HUMAN SERVICES PROFESSIONAL LIABILITY POLICY

**DECLARATIONS**

**Claims Made**

**NOTICE: THIS IS A CLAIMS MADE AND REPORTED POLICY. THIS POLICY APPLIES ONLY TO THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND REPORTED TO THE COMPANY 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) Professional Liability Each Claim Limit: **$**

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

Item 4. Deductible: **$** Each and Every Claim

Item 5. Designated Professional Services Covered Under This Policy:

Item 6. Premium: **$**

Item 7. Retroactive Date: **//**

Item 8. Claims Notification:

99 High Street

Boston, Massachusetts 02110

Attn: Miscellaneous Professional Liability Claims Manager

Item 9. Endorsements: As per Schedule attached to the Policy

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Authorized Representative or

Countersignature Where Required by Law