HUMAN SERVICES PROFESSIONAL LIABILITY POLICY

**DECLARATIONS**

**Occurrence**

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 Wrongful Act Limit: **$**

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

Item 4. Deductible: **$** Each Wrongful Act

Item 5. Designated Professional Services Covered Under This Policy:

Item 6. Premium: **$**

Item 7. Claims Notification:

99 High Street

Boston, Massachusetts 02110

Attn: Miscellaneous Professional Liability Claims Manager

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

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Authorized Representative or

Countersignature Where Required by Law