Executive Protection Policy

DECLARATIONS

FIDUCIARY LIABILITY COVERAGE SECTION

Item 1.	Parent Organization: [Account Name] [Account Address including address1 and address2] [Account City Name], [Account Domicile State] [Account Zip Code]			
ltem 2.	Limits of Liability:			
	(A) (B)	Each Loss Each Policy Period	[Each Loss] [Fiduciary Agg Limit]	
	Note that the limits of liability and any deductible or retention are reduced or exhausted by Defense Cos			
Item 3.	Dedu	uctible Amounts:		
	(A) (B)	Non-Indemnifiable Loss Indemnifiable Loss	None [Deductible Amount: Indemnifiable Loss]	
Item 4.	Sponsor Organization:			
	[list s	sponsor organizations]		
Item 5.	Bene	Benefit Programs included as Insureds and any other additional Insureds:		
	[bene	efit program(s)]		
Item 6.	Exte	nded Reporting Period:		
	(A) (B)	Additional Premium: Additional Period:	[First Discovery percent] % of the Annual Premium [Enter additional period]	
ltem 7.	Pending or Prior Date: [Pending or Prior Date]			
Item 8.	8. Continuity Date: [Continuity Date]			



Executive Protection Policy

THIS PAGE INTENTIONALLY LEFT BLANK

Form CE 14-02-1475D (Ed. 11/93)