

**for HEALTH CARE ORGANIZATIONS
DECLARATIONS**

POLICY NO. <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:

Only those coverages marked "☒" are included in this policy.

Liability Coverages

Health Care Organization Directors, Officers and Trustees Liability

Health Care Organization Employment Practices Liability

ITEM 5 COVERAGE FEATURES:

Only those coverage features marked "☒ 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:	<input type="checkbox"/> Applicable	<input type="checkbox"/> 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:	<input type="checkbox"/> Applicable	<input type="checkbox"/> 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:	<input type="checkbox"/> Applicable	<input type="checkbox"/> 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:	<input type="checkbox"/> Applicable	<input type="checkbox"/> 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> \$<amount> \$<amount>	for each Claim under Insuring Agreement B. for each Claim under Insuring Agreement C. for each Antitrust Claim
Prior and Pending Proceeding Date:	<date>	
Continuity Date:	<date>	

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:**

<form attached>
<form attached>
<form attached>
<form attached>

ITEM 12 **LIABILITY COVERAGE SHARED LIMIT OF LIABILITY:**

\$<amount> for all **Claims** under the following **Liability Coverages**: <coverages>

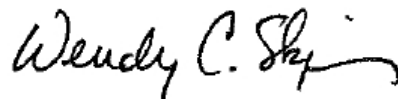
The Declarations, the **Application**, the Liability Coverage Terms and Conditions, each purchased **Liability Coverage**, as set forth in ITEM 4 of the Declarations, and any endorsements attached thereto, constitute the entire agreement between the Company, the entity named in ITEM 1 of the Declarations,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

Specimen