

Note that the Limit of Liability and any Retention are reduced and may be exhausted by Defense Costs.

Item 4. Policy Period:

From 12:01 A.M.

To 12:01 A.M.

Local Time at the address shown in Item 1.

Item 5. Retention Amount each Claim: \$

Item 6. Coinsurance Percent: %

Item 7. Discovery Period

(A) Additional Premium: % (per Subsection III.D. of the Policy)

(B) Additional Period:

Item 8. Prior or Pending Date:

Item 9. Continuity Date:

Item 10. Endorsements Effective at Inception:

IN WITNESS WHEREOF, the Insurer has caused this Policy to be signed by its President and Secretary and countersigned by a duly authorized representative of the Insurer.

Countersigned:

ST. PAUL MERCURY INSURANCE COMPANY

Authorized Representative

Countersigned At

Countersignature Date

[Signature] Jay S. Fishman
Secretary President

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