

Labor Management Trust Fiduciary Liability Policy

DECLARATIONS

Policy Number <POLICYNO>

Federal Insurance Company,
a stock insurance company, incorporated
under the laws of Indiana, herein called the
Company.

Item 1. **Insurance Representative:**
[Authorized Representative]

Item 2. Principal Address:
[Authorized Representative address :]

Item 3. Limits of Liability:
(A) Each **Loss:** \$[Individual Limit]
(B) Each **Policy Period:** \$[Aggregate Limit]

Note that the limits of liability and any deductible amount are reduced or exhausted by **Defense Costs.**

Item 4. Deductible Amount: [Labor Management Deductible]

Item 5. **Insured Trusts or Plans:**
[Insured Trusts or Plans]

Item 6. **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 2.

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 7. Extended Reporting Period:
(A) Additional Premium: \$<DISCPRM>
(B) Additional Period: [Discovery Period]

Item 8. Pending or Prior Date: [Pending or Prior Date]

Item 9. Continuity Date: [Continuity Date]

Item 10. Termination of Prior Policies: [Prior Years policy number] [Prior Policy Period]

[CURRENCYTYPE]

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.

FEDERAL INSURANCE COMPANY

Secretary

President

03/28/2017
Date

Authorized Representative