



**LIBERTY INSURANCE UNDERWRITERS INC.**

55 Water Street, 18<sup>th</sup> Floor  
New York, New York 10041  
(a member of the Liberty Mutual Group and hereinafter "the Insurer")  
Liberty Insurance Underwriters Inc.'s toll free number is: 800-677-9163

**NONPROFIT EXECUTIVE ADVANTAGE POLICY**

**DECLARATIONS**

**NOTICE: THIS IS A CLAIMS-MADE POLICY. THIS POLICY COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD OR DISCOVERY PERIOD, IF APPLICABLE, AND REPORTED TO THE INSURER AS SOON AS PRACTICABLE BUT IN NO EVENT LATER THAN 90 DAYS AFTER THE END OF THE POLICY PERIOD. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.**

**UNLESS AMENDED BY ENDORSEMENT, AMOUNTS INCURRED AS DEFENSE COSTS SHALL BE IN ADDITION TO THE LIMIT OF LIABILITY AND SHALL NOT BE APPLIED AGAINST THE APPLICABLE RETENTION.**

**THE INSURER HAS THE DUTY TO DEFEND.**

**POLICY NUMBER: LNE-B71-**  
**RENEWAL OF: N/A**

**PRODUCER:**

**ITEM I. NAME AND ADDRESS OF PARENT ORGANIZATION:**

**ITEM II. POLICY PERIOD:** Inception Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
(12:01 A.M. at the address set forth in Item I)

**ITEM III. LIMIT OF LIABILITY:** \$ \_\_\_\_\_ in the aggregate for the **Policy Year**

**ITEM IV. RETENTION:** \$ \_\_\_\_\_ in the aggregate each **Claim**

**ITEM V. PRIOR LITIGATION DATE:** \_\_\_\_\_

**ITEM VI. PREMIUM:** \_\_\_\_\_

**ITEM VII. ENDORSEMENTS FORMING PART OF THIS POLICY AT ISSUANCE:**

This Declarations page, together with the **Application**, the attached Nonprofit Executive Advantage Policy Form, and all endorsements thereto, shall constitute the contract between the Insurer and the **Insureds**. This Policy is valid only if signed below by a duly authorized representative of the Insurer.

\_\_\_\_\_  
Authorized Representative