Nonprofit Directors, Officers and Organization Liability Insurance Coverage Section

CLAIMS MADE NOTICE FOR POLICY

NOTICE: THIS POLICY PROVIDES COVERAGE ON A CLAIMS MADE AND REPORTED BASIS. SUBJECT TO ITS TERMS, THIS POLICY APPLIES ONLY TO ANY CLAIM FIRST MADE AGAINST THE INSUREDS AND REPORTED TO THE INSURER DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD THAT MAY APPLY.

PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

In consideration of the payment of the premium, in reliance on all statements in the **Application** and all other information provided to the **Insurer**, and subject to all provisions of this **Policy**, the **Insurer** and **Insureds** agree as follows:

I. Insuring Agreements

Directors, Officers and Organization Liability Insurance

- A. This Policy shall pay on behalf of the Insured Persons all Loss arising from any Claim that is first made against the Insured Persons during the Policy Period and reported in writing to the Insurer during the Policy Period for any actual or alleged Wrongful Act, except and to the extent that the Insured Entity has indemnified the Insured Persons.
- B. This Policy shall pay on behalf of the Insured Entity all Loss arising from any Claim that is first made against the Insured Persons during the Policy Period and reported in writing to the Insurer during the Policy Period for any actual or alleged Wrongful Act, but only to the extent that the Insured Entity has indemnified the Insured Persons for such Loss as permitted by law.
- C. This Policy shall pay on behalf of the Insured Entity all Loss arising from any Claim that is first made against the Insured Entity during the Policy Period and reported in writing to the Insurer during the Policy Period for any actual or alleged Wrongful Act.

II. Extended Reporting Period

Refer to Common Policy Terms and Conditions Section.

III. Definitions

In addition to the Definitions listed in section III. of the Common Policy Terms and Conditions Section, whenever printed in boldface type, and whether in the singular or plural form, in this **Coverage Section** the following terms shall have the meanings indicated below.

- A. Claim means:
 - 1. a written demand for monetary or non-monetary relief including, but not limited to any demand for mediation, arbitration, or other alternative dispute resolution process; or
 - 2. a civil, criminal, administrative, or arbitration proceeding for monetary or non-monetary relief which is commenced by: (a) service of a complaint or similar pleading; (b) return of an indictment, information or similar document; or (c) receipt or filing of a notice of charges;

provided, however, the term **Claim** shall not include any grievance or arbitration subject to a collective bargaining agreement. A **Claim** shall be deemed to have been first made at the time notice of the **Claim** is first received by any **Insured**.

B. Costs of Defense means reasonable and necessary fees, costs and expenses (including premiums for any appeal bond, attachment bond or similar bond, but without any obligation to apply for or furnish any such bond) resulting solely from the investigation, adjustment, defense and appeal of a covered or potentially covered Claim against the Insureds, but excluding salaries, wages, overhead or benefit expenses associated with any Insured, or any amount covered by the duty to defend obligation of any other insurer.

- **C. Damages** means a monetary judgment, award or settlement, pre-judgment interest and post-judgment interest; provided, however, **Damages** shall not include:
 - 1. taxes, civil or criminal fines, or penalties imposed by law;
 - 2. costs incurred by any Insured to make any building or property more accessible or accommodating to any disabled person;
 - 3. commissions, bonuses, deferred compensation, profit sharing or severance payments; or
 - 4. any matter deemed uninsurable under the law pursuant to which this Policy shall be construed.

Damages also means, where insurable, liquidated, punitive, or exemplary damages, or any multiplied damages award in excess of the amount so multiplied. Such coverage for liquidated, punitive, exemplary or multiplied damages is part of and not in addition to the Limit of Liability, and any payment of such damages shall serve to reduce the Limit of Liability. Only for the purpose of resolving any dispute between the **Insurer** and the **Insured** regarding whether such liquidated, punitive, exemplary or multiplied damages are insurable under this **Policy**, the law of the jurisdiction most favorable to the insurability of those damages shall control, provided that such jurisdiction is where:

- 1. those damages were awarded or imposed;
- 2. any Wrongful Act occurred for which such damages were awarded or imposed;
- 3. the Insured resides, is incorporated or has its principal place of business; or
- 4. the Insurer is incorporated or has its principal place of business.
- D. Insured means any Insured Person or any Insured Entity.
- E. Insured Person means:
 - any past, present or future duly elected or appointed directors, trustees, officers, employees (including part time, seasonal and temporary individuals), volunteers, or committee or staff members of the Insured Entity. In the event that the Insured Entity operates outside the United States, then the term Insured Persons also means those titles, positions or capacities in such foreign Insured Entity which is equivalent to the position of a director, trustee or officer in an entity incorporated within the United States. Coverage will automatically apply to all new Insured Persons after the Policy inception date;
 - the estates, heirs, or legal representatives of deceased **Insured Persons**, and the legal representatives of **Insured Persons** in the event of incompetency, insolvency or bankruptcy, who were **Insured Persons** at the time the **Wrongful Act** upon which such **Claims** are based were committed; or
 - 3. the lawful spouse (whether such status is derived by reason of statutory law, common law or otherwise of any applicable jurisdiction in the world) of an individual **Insured Person** for a **Claim** arising solely out of his or her status as the spouse of an individual **Insured Person**, including a **Claim** that seeks damages recoverable from marital community property, property jointly held by the individual **Insured Person** and the spouse, or property transferred from the individual **Insured Person** to the spouse; provided, however, this extension shall not afford coverage for any **Claim** for any **Wrongful Act** of the spouse, but shall apply only to **Claims** arising out of any **Wrongful Act** of an individual **Insured Person**.
- F. Loss means Damages and Costs of Defense.
- G. Outside Entity means:
 - 1. a nonprofit organization under Section 501(c)(3) of the Internal Revenue Code of 1986, including amendments thereto;
 - 2. any other entity organized for a religious or charitable purpose under any nonprofit organization act or statute; or
 - 3. any other entity, partnership, joint venture or other organization listed by endorsement to this Policy.
- H. Personal Injury means any actual or alleged invasion of privacy, wrongful entry, eviction, false arrest, false imprisonment, or malicious prosecution.
- I. Prior Acts Date means the date set forth in Item 7. i. of the Declarations.
- J. Prior and Pending Litigation Date means the date set forth in Item 8. i. of the Declarations.

- K. Wrongful Act means:
 - with respect to individual Insured Persons, any actual or alleged breach of duty, neglect, error, misstatement, misleading statement, omission or act by the Insured Persons of an Insured Entity in their respective capacities as such, or any matter claimed against them by reason of their status as Insured Persons of an Insured Entity, or any matter claimed against them arising out of their serving as a director, officer, trustee, or governor of an Outside Entity in such capacities, but only if such service is at the specific request or direction of the Insured Entity;
 - 2. with respect to an **Insured Entity**, any actual or alleged breach of duty, neglect, error, misstatement, misleading statement, omission or act by the **Insured Entity**; or
 - 3. any Personal Injury.

IV. Exclusions

In addition to the Exclusions listed in section IV. of the Common Policy Terms and Conditions Section, the **Insurer** shall not be liable to make any payment for **Loss** in connection with a **Claim** made against any **Insured**:

- A. based upon, arising out of, directly or indirectly resulting from or in consequence of, or in any way involving the actual or alleged gaining of any profit or advantage to which an **Insured** was not legally entitled;
- **B.** based upon, arising out of, directly or indirectly resulting from or in consequence of, or in any way involving any actual or alleged criminal or deliberate fraudulent act;
- C. based upon, arising out of, directly or indirectly resulting from or in consequence of, or in any way involving any actual or alleged payments to an **Insured** of any remuneration without the previous approval of the governing bodies of the **Insured Entity**, which payment without such previous approval shall be held to have been illegal;
- D. based upon, arising out of, directly or indirectly resulting from or in consequence of, or in any way involving any actual or alleged Wrongful Act or Related Wrongful Act committed or allegedly committed before the Prior Acts Date applicable to this Coverage Section;
- E. based upon, arising out of, directly or indirectly resulting from or in consequence of, or in any way involving:
 - 1. any prior or pending litigation, administrative or arbitration proceeding, or investigation as of the **Prior and Pending Litigation Date**; or
 - 2. any fact, circumstance, situation, transaction or event underlying or alleged in such litigation, administrative or arbitration proceeding, or investigation;

regardless of the legal theory upon which such Claim is predicated;

- F. by, on behalf of, or in the right of any Insured in any capacity; provided, however, this exclusion does not apply to any Claim that is a derivative action brought or maintained on behalf of the Insured Entity, but only if such Claim is instigated and continued totally independent of, and totally without the solicitation of, or assistance of, or participation of, or intervention of any Insured;
- **G.** based upon, arising out of, directly or indirectly resulting from or in consequence of, or in any way involving any:
 - 1. physical injury to or destruction of any tangible property, including the loss of use thereof; or
 - 2. bodily injury, sickness, disease, death, assault or battery of any person;
- **H.** based upon, arising out of, directly or indirectly resulting from or in consequence of, or in any way involving any actual or alleged violation of the Employee Retirement Income Security Act of 1974, including amendments thereto;
- based upon, arising out of, directly or indirectly resulting from or in consequence of, or in any way involving any Wrongful Act of an Insured Person serving in their capacities as a director, officer, trustee, employee, member or governor of any other entity other than an Insured Entity or an Outside Entity, or by reason of their status as a director, officer, trustee, employee, member or governor of such other entity;
- J. for any Wrongful Act arising out of an Insured serving as a director, officer, trustee, employee, member or governor of an Outside Entity:
 - 1. if such **Claim** is brought by the **Outside Entity** or any of its directors or officers, or by any security holder of the **Outside Entity**, whether directly or derivatively, unless such security holder's **Claim** is instigated and continued totally independent of, and totally without the solicitation of, or assistance of, or participation of, or intervention of the **Outside Entity**, any of its Directors or officers, or any **Insured**;

- if such Wrongful Act occurred prior to the inception date of the first Nonprofit Directors, Officers and Organization Liability Insurance Policy issued by the Insurer to the Named Insured, which has been continuously renewed and maintained in effect to the inception of this Policy Period; or
- to the extent such Insured is indemnified for such Loss by such Outside Entity, and (if applicable) which is insured in whole or in part under any policy issued to or for the benefit of any Outside Entity or its directors or officers, then this Policy shall apply only to Loss excess over such indemnification and insurance (if applicable);
- K. based upon, arising out of, directly or indirectly resulting from or in consequence of, or in any way involving:
 - 1. the employment of any person or any employment practice, including, but not limited to, failure to hire, wrongful dismissal, discharge or termination, discrimination, harassment, retaliation or other employment-related claim; or
 - 2. the harassment or unlawful discrimination, or the violation of the civil rights of a person relating to such harassment or discrimination;
- L. based upon, arising out of, directly or indirectly resulting from or in consequence of, or in any way involving any federal, state, local or foreign wage and hour laws, including, without limitation, the Fair Labor Standards Act;
- M. based upon, arising out of, directly or indirectly resulting from or in consequence of, or in any way involving any actual or alleged breach of any oral or written contract or agreement; provided, however, this exclusion shall not apply to the extent that an Insured Entity would have been liable in the absence of the contract or agreement;
- N. based upon, arising out of, or attributable to any **Insured's** actual or alleged performance of, or failure to perform, professional services for others; or any **Loss** relating thereto;
- **O.** based upon, arising out of, or attributable to any actual or alleged defamation, plagiarism, misappropriation of ideas, infringement or violation of copyright, patent, trademark, trade secret, slogan, title or intellectual property rights;

The **Wrongful Act** of an **Insured** shall not be imputed to any other **Insured** for the purpose of determining the applicability of the Exclusions.

In witness whereof, the **Insurer** has caused this **Policy** to be signed by its President and Chief Executive Officer and Secretary, but this **Policy** shall not be valid unless countersigned on the Declarations Page by a duly authorized representative of the **Insurer**.

ames S. Carey

President and Chief Executive Officer

Secretary