Executive Protection Policy

Item 1. **Parent Organization**:

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

Item 2. Limits of Liability:

(A) Each **Loss**   [Each Loss :]
(B) Each **Policy Period** [Each Policy Period :]

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

Item 3. Coinsurance Percent: [Coinsurance Percent:]

Item 4. Deductible Amount:

Insuring Clause 2   [Deductible Amount :]

Item 5. **Insured Organization**:

[enter the insured organization]

Item 6. **Insured Persons**:

[Entet Insured Person(s)]

Item 7. Extended Reporting Period:

(A) Additional Premium: [First Discovery percent] % of the Annual Premium
(B) Additional Period: [Enter additional period]

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

Item 9. Continuity Date: [Continuity Date]

[CURRENCYTYPE]

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