

NOT FOR PROFIT ORGANIZATION LIABILITY POLICY

DECLARATIONS

NOT FOR PROFIT ORGANIZATION
LIABILITY POLICY

Policy Number: [Formatted Policy Number]

Chubb Insurance Company of Canada,
herein called the Company.

**THIS IS A CLAIMS MADE POLICY. EXCEPT AS OTHERWISE PROVIDED HEREIN, THIS POLICY
COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD.
PLEASE READ CAREFULLY.**

- Item 1. **Organization:** [Account Name] and its subsidiaries
- Item 2. **Principal Address:** [Account Address including address1 and address2]
[Account City Name], [Account Domicile State] [Account Zip Code]
- Item 3. **Limits of Liability:** (A) Each **Loss** [AGD&OINDLMT]
(B) Each **Policy Year** [AGD&OANSLMT]

Note that the Limits of Liability and Deductible are reduced or exhausted by **Deductible Costs.**

- Item 4. **Policy Period:** From 12:01 a.m. on [Effective Date]
To 11:59 p.m. on [Expiration Date of the Policy]
Local time at the organization's address.

- Item 5. **Deductible Amount:** (A) Non-Indemnifiable **Loss** None
(B) Indemnifiable **Loss** [Deductible Amount :]

- Item 6. **Extended Reporting Period** (A) Additional Premium: [First Discovery percent]% of
the Annual Premium
(B) Additional Period: [Enter additional period]

- Item 7. **Pending or Prior Date:** [Pending or Prior Date]

- Item 8. **Continuity Date:** [Continuity Date]

- Item 9. **Termination of Prior Policies:** [Enter Prior Policy Numbers.]

[CURRENT TYPE]

IN WITNESS WHEREOF, CHUBB INSURANCE COMPANY OF CANADA has caused this policy to be
signed by its President.

CHUBB INSURANCE COMPANY OF CANADA

Authorized Representative

President

Date