



Berkshire Hathaway  
Specialty Insurance

## Berkshire Hathaway Specialty Insurance Company

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

# EMPLOYMENT PRACTICES LIABILITY POLICY

Part of the Executive First™ Suite

### DECLARATIONS

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. THE INSURER DOES NOT ASSUME ANY DUTY TO DEFEND UNDER THIS POLICY. PLEASE REVIEW THE POLICY CAREFULLY.

Policy No.:	Renewal of:
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<b>1. Parent Company:</b>	
<b>Mailing Address:</b>	

<b>2. Insurer:</b>	Berkshire Hathaway Specialty Insurance Company
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<b>3. Policy Period:</b>	From:                      to
	12:01 a.m. local time at Mailing Address listed in Item 1, above.

<b>4. Limit of Liability:</b>	Aggregate Limit of Liability for all Claims:    \$
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<b>5. A. Retention</b>	\$            Each Claim
<b>B. Mass/Class Action Claim Retention:</b>	\$            Each Mass/Class Action Claim

No Retention shall apply to Claims under Insuring Agreement I.A.

<p><b>6. Notices to Insurer:</b></p>	<p style="text-align: center;"><u>For Claims or Potential Claims</u></p> <p><b>By 24-hour toll free number:</b> 855-453-9675</p> <p><b>By Email:</b> <a href="mailto:claimsnotice@bhspecialty.com">claimsnotice@bhspecialty.com</a></p> <p><b>By Fax:</b> 617-507-8259</p> <p><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_</p>	<p style="text-align: center;"><u>All Other Notices</u></p> <p><b>By Email:</b> <a href="mailto:execandprofnotices@bhspecialty.com">execandprofnotices@bhspecialty.com</a></p> <p><b>By Fax:</b> 617-248-1618</p> <p><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</p>
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**7. Discovery Period:**

A. Additional Period:

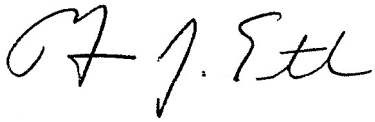
B. Additional Premium:      \$              \$              \$

**8. Pending and Prior Date:**

**9. Premium:**                      \$                      , including \$0 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:

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Ralph Tortorella, III, Secretary

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Peter J. Eastwood, President

*Dated*