



<Brand>

HEALTH CARE ORGANIZATION DIRECTORS, OFFICERS AND TRUSTEES LIABILITY DECLARATIONS

POLICY NO. <Enter Policy Number>

Travelers Casualty and Surety Company of America Hartford, Connecticut (A Stock Insurance Company, herein called the Company)

THE LIABILITY COVERAGES ARE WRITTEN ON A CLAIMS-MADE BASIS. THE LIABILITY COVERAGES COVER ONLY CLAIMS FIRST MADE AGAINST INSURED DURING THE POLICY PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY SETTLEMENTS OR JUDGMENTS WILL BE REDUCED BY DEFENSE EXPENSES, AND DEFENSE EXPENSES WILL BE APPLIED AGAINST THE RETENTION. THE COMPANY HAS NO DUTY TO DEFEND ANY CLAIM UNLESS DUTY-TO-DEFEND COVERAGE HAS BEEN SPECIFICALLY PROVIDED HEREIN.

ITEM 1 NAMED INSURED: <name> D/B/A: <name of d/b/a> Principal Address: <address> <address>

ITEM 2 POLICY PERIOD: Inception Date: <date> Expiration Date: <date> 12:01 A.M. standard time both dates at the Principal Address stated in ITEM 1.

ITEM 3 ALL NOTICES OF CLAIMS OR LOSS TO THE COMPANY MUST BE ADDRESSED TO: <Email: BSIClaims@travelers.com> <Fax: 1-888-460-6622> <Mail: Travelers Bond & Specialty Insurance Claim P.O. Box 2989 Hartford, CT 06104-2989 Overnight Mail: Travelers Bond & Specialty Insurance Claim One Tower Square, MN06 Hartford, CT 06183> <For questions related to claim reporting or handling, please call 1-800-842-8496.>

ITEM 4 COVERAGE INCLUDED AS OF THE INCEPTION DATE IN ITEM 2: [] Health Care Organization Directors, Officers and Trustees Liability

ITEM 5 Only those coverage features marked "[X] Applicable" are included in this policy.

Health Care Organization Directors, Officers and Trustees Liability

Limit of Liability: \$<amount> for all Claims Additional Defense Coverage: [] Applicable [] Not Applicable Additional Defense Limit of Liability: \$<amount> for all Claims

**Antitrust Claim
Limit of Liability:** \$<amount> which amount is included within, and not in addition to, the Limit of Liability stated herein

**Antitrust Claim
Coinsurance Percentage:** <percentage>% for each **Antitrust Claim**

EMTALA Coverage: Applicable Not Applicable

**EMTALA Coverage
Limit of Liability:** \$<amount> which amount is included within, and not in addition to, the Limit of Liability stated herein

**Excess Benefit
Transaction Tax
Coverage:** Applicable Not Applicable

**Excess Benefit
Transaction Tax
Coverage Limit
of Liability:** \$<amount> which amount is included within, and not in addition to, the Limit of Liability stated herein

**HIPAA Violation
Coverage:** Applicable Not Applicable

**HIPAA Violation
Coverage Limit
Of Liability:** \$<amount> which amount is included within, and not in addition to, the Limit of Liability stated herein

**Internal Revenue
Code Violation:** Applicable Not Applicable

**Internal Revenue Code
Violation Limit
of Liability:** \$<amount> which amount is included within, and not in addition to, the Limit of Liability stated herein

Retention: \$<amount> for each **Claim** under Insuring Agreement B.
 \$<amount> for each **Claim** under Insuring Agreement C.
 \$<amount> for each **Antitrust Claim**

**Prior and Pending
Proceeding Date:** <date>

Continuity Date: <date>

ITEM 6

PREMIUM FOR THE POLICY PERIOD:

\$<amount>

\$<amount> Annual Installment Premium if ITEM 10 below is applicable

ITEM 7 **TYPE OF LIABILITY COVERAGE:**

- Reimbursement
 Duty-to-Defend

Only the type of liability coverage marked "☒" is included in this policy.

ITEM 8 **LIABILITY COVERAGE EXTENDED REPORTING PERIOD:**

Additional Premium Percentage: <percentage>%

Additional Months: <number of months>

(If exercised in accordance with Section III. CONDITIONS O. EXTENDED REPORTING PERIOD of the Liability Coverage Terms and Conditions)

ITEM 9 **LIABILITY COVERAGE RUN-OFF EXTENDED REPORTING PERIOD:**

Additional Premium Percentage: <percentage>%

Additional Months: <number of months>

(If exercised in accordance with Section III. CONDITIONS K. CHANGE OF CONTROL of the Liability Coverage Terms and Conditions)

ITEM 10 **ANNUAL REINSTATEMENT OF THE LIABILITY COVERAGE LIMIT OF LIABILITY:**

- Applicable
 Not Applicable

Only those coverage features marked "☒ Applicable" are included in this policy.

ITEM 11 **FORMS AND ENDORSEMENTS ATTACHED AT INCEPTION:**

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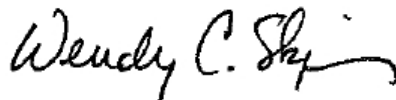
The Declarations, the **Application**, the Liability Coverage Terms and Conditions, each purchased **Liability Coverage**, as set forth in ITEM 4 of the Declarations, and any endorsements attached thereto, constitute the entire agreement between the Company, the entity named in ITEM 1 of the Declarations, and any **Insured**.

Countersigned By
(where applicable)

IN WITNESS WHEREOF, the Company has caused this policy to be signed by its authorized officers.



President, Bond & Specialty Insurance



Corporate Secretary