**LEXINGTON INSURANCE COMPANY**

(being a capital stock company)

99 High Street, Boston, MA 02110

# EMPLOYMENT PRACTICES LIABILITY COVERAGE PART DECLARATIONS

IMPORTANT NOTICE: THIS COVERAGE PART PROVIDES CLAIMS-MADE COVERAGE. THIS COVERAGE PART APPLIES ONLY TO THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF APPLICABLE.

AMOUNTS INCURRED AS SUPPLEMENTARY PAYMENTS SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

POLICY NO.: RENEWAL OF NO.:\*

**Named Insured and Mailing Address\***

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

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| **ITEM 1: POLICY PERIOD:** |
| Policy Effective From: To: at 12:01 A.M. Standard Time at your mailing address shown above.\*  This Insurance does not apply to claims which arose from a “wrongful act” commencing before the Retroactive Date shown below. Enter NONE if no Retroactive Date applies to this coverage part.  RETROACTIVE DATE: |
| **ITEM 2: LIMITS OF INSURANCE:** |
| Each Wrongful Employment Act: $  EPL Indemnity Aggregate: $  EPL Supplementary Payments Aggregate: $  Back Wages Limit: $ |
| **ITEM 3: DEDUCTIBLE:** |
| Each Wrongful Employment Act: $  Back Wages: $ |
| **ITEM 4: FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION:** |
| See policy forms list. |
| **ITEM 5: PREMIUM:** |
| Premium: $  Minimum Premium: $ |

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, IF APPLICABLE, COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.

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Authorized Representative