

Executive Protection Policy

Executive Protection Policy for:
[Account Name]

SPECIMEN

DECLARATIONS

EXECUTIVE PROTECTION POLICY

Policy Number [Formatted Policy Number]

Chubb Insurance Company of Canada
herein called the Company.

Item 1. **Parent Organization:**

[Account Name]
[Account Address including address1 and address2]
[Account City Name], [Account Domicile State] [Account Zip Code]

Item 2. **Policy Period:** From 12:01 A.M. on [Effective Date]
To 12:01 A.M. [Expiration Date of the Policy]
Local time at the address shown in Item 1.

Item 3. Coverage Summary
Description
[List Coverages on a policy]

Item 4. Termination of
Prior Policies:[Prior Years policy number]

THE EXECUTIVE LIABILITY AND INDEMNIFICATION, FIDUCIARY LIABILITY, OUTSIDE DIRECTORSHIP LIABILITY AND EMPLOYMENT PRACTICES LIABILITY COVERAGE SECTIONS (WHICHEVER ARE APPLICABLE) ARE ALL WRITTEN ON A CLAIMS MADE BASIS. EXCEPT AS OTHERWISE PROVIDED, THESE COVERAGE SECTIONS COVER ONLY CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD. PLEASE READ CAREFULLY.

**In Witness Whereof, the Company issuing this policy has caused this policy to be signed by its authorized officers, but it shall not be valid unless also signed by a duly authorized representative of the Company.
CHUBB INSURANCE COMPANY OF CANADA**

Chairman

Authorized Representative

Date

THIS PAGE INTENTIONALLY LEFT BLANK

SPECIMEN