**Granite State Insurance Company**

**Illinois National Insurance Co.**

**National Union Fire Insurance Company Of Pittsburgh, Pa.**

**New Hampshire Insurance Company**

(Each of the above being a capital stock company)

**ADMINISTRATIVE OFFICES: 175 Water Street, New York, NY, 10038**

**SOCIAL SERVICES PROFESSIONAL LIABILITY COVERAGE FORM DECLARATIONS**

**Claims Made**

**NOTICE: THIS IS A CLAIMS MADE POLICY. THIS POLICY APPLIES ONLY TO THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF APPLICABLE.**

Policy No.: Renewal of: Item 1. Named Insured and Address:

The Named Insured is: Individual Partnership Joint Venture Limited Liability Company

Organization (Other Than a Partnership or Joint Venture) Trust

Item 2. Policy Period:

From: **//** To: **//**

(12:01A.M. Standard Time at the Address of the Named Insured shown above.)

Item 3. Limits of Insurance:

(a) Each Professional Incident Limit: **$**

(b) Professional Liability Aggregate Limit: **$**

Item 4. Designated Professional Services Covered Under This Policy:

Item 5. Premium: **$**

Item 6. Retroactive Date: **//**

Item 7. Claims Notification:

99 High Street

Boston, Massachusetts 02110

Attn: Miscellaneous Professional Liability Claims Manager

(877) 638-4244

Item 8. Endorsements: As per Schedule attached to the Policy

Authorized Representative or

Countersignature Where Required by Law