



Berkshire Hathaway  
Specialty Insurance

**Berkshire Hathaway Specialty Insurance Company**

(a Stock Insurance Company)  
1314 Douglas Street, Suite 1400  
Omaha, NE 68102-1944

**Executive First™**  
**Nonprofit Organization Portfolio**

**Declarations**

This Declarations Page is attached to and forms part of the Policy

NOTICE: THE COVERAGE PROVIDED UNDER THIS POLICY IS LIMITED TO ONLY THOSE CLAIMS FIRST MADE DURING THE POLICY PERIOD OR ANY APPLICABLE DISCOVERY PERIOD. THE LIMIT OF LIABILITY TO PAY JUDGMENTS OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY DEFENSE COSTS, AND DEFENSE COSTS WILL BE APPLIED AGAINST THE RETENTION. THE INSURER WILL NOT BE LIABLE FOR DEFENSE COSTS OR OTHER LOSS IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY. PLEASE REVIEW THE POLICY CAREFULLY.

Policy No.: [Redacted]

Renewal of: [Redacted]

1. **Parent Organization:** [Redacted]  
**Mailing Address:** [Street]  
[City, State, Zip]

2. **Insurer:** Berkshire Hathaway Specialty Insurance Company

3. **Policy Period:** From: [MM/DD/YYYY] to [MM/DD/YYYY]

Both days at 12:01 a.m. local standard time at Mailing Address listed in Item 1, above.

**4. Limits and Retentions:**

<b>A. Coverage Parts Limits of Liability</b>			<i>Per Claim and Aggregate Limit of Liability</i>	<i>Per Claim Retention</i>
<i>Included</i>	<i>Applicable Coverage Part</i>	<i>Shared Limit</i>		
<input type="checkbox"/>	Directors & Officers Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
<input type="checkbox"/>	Employment Practices Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
<input type="checkbox"/>	Fiduciary Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
<input type="checkbox"/>	Employed Lawyers Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$

With respect to Item 4.A. Liability Coverage Parts, no Retention amount is applicable to non-indemnifiable Loss.

<b>B. Additional Limits of Liability</b>		<i>Per Claim and Aggregate Limit of Liability</i>
<i>Included</i>	<i>Applicable Coverage Extension</i>	
<input type="checkbox"/>	Side A Additional Limits of Liability for Directors and Officers	\$
<input type="checkbox"/>	Additional Employment Practices Liability Defense Costs	\$
<input type="checkbox"/>	Additional Fiduciary Liability Defense Costs	\$

<b>C. Policy Aggregate Limit of Liability</b>	<i>Aggregate Limit of Liability</i>
All Limits of Liability shown in Item 4.A and 4.B. above	\$

<b>D. Crime Coverage Part</b>		<i>Single Loss Limit of Insurance</i>	<i>Single Loss Deductible</i>
<i>Included</i>	<i>Coverage Part</i>		
<input type="checkbox"/>	Commercial Crime	\$	\$

With respect to Item 4.D. Crime Coverage Part, no deductible applies to loss sustained by any employee benefit plan(s).

**5. Sublimits of Liability:**

<b>A. Directors &amp; Officers Liability</b>	<i>Sublimit of Liability</i>
Derivative Demand Investigation Costs	\$
<b>B. Fiduciary Liability</b>	
Voluntary Compliance/Correction Program Costs	\$
Penalties for Inadvertent Violations of the Privacy Regulations under HIPAA	\$
Penalties under the Pension Protection Act of 2006	\$
Penalties under Section 502(c) of ERISA	\$
Penalty under IRC Section 4975 for Covered Settlements and Judgments	\$
Civil Penalties for Inadvertent Violations of the Affordable Care Act	\$

With respect to Item 5, no Retention amount is applicable.

**6. Pending and Prior Litigation Dates:**

Directors & Officers Liability MM/DD/YYYY  
Employment Practices Liability MM/DD/YYYY  
Fiduciary Liability MM/DD/YYYY  
Employed Lawyers Liability MM/DD/YYYY

7. Notices to Insurer:	FOR CLAIMS OR POTENTIAL CLAIMS	ALL OTHER NOTICES
<b>By 24-hour toll free number:</b>	855-453-9675	
<b>By Email:</b>	<a href="mailto:claimsnotice@bhspecialty.com">claimsnotice@bhspecialty.com</a>	<a href="mailto:execandprofnotices@bhspecialty.com">execandprofnotices@bhspecialty.com</a>
<b>By Fax:</b>	617-507-8259	617-248-1618
<b>By Mail:</b>	Log on to <a href="http://www.bhspecialty.com/claims-reporting.html">www.bhspecialty.com/claims-reporting.html</a> for mailing address	Log on to <a href="http://www.bhspecialty.com/claims-reporting.html">www.bhspecialty.com/claims-reporting.html</a> for mailing address

**8. Discovery Period:**

A.	Additional Premium:	%	%	%
B.	Additional Period:			

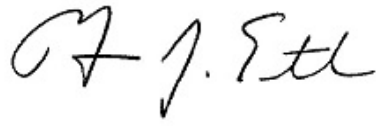
**9. Premium:** \$ , including \$ for Terrorism

THESE DECLARATIONS, TOGETHER WITH THE COMPLETED AND SIGNED APPLICATION FOR THIS POLICY, THE POLICY FORM AND ANY ENDORSEMENTS ATTACHED HERETO, CONSTITUTE THE ABOVE NUMBERED INSURANCE POLICY.

**Signatures:**



Ralph Tortorella, Secretary



Peter Eastwood, President

XX/XX/XXXX

Dated