

Executive Protection Policy

DECLARATIONS

EMPLOYMENT PRACTICES
LIABILITY COVERAGE SECTION

Item 1. **Parent Organization:**

[Account Name]
[Account Address including address1 and address2]
[Account City Name], [Account Domicile State] [Account Zip Code]

Item 2. Limits of Liability:

(A) Each **Loss** \$[Each Loss :]
(B) Each **Policy Period** \$[Each Policy Period :]

Note that the limits of liability and any deductible or retention are reduced or exhausted by **Defence Costs**.

Item 3. Coinsurance Percent: [Coinsurance Percent]

Item 4. Deductible Amount: [Indemnifiable Loss :]

Item 5. **Insured Organization:**

[name of the person or entity to whom the policy was issued]

Item 6. **Insured Persons:**

[Enter Insured Person(s)]

Item 7. Extended Reporting Period:

(A) Additional Premium: [First Discovery percent] % of the Annual Premium
(B) Additional Period: [Additional Period]

Item 8. Pending or Prior Date: [Pending or Prior Date]

Item 9. Continuity Date: [Continuity Date]

[CURRENCYTYPE]