A Passion for Service!

Philadelphia Insurance Companies is the marketing name for the insurance company subsidiaries of the Philadelphia Consolidated Holding Corp., a Member of the Tokio Marine Group. Coverage(s) described may not be available in all states and are subject to Underwriting and certain coverage(s) may be provided by a surplus lines insurer. Surplus lines insurers do not generally participate in state guaranty funds and insureds are therefore not protected by such funds. © 2014 Philadelphia Consolidated Holding Corp., All Rights Reserved.

*All statistics contained herein were generated via an internal company survey of active policy holders.

Did you know…
- The Loss Assistance Hotline provides Management & Professional Liability policyholders with two FREE HOURS of legal consultation with knowledgeable attorneys on any matter that could potentially result in a claim under a PHLY policy
- You can review billing and payment history online
  For example: Payment verifications go to MyPHLY on PHLY.com
- You can pull up and print your invoices and policy documents online
- You can update your profile online
  For example: Billing address or contact information changes
- We offer live help within seconds. No complicated phone systems
- 94.4% of our policyholders would refer us to prospective customers *
- We provide 48 hour turnaround time on small business quotes and policy issuance in less than 10 days
- We provide interest free installments for accounts that generate at least $2,000 in premium

Frequently Asked Questions
How can I get information about my insurance?
There are 5 different ways to contact Customer Service
- Customer Service 877.438.7459
- Customer Service Fax 866.847.4046
- Customer Service E-mail: custserv@phly.com
- Customer Service online chat
- PHLY.com – “Contact Us”

When can I contact Customer Service?
Customer Service is available Monday - Friday from 8:30 a.m. - 8:00 p.m. EST

What forms of payment does PHLY accept?
PHLY accepts 3 forms of payment:
- Check sent to the lock box
- Check by phone payments through our IVR (877 438 7459 – Option 1), website, or contact center representatives
- Credit card payments through our live contact center representatives (Visa, MasterCard, and American Express)

Claims
- Average policyholder first party automobile losses settled in 10 days or less
- Same or next business day acknowledgements of newly reported and opened claims
- Claims representation nationally with Commercial Liability Claims Examiner Niche expertise
- 24/7 claims service. Staff efficiencies with paperless and industry leading systems
- Staff of Subrogation and Recovery Examiners exclusively dedicated to recovery efforts for policyholder paid losses
- Experienced, consistent staff and department structure

Risk Management Services
- National network of in-house risk management professionals providing direct support to policyholders
- Product specific web-based risk management solutions through PHLY.com
- Interactive Driver Training online courses and examination at no additional charge
- Regular e-flyer communications on relevant risk management issues
- Strategic partnerships with best-in-class vendors for discounted MVR checks, abuse training, GPS, and many more

Automatically included on most accounts
PHLY Bell Endorsement - Includes $50,000 limits each for Business Travel Accident Benefit, Donation Assurance, Emergency Real Estate Consulting Fee, Identity Theft Expense, Image Restoration and Counseling, Key Individual Replacement Expenses, Kidnap Expense, Terrorism Travel Reimbursement, Workplace Violence Counseling. $25,000 limits for each Conference Cancellation, Fundraising Event Blackout, Political Unrest ($5,000 per employee), Temporary Meeting Space Reimbursement, and $1,500 Travel Delay Reimbursement.

Honors, Awards, and Ratings
- America’s Top 150 Workplaces
- Best Places to Work in Insurance (4th consecutive year)
- Stevie Awards
- ACE Awards
- Top Workplaces in Philadelphia
- Ward’s Top 50 (13th consecutive year)
- National Underwriter Top 100 Insurance Groups (Tokio Marine) #29
- National Underwriter Top 100 Insurance Companies #41
PHLY RISK MANAGEMENT SERVICES

Welcome to PHLY Risk Management Services Services, PHLY is familiar with the unique Risk Management Services programming needs of your organization and has achieved superior results in this area. We are committed to delivering quality and timely loss prevention services and risk control products to your organization. Customer satisfaction through the delivery of these professional products to achieve measurable risk improvement results is our goal. We know the fulfillment of our Risk Management Services commitment is not complete until we deliver upon our promises.

OUR MISSION: We welcome the opportunity to demonstrate how we can tailor a risk management program suitable to our customer’s needs. We are committed to providing our customers with improved communications, quicker implementation of loss control servicing initiatives, and specific benchmarking goals that help us quantify the true value of our services.

OUR MOTTO: “Innovative Services Producing Optimum Results.” This mantra reflects our commitment to utilize innovative products and solutions to help our customers achieve measurable results. Customer satisfaction through the delivery of these quality professional products is our goal. We know the fulfillment of our Risk Management Services commitment is not complete until we deliver upon our promises.

In order to gain full access to these resources and others, please take a moment to register on our website. If you already have an id to PHLY.com, please login to access Risk Management Services resources.

Risk Management Resources
- IntelliCorp Records, Inc.
- Accountants Resources
- WEMED Loss Assistance Hotline
- in2vate: Web-enabled EPLI (employment practices liability insurance) Risk Management Services

Proprietary Risk Management Services
- PHLY Risk Management Services E-Flayers
- Responding to Risk Management Services Recommendations

Contact
- For more information please contact: Customer Service

800.873.4552

IMPORTANT NOTICE - The information and suggestions presented by Philadelphia Indemnity Insurance Company in this e-brochure is for your consideration in your loss prevention efforts. They are not intended to be complete or definitive in identifying all hazards associated with your business, preventing workplace accidents, or complying with any safety related, or other, laws or regulations. You are encouraged to alter them to fit the specific hazards of your business and to have your legal counsel review all of your plans and company policies.

Philadelphia Insurance Companies is the marketing name for the insurance company subsidiaries of the Philadelphia Consolidated Holding Corp., a Member of the Tokio Marine Group. Your insurance policy, and not the information contained in this document, forms the contract between you and your insurance company. If there is a discrepancy or conflict between the information contained herein and your policy, your policy takes precedence. All coverages are not available in all states due to state insurance regulations. Certain coverage(s) may be provided by a surplus lines insurer. Surplus lines insurers do not generally participate in state guaranty funds and insureds are therefore not protected by such funds. © 2013 Philadelphia Consolidated Holding Corp., All Rights Reserved.
Philadelphia Indemnity Insurance Company

Commercial Lines Policy

THIS POLICY CONSISTS OF:

– DECLARATIONS
– COMMON POLICY CONDITIONS
– ONE OR MORE COVERAGE PARTS. A COVERAGE PART CONSISTS OF:
  • ONE OR MORE COVERAGE FORMS
  • APPLICABLE FORMS AND ENDORSEMENTS
IN WITNESS WHEREOF, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless signed by our authorized representative.

President & CEO

Secretary
As a free service benefit to its policyholders, PHLY has partnered with nationally recognized law firm Wilson, Elser, Moskowitz, Edelman & Dicker LLP (WEMED), to offer a toll-free Loss Assistance Hotline. The telephone number is 877.742.2201 or you can contact a WEMED attorney online at: apps.wilsonelser.com/pic/. This hotline provides you with 2 free hours of legal consultation with a knowledgeable attorney on any matter that you feel could result in a Claim under your professional or management liability policy. The Loss Assistance Hotline is NOT a Claim reporting service. To report a Claim, follow the Claim reporting instructions in your policy and also notify your insurance agent. If you have any questions concerning the Loss Assistance Hotline, please contact us at 800.759.4961 x2967.
Dear Policyholder:

This is to provide notice that, pursuant to Illinois Department of Insurance Company Bulletin 2011-06 (CB 2011-06), this policy is in compliance with the Illinois Religious Freedom Protection and Civil Union Act ("the Act", 750 ILL. COMP. STAT. 75/1). The Act, which became effective on June 1, 2011, creates a legal relationship between two persons of either the same or opposite sex who establish a civil union.

The Act provides that parties to a civil union are entitled to the same legal obligations, responsibilities, protections and benefits that are afforded or recognized by the law of Illinois to spouses, whether they are derived from statute, administrative rule, policy, common law or any source of civil or criminal law. In addition, this law requires recognition of a same-sex civil union, marriage, or other substantially similar legal relationship, except for common law marriage, legally entered into in other jurisdictions. The Act further provides that "party to a civil union" shall be included in any definition or use of the terms "spouse", "family", "immediate family", "dependent", "next of kin" and other terms descriptive of spousal relationships as those terms are used throughout the law. According to CB 2011-06, this includes the terms "marriage" or "married" or any variations thereof. CB 2011-06 also states that if policies of insurance provide coverage for children, the children of civil unions must also be provided coverage.
The Philadelphia Insurance Companies value your privacy and we are committed to protecting personal information that we collect during the course of our business relationship with you. The collection, use and disclosure of certain nonpublic personal information are regulated by law.

This notice is for your information only and requires no action on your part. It will inform you about the types of information that we collect and how it may be used or disclosed. This does not reflect a change in the way we do business or handle your information.

Information We Collect:

We collect personal information about you from the following sources:
• Applications or other forms such as claims forms or underwriting questionnaires completed by you;
• Information about your transactions with us, our affiliates or others; and
• Depending on the type of transaction you are conducting with us, information may be collected from consumer reporting agencies, health care providers, employers and other third parties.

Information We Disclose:

We will only disclose the information described above to our affiliates and non-affiliated third parties, as permitted by law, and when necessary to conduct our normal business activities.

For example, we may make disclosures to the following types of third parties:
• Your agent or broker (producer);
• Parties who perform a business, professional or insurance functions for our company, including our reinsurance companies;
• Independent claims adjusters, investigators, attorneys, other insurers or medical care providers who need information to investigate, defend or settle a claim involving you;
• Regulatory agencies in connection with the regulation of our business; and
• Lienholders, mortgagees, lessors or other persons shown on our records as having a legal or beneficial interest in your policy.

We do not sell your information to others for marketing purposes. We do not disclose the personal information of persons who have ceased to be our customers.

Protection of Information:

The Philadelphia Insurance Companies maintain physical, electronic and procedural safeguards that comply with state and federal regulations to protect the confidentiality of your personal information. We also limit employee access to personally identifiable information to those with a business reason for knowing such information.

Use of Cookies and Opt-Out:

We may place electronic “cookies” in the browser files of your computer when you access our website. Cookies are text files placed on your computer to enable our systems to recognize your browser and so that we may tailor information on our website to your interests. We or our third party service providers or business partners may place cookies on your computer’s hard drive to enable us to match personal information that we maintain about you so that we are able to pre-populate on-line forms with your information. We also use cookies to help us analyze traffic on our website to better understand your interests. Although we do not use your non-public personal information for this purpose, you may opt-out of cookies and advertising features through one of the available options including but not limited to Ads Settings in Google.com or the Network Advertising Initiative (NAI) Consumer Opt-out. Opting out does not mean you will no longer receive online advertising. It does mean that companies from which you opted out will no longer customize ads based on your interests and web usage patterns using cookies.

How to Contact Us: Philadelphia Insurance Companies, One Bala Plaza, Suite 100, Bala Cynwyd, PA 19004
Attention: Chief Privacy Officer
COMMON POLICY DECLARATIONS

Policy Number: PHSD1241628

Named Insured and Mailing Address:
State and Regional Societies of Emergency Nurses
915 Lee St
Des Plaines, IL 60016-6545

Producer: 4118
DONALD GADDIS COMPANY, INC.
104 S Michigan Ave Ste 1025
Chicago, IL 60603

(312)853-0071
at 12:01 A.M. Standard Time at your mailing address shown above.

Policy Period From: 05/01/2017 To: 05/01/2018

Business Description: Non-Profit Organization

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.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

PREMIUM

<table>
<thead>
<tr>
<th>Coverage Part</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial Property Coverage Part</td>
<td></td>
</tr>
<tr>
<td>Commercial General Liability Coverage Part</td>
<td></td>
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<tr>
<td>Commercial Crime Coverage Part</td>
<td></td>
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<tr>
<td>Commercial Inland Marine Coverage Part</td>
<td></td>
</tr>
<tr>
<td>Commercial Auto Coverage Part</td>
<td></td>
</tr>
<tr>
<td>Businessowners</td>
<td></td>
</tr>
<tr>
<td>Workers Compensation</td>
<td></td>
</tr>
<tr>
<td>Directors and Officers FlexiPlus</td>
<td>18,750.00</td>
</tr>
</tbody>
</table>

Total $ 18,750.00

FORM (S) AND ENDORSEMENT (S) MADE A PART OF THIS POLICY AT THE TIME OF ISSUE
Refer To Forms Schedule

*Omits applicable Forms and Endorsements if shown in specific Coverage Part/Coverage Form Declarations

CPD- PIIC (06/14)

Secretary

President and CEO
Philadelphia Indemnity Insurance Company

Form Schedule – Policy

**Policy Number:** PHSD1241628

Forms and Endorsements applying to this Coverage Part and made a part of this policy at time of issue:

<table>
<thead>
<tr>
<th>Form</th>
<th>Edition</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recurring Payment Flyer</td>
<td>1212</td>
<td>Recurring Payment Flyer</td>
</tr>
<tr>
<td>CSNotice-1</td>
<td>1014</td>
<td>Making Things Easier</td>
</tr>
<tr>
<td>BJP-190-1</td>
<td>1298</td>
<td>Commercial Lines Policy Jacket</td>
</tr>
<tr>
<td>LAH-Notice</td>
<td>0813</td>
<td>Policyholder Notice (Loss Assistance Hotline)</td>
</tr>
<tr>
<td>IL N 175</td>
<td>1111</td>
<td>Illinois Notice To Policyholders</td>
</tr>
<tr>
<td>PP2015</td>
<td>0615</td>
<td>Privacy Policy Notice</td>
</tr>
<tr>
<td>CPD-PIIC</td>
<td>0614</td>
<td>Common Policy Declarations</td>
</tr>
</tbody>
</table>
DIRECTORS & OFFICERS PROTECTION FLEXI PLUS INSURANCE POLICY

Philadelphia Indemnity Insurance Company

DECLARATIONS

Policy Number: PHSD1241628

THIS IS A CLAIMS MADE POLICY, PLEASE READ THIS POLICY CAREFULLY

THIS POLICY ONLY COVERS THOSE CLAIMS FIRST MADE AGAINST THE INSURED DURING THIS POLICY PERIOD.

THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE RETENTION AMOUNT.

ITEM 1. PARENT ORGANIZATION AND ADDRESS:
State and Regional Societies
of Emergency Nurses
915 Lee St
Des Plaines, IL 60016-6545

ITEM 2. POLICY PERIOD: 05/01/2017 TO: 05/01/2018
(12:01 AM Standard Time)

ITEM 3. LIMIT OF LIABILITY: $1,000,000
(ANTI TRUST SUB-LIMIT: $150,000, SECTION IV.C)

ITEM 4. RETENTION: $5,000 Each Claim

ITEM 5. PREMIUM: $18,750.00

ITEM 6. RETROACTIVE DATE (If applicable): 05/01/2005

ITEM 7. ENDORSEMENTS EFFECTIVE AT INCEPTION:
PER SCHEDULE ATTACHED

Authorized Representative ___________ Date ___________

Countersignature ___________
Philadelphia Indemnity Insurance Company

Form Schedule – D&O Flexi

Policy Number: PHSD1241628

Forms and Endorsements applying to this Coverage Part and made a part of this policy at time of issue:

<table>
<thead>
<tr>
<th>Form</th>
<th>Edition</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PI-DF-2</td>
<td>0995</td>
<td>Directors &amp; Officers Protection FlexiPlus Declarations</td>
</tr>
<tr>
<td>PI-BELL-1 IL</td>
<td>1109</td>
<td>Bell Endorsement</td>
</tr>
<tr>
<td>PI-CME-1</td>
<td>1009</td>
<td>Crisis Management Enhancement Endorsement</td>
</tr>
<tr>
<td>PI-DF-1</td>
<td>0795</td>
<td>Directors &amp; Officers Protection FlexiPlus Ins Policy</td>
</tr>
<tr>
<td>PI-DF-100</td>
<td>1202</td>
<td>Amendment of Definition of Policy Period</td>
</tr>
<tr>
<td>PI-DO-19</td>
<td>0995</td>
<td>Peer Review, Credentialing and Disciplinary Exclusion</td>
</tr>
<tr>
<td>PI-DO-20</td>
<td>0995</td>
<td>Professional Services Exclusion</td>
</tr>
<tr>
<td>PI-DO-21</td>
<td>0995</td>
<td>Prior Acts Exclusion</td>
</tr>
<tr>
<td>PI-DO-25 IL</td>
<td>0995</td>
<td>Sexual Abuse Exclusion</td>
</tr>
<tr>
<td>PI-DO-32</td>
<td>0995</td>
<td>Insurance Program Exclusion</td>
</tr>
<tr>
<td>PI-DO-34</td>
<td>0995</td>
<td>Exclusion - Affiliates, Chapters, Branches or Members</td>
</tr>
<tr>
<td>PI-DO-35</td>
<td>0995</td>
<td>USA &amp; Territories Amendment</td>
</tr>
<tr>
<td>PI-DO-37</td>
<td>0995</td>
<td>Accreditation/Certification/Standard Setting Exclusion</td>
</tr>
<tr>
<td>PI-DO-38</td>
<td>0995</td>
<td>Related Party Exclusion</td>
</tr>
<tr>
<td>PI-DO-42</td>
<td>0995</td>
<td>Failure to Maintain Insurance Exclusion</td>
</tr>
<tr>
<td>PI-DO-55</td>
<td>0197</td>
<td>Defense Costs in Addition to Limit of Liability</td>
</tr>
<tr>
<td>PI-DO-57</td>
<td>0797</td>
<td>Modification of Exclusion J</td>
</tr>
<tr>
<td>PI-DO-71</td>
<td>1203</td>
<td>Amendment of Exclusions</td>
</tr>
<tr>
<td>PI-DO-72</td>
<td>1203</td>
<td>Medical Malpractice Exclusion</td>
</tr>
<tr>
<td>PI-DO-97</td>
<td>0995</td>
<td>Employment Practice Act Exclusion</td>
</tr>
<tr>
<td>PI-MANU-1</td>
<td>0100</td>
<td>ADDITIONAL INSURED ENDORSEMENT, SUB-ORGANIZATIONS</td>
</tr>
<tr>
<td>PI-ARB-1 IL</td>
<td>0603</td>
<td>Binding Arbitration</td>
</tr>
<tr>
<td>PI-DO-1L-1</td>
<td>1195</td>
<td>Illinois Amendatory Endorsement</td>
</tr>
<tr>
<td>PI-SLD-001</td>
<td>0115</td>
<td>Cap On Losses From Certified Acts Of Terrorism</td>
</tr>
</tbody>
</table>
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BELL ENDORSEMENT

Unless otherwise stated herein, the terms, conditions, exclusions and other limitations set forth in this endorsement are solely applicable to coverage afforded by this endorsement, and the policy is amended as follows:

I. SCHEDULE OF ADDITIONAL COVERAGES AND LIMITS

The following is a summary of Limits of Liability or Limits of Insurance and/or additional coverages provided by this endorsement. This endorsement is subject to the provisions of the policy to which it is attached.

<table>
<thead>
<tr>
<th>COVERAGE</th>
<th>LIMITS OF INSURANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Travel Accident Expenses</td>
<td>$50,000</td>
</tr>
<tr>
<td>Conference Cancellation</td>
<td>$25,000</td>
</tr>
<tr>
<td>Donation Assurance</td>
<td>$50,000</td>
</tr>
<tr>
<td>Emergency Real Estate Consulting Fee</td>
<td>$50,000</td>
</tr>
<tr>
<td>Fundraising Event Blackout</td>
<td>$25,000</td>
</tr>
<tr>
<td>Identity Theft Expense</td>
<td>$50,000</td>
</tr>
<tr>
<td>Image Restoration and Counseling</td>
<td>$50,000</td>
</tr>
<tr>
<td>Key Individual Replacement Expenses</td>
<td>$50,000</td>
</tr>
<tr>
<td>Kidnap Expense</td>
<td>$50,000</td>
</tr>
<tr>
<td>Political Unrest</td>
<td>$5,000 per employee: $25,000 policy limit</td>
</tr>
<tr>
<td>Temporary Meeting Space Reimbursement</td>
<td>$25,000</td>
</tr>
<tr>
<td>Terrorism Travel Reimbursement</td>
<td>$50,000</td>
</tr>
<tr>
<td>Travel Delay Reimbursement</td>
<td>$1,500</td>
</tr>
<tr>
<td>Workplace Violence Counseling</td>
<td>$50,000</td>
</tr>
</tbody>
</table>
II. CONDITIONS

A. Applicability of Coverage

Coverage provided by your policy and any endorsements attached thereto is amended by this endorsement where applicable.

B. Limits of Liability or Limits of Insurance

1. When coverage is provided by this endorsement and another coverage form or endorsement attached to this policy, the greater limits of liability or limits of insurance will apply. In no instance will multiple limits apply to coverages which may be duplicated within this policy. Additionally, if this policy and any other coverage part or policy issued to you by us, or any company affiliated with us, apply to the same occurrence, offense, wrongful act, accident or loss, the maximum limits of liability or limits of insurance under all such coverage parts or policies combined shall not exceed the highest applicable limits of liability or limits of insurance under any one coverage part or policy.

2. Limits of liability or limits of insurance identified in Section I. SCHEDULE OF ADDITIONAL COVERAGES AND LIMITS above are not excess of, but are in addition to the applicable Limits of Liability or Limits of Insurance stated in the Declarations.

C. Claim Expenses

Coverages provided herein are not applicable to the generation of claim adjustment costs by you; such as fees you may incur by retaining a public adjuster or appraiser.

III. ADDITIONAL COVERAGES

A. Business Travel Accident Expenses

We will pay any reasonable and necessary expenses an insured incurs if a director or officer suffers injury or death while traveling on a common carrier for your business during the policy period.

For the purpose of Business Travel Accident Expenses coverage, injury means:

1. Physical damage to the body caused by violence, fracture, or an accident that results in loss of life not later than one hundred eighty (180) days after the policy expiration, the date of cancellation or the date of non-renewal;

2. Accidental loss of limbs or multiple fingers;

3. Total loss of sight, speech or hearing.

The limit of insurance for this coverage is $50,000 per policy period for all insureds combined. No deductible applies to this coverage.

Business Travel Accident Expenses shall not be payable if the cause of the injury was:

1. An intentional act by the insured;

2. An act of suicide or attempted suicide;

3. An act of war; or
4. A disease process.

B. Conference Cancellation

We will reimburse the insured for any business-related conference expenses, paid by the insured and not otherwise reimbursed, for a canceled conference that an employee was scheduled to attend. The cancellation must be due directly to a "natural catastrophe" or a "communicable disease" outbreak that forces the cancellation of the conference.

With respect to a conference cancellation claim, it is further agreed as follows:

1. The insured employee must have registered for the conference at least thirty (30) days prior to the cancellation; and

2. The cancellation must be ordered by a local, state or federal Board of Health or other governmental authority having jurisdiction over the location of the conference.

The limit of insurance for this coverage is $25,000 per policy period for all insureds combined. No deductible applies to this coverage.

C. Donation Assurance

If the insured is a 501(c)(3) status non-profit organization as defined in the United States Internal Revenue Code, we will reimburse the insured for “failed donation claim(s).”

With respect to any “failed donation claim,” it is further agreed as follows:

1. The donor must not have been in bankruptcy, nor have filed for bankruptcy or reorganization in the past seven (7) years prior to the time said pledge was made to the insured;

2. For non-cash donations, our payment of a “failed donation claim” shall be based on the fair market value of said non-cash donation at the time of the “failed donation claim”;

3. In the case of unemployment or incapacitation of a natural person donor and as a condition of payment of the “failed donation claim”:
   a. Neither the natural person donor nor the insured shall have had reason to believe the donor would become unemployed or incapacitated subsequent to the donation date; and
   b. The donor shall be unemployed for at least sixty (60) days prior to a claim being submitted by the insured;

4. No coverage shall be afforded for a written pledge of funds or other measurable, tangible property to the insured dated prior to the policy period; and

5. A donation amount which is to be collected by the insured over more than a twelve (12) month period shall be deemed a single donation.

The limit of insurance for this coverage is $50,000 per policy period for all insureds combined. No deductible applies to this coverage.
D. Emergency Real Estate Consulting Fee

We will reimburse the insured any realtor’s fee or real estate consultant’s fee necessitated by the insured’s need to relocate due to the “unforeseeable destruction” of the insured’s “principal location” listed in the Declarations during the policy period. The limit of insurance for this coverage is $50,000 per policy period for all insureds combined. No deductible applies to this coverage.

E. Fundraising Event Blackout

We will reimburse the insured for “fundraising expenses” that are incurred due to the cancellation of a fundraising event caused by the lack of electric supply resulting in a power outage, provided the fundraising event is not re-scheduled. The fundraising event must have been planned at least thirty (30) days prior to the power outage. The limit of insurance for this coverage is $25,000 per policy period for all insureds combined. No deductible applies to this coverage.

F. Identity Theft Expense

We will reimburse any present director or officer of the named insured for “identity theft expenses” incurred as the direct result of any “identity theft” first discovered and reported during the policy period; provided that it began to occur subsequent to the effective date of the insured’s first policy with us. The limit of insurance for this coverage is $50,000 per policy period for all insureds combined. No deductible applies to this coverage.

G. Image Restoration and Counseling

We will reimburse the insured for expenses incurred for image restoration and counseling arising out of “improper acts” by any natural person.

Covered expenses are limited to:

1. The costs of rehabilitation and counseling for the accused natural person insured, provided the natural person insured is not ultimately found guilty of criminal conduct; this reimbursement to occur after acquittal of the natural person insured;

2. The costs charged by a recruiter or expended on advertising, for replacing an officer as a result of “improper acts”; and

3. The costs of restoring the named insured’s reputation and consumer confidence through image consulting.

The limit of insurance for this coverage is $50,000 per policy period for all insureds combined. No deductible applies to this coverage.

H. Key Individual Replacement Expenses

We will pay “key individual replacement expenses” if the Chief Executive Officer or Executive Director suffers an “injury” during the policy period which results in the loss of life during the policy period. The limit of insurance for this coverage is the lesser of $50,000 or ten (10) times the annual premium paid for this policy. No deductible applies to this coverage.
I. Kidnap Expense

We will pay on behalf of any director or officer of the insured, reasonable fees incurred as a result of the kidnapping of them or their spouse, “domestic partner,” parent or child during the policy period. Coverage will not apply to any kidnapping by or at the direction of any present or former family member of the victim.

Reasonable fees will include:

1. Fees and costs of independent negotiators;

2. Interest costs for any loan from a financial institution taken by you to pay a ransom demand or extortion threat;

3. Travel costs and accommodations incurred by the named insured;

4. Reward money paid to an informant which leads to the arrest and conviction of parties responsible for loss covered under this insurance; and

5. Salary, commissions and other financial benefits paid by you to a director or officer. Such compensation applies at the level in effect on the date of the kidnap and ends upon the earliest of:
   a. Up to thirty (30) days after their release, if the director or officer has not yet returned to work;
   b. Discovery of their death;
   c. One hundred twenty (120) days after the last credible evidence following abduction that they are still alive; or
   d. Twelve (12) months after the date of the kidnapping.

The limit of insurance for this coverage is $50,000 each policy period for all insureds combined. No deductible applies to this coverage.

J. Political Unrest Coverage

We will reimburse any present director, officer, employee or volunteer of the named insured while traveling outside the United States of America for “emergency evacuation expenses” that are incurred as a result of an incident of “political unrest.” This “political unrest” must occur during the policy period. No coverage is granted for travel to countries in a state of “political unrest” at the time of departure of the travel. The limit of insurance for this coverage is $5,000 per covered person, subject to a maximum of $25,000 per policy period for all insureds combined. No deductible applies to this coverage.

K. Temporary Meeting Space Reimbursement

We will reimburse the insured for rental of meeting space which is necessitated by the temporary unavailability of the insured’s primary office space due to the failure of a climate control system, or leakage of a hot water heater during the policy period. Coverage will exist only for the renting of temporary meeting space required for meeting with parties who are not insured under this policy. The limit of insurance for this coverage is $25,000 per policy period for all insureds combined. No deductible applies to this coverage.
L. Terrorism Travel Reimbursement

We will reimburse any present director or officer of the named insured in the event of a “certified act of terrorism” during the policy period which necessitates that he/she incurs “emergency travel expenses.” The limit of insurance for this coverage is $50,000 per policy period for all insureds combined. No deductible applies to this coverage.

M. Travel Delay Reimbursement

We will reimburse any present director or officer of the named insured for any “non-reimbursable expenses” they incur as a result of the cancellation of any regularly scheduled business travel on a common carrier. The limit of insurance for this coverage is $1,500 per policy period for all insureds combined. A seventy-two (72) hour waiting period deductible applies to this coverage.

N. Workplace Violence Counseling

We will reimburse the insured for emotional counseling expenses incurred directly as a result of a “workplace violence” incident at any of the insured’s premises during the policy period. The emotional counseling expenses incurred must have been for:

1. Your employees who were victims of, or witnesses to the “workplace violence”;

2. The spouse, “domestic partner,” parents or children of your employees who were victims of, or witnesses to the “workplace violence”; and

3. Any other person or persons who directly witnessed the “workplace violence” incident.

The limit of insurance for this coverage is $50,000 per policy period for all insureds combined. No deductible applies to this coverage.

IV. DEFINITIONS

For the purpose of this endorsement, the following definitions apply:

A. “Certified act of terrorism” means any act so defined under the Terrorism Risk Insurance Act, and its amendments or extensions.

B. “Communicable disease” means an illness, sickness, condition or an interruption or disorder of body functions, systems or organs that is transmissible by an infection or a contagion directly or indirectly through human contact, or contact with human fluids, waste, or similar agent, such as, but not limited to Meningitis, Measles or Legionnaire’s Disease.

C. “Domestic partner” means any person who qualifies as a domestic partner under the provisions of any federal, state or local statute or regulation, or under the terms and provisions of any employee benefit or other program established by the named insured.

D. “Emergency evacuation expenses” mean:

1. Additional lodging expenses;

2. Additional transportation costs;

3. The cost of obtaining replacements of lost or stolen travel documents necessary for evacuation from the area of “political unrest”; and
4. Translation services, message transmittals and other communication expenses.

provided that these expenses are not otherwise reimbursable.

E. “Emergency travel expenses” mean:

1. Hotel expenses incurred which directly result from the cancellation of a scheduled transport by a commercial transportation carrier, resulting directly from and within forty-eight (48) hours of a “certified act of terrorism”; and

2. The increased amount incurred which may result from re-scheduling comparable transport, to replace a similarly scheduled transport canceled by a commercial transportation carrier in direct response to a “certified act of terrorism”;

provided that these expenses are not otherwise reimbursable.

F. “Failed donation claim” means written notice to the insured during the policy period of:

1. The bankruptcy or reorganization of any donor whereby such bankruptcy or reorganization prevents the donor from honoring a prior written pledge of funds or other measurable, tangible property to the insured; or

2. The unemployment or incapacitation of a natural person donor preventing him/her from honoring a prior written pledge of funds or other measurable, tangible property to the insured.

G. “Fundraising expenses” mean deposits forfeited and other charges paid by you for catering services, property and equipment rentals and related transport, venue rentals, accommodations (including travel), and entertainment expenses less any deposits or other fees refunded or refundable to you.

H. “Identity theft” means the act of knowingly transferring or using, without lawful authority, a means of identification of any director or officer (or spouse or “domestic partner” thereof) of the named insured with the intent to commit, or to aid or abet another to commit, any unlawful activity that constitutes a violation of federal law or a felony under any applicable state or local law.

I. “Identity theft expenses” mean:

1. Costs for notarizing affidavits or similar documents attesting to fraud required by financial institutions or similar credit grantors or credit agencies;

2. Costs for certified mail to law enforcement agencies, credit agencies, financial institutions or similar credit grantors; and

3. Loan application fees for re-applying for a loan or loans when the original application is rejected solely because the lender received incorrect credit information.

J. “Improper acts” means any actual or alleged act of:

1. Sexual abuse;

2. Sexual intimacy;

3. Sexual molestation; or
4. Sexual assault;
   committed by an insured against any natural person who is not an insured. Such "improper acts" must have been committed by the insured while in his or her capacity as an insured.

K. “Injury” whenever used in this endorsement, other than in Section III. A. Business Travel Accident Expenses, means any physical damage to the body caused by violence, fracture or an accident.

L. “Key individual replacement expenses” mean the following necessary expenses:
   1. Costs of advertising the employment position opening;
   2. Travel, lodging, meal and entertainment expenses incurred in interviewing job applicants for the employment position opening; and
   3. Miscellaneous extra expenses incurred in finding, interviewing and negotiating with the job applicants, including, but not limited to, overtime pay, costs to verify the background and references of the applicants and legal expenses incurred to draw up an employment contract.

M. “Natural catastrophe” means hurricane, tornado, earthquake or flood.

N. “Non-reimbursable expenses” means the following travel-related expenses incurred after a seventy-two (72) hour waiting period, beginning from the time documented on the proof of cancellation, and for which your director or officer produces a receipt:
   1. Meals and lodging;
   2. Alternative transportation;
   3. Clothing and necessary toiletries; and

O. “Political unrest” means:
   1. A short-term condition of disturbance, turmoil or agitation within a foreign country that poses imminent risks to the security of citizens of the United States;
   2. A long-term condition of disturbance, turmoil or agitation that makes a foreign country dangerous or unstable for citizens of the United States; or
   3. A condition of disturbance, turmoil or agitation in a foreign country that constrains the United States Government’s ability to assist citizens of the United States, due to the closure or inaccessibility of an embassy or consulate or because of a reduction of its staff for which either an alert or travel warning has been issued by the United States Department of State.

P. “Principal location” means the headquarters, home office or main location where most business is substantially conducted.

Q. “Unforeseeable destruction” means damage resulting from a “certified act of terrorism,” fire, collision or collapse which renders all of the insured’s “principal locations” completely unusable.
R. “Workplace violence” means any intentional use of or threat to use deadly force by any person with intent to cause harm and that results in bodily “injury” or death of any person while on the insured’s premises.
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CRISIS MANAGEMENT ENHANCEMENT ENDORSEMENT

Unless otherwise stated herein, the terms, conditions, exclusions and other limitations set forth in this endorsement are solely applicable to coverage afforded by this endorsement, and the policy is amended as follows:

Solely for the purpose of this endorsement: 1) The words "you" and "your" refer to the Named Insured shown in the Declarations, and any other person or organization qualifying as a Named Insured under this policy. 2) The words "we," "us" and "our" refer to the company providing this insurance.

I. SCHEDULE OF ADDITIONAL COVERAGE AND LIMITS

The following is the Limit of Liability provided by this endorsement. This endorsement is subject to the provisions of the policy to which it is attached.

Crisis Management Expense $25,000

II. CONDITIONS

A. Applicability of Coverage

Coverage provided by your policy and any endorsements attached thereto is amended by this endorsement where applicable. All other terms and conditions of the policy or coverage part to which this endorsement is attached remain unchanged.

B. Limits of Liability or Limits of Insurance

When coverage is provided by this endorsement and any other coverage form or endorsement attached to this policy, we will pay only for the amount of covered loss or damage in excess of the amount due from that other insurance, whether you can collect on it or not. But we will not pay more than the applicable Limit of Liability or Limit of Insurance.

C. Claim Expenses

Coverages provided herein are not applicable to the generation of claim adjustment costs by you; such as fees you may incur by retaining a public adjuster or appraiser.

III. ADDITIONAL COVERAGES

A. We will reimburse you for "crisis management emergency response expenses" incurred because of an "incident" giving rise to a "crisis" to which this insurance applies. The amount of such reimbursement is limited as described in Section II. CONDITIONS, B. Limits of Liability or Limits of Insurance. No other obligation or liability to pay sums or perform acts or services is covered.

B. We will reimburse only those "crisis management emergency response expenses" which are incurred during the policy period as shown in the Declarations of the policy to which this coverage is attached and reported to us within six (6) months of the date the "crisis" was initiated.
IV. DEFINITIONS

A. “Crisis” means the public announcement that an “incident” occurred on your premises or at an event sponsored by you.

B. “Crisis management emergency response expenses” mean those expenses incurred for services provided by a “crisis management firm.” However, “crisis management emergency response expenses” shall not include compensation, fees, benefits, overhead, charges or expenses of any insured or any of your employees, nor shall “crisis management emergency response expenses” include any expenses that are payable on your behalf or reimbursable to you under any other valid and collectible insurance.

C. “Crisis management firm” means any service provider you hire that is acceptable to us. Our consent will not be unreasonably withheld.

D. “Incident” means an accident or other event, including the accidental discharge of pollutants, resulting in death or serious bodily injury to three or more persons.

E. “Serious bodily injury” means any injury to a person that creates a substantial risk of death, serious permanent disfigurement, or protracted loss or impairment of the function of any bodily member or organ.
PHILADELPHIA INDEMNITY INSURANCE COMPANY
(Herein called The Company)

DIRECTORS & OFFICERS PROTECTION FLEXIPLUS
INSURANCE POLICY

THIS IS A CLAIMS MADE POLICY

THIS POLICY ONLY COVERS THOSE "CLAIMS" FIRST MADE AGAINST THE "INSURED"
DURING THIS "POLICY PERIOD."

In consideration of the payment of the premium and in reliance upon all statements made and
information furnished to The Company, including the statements made in the application and
subject to all the provision of this Policy, The Company agrees as follows:

I. INSURING AGREEMENTS
   A. The Company will pay on behalf of the insured any loss and defense cost,
      resulting from any claim first made against the insured during this policy period;
      or, if applicable, during the Extension Period and to which this insurance applies.
   B. This insurance applies to loss and defense cost only if:
      1. The claim results from the wrongful act of the insured arising solely out of the
         operations of the organization;
      2. The wrongful act occurs before or during this policy period;
      3. The wrongful act or the circumstances, which any insured could reasonably
         expect would result in a claim:
            a. Were not referenced in the application; and
            b. Have not been reported to The Company or any other Insurance
               Company during any preceding policy period; and
      4. The claim is reported to The Company in writing, in accordance with Section
         VII, but, not later than 60 days after the expiration date of this Policy or, any
         Extension Period, if applicable.
   C. The insured and not The Company shall have the right and duty to defend any
      claim. However, upon the written request of the insured and subject to all of the
      provisions of Section V. DEFENSE COST AND SETTLEMENT, The Company
      agrees to undertake and manage the defense of any claim, to which this
      insurance applies. The Company will have no duty to defend the insured against
      any claim seeking loss to which this insurance does not apply.

II. DEFINITIONS
   A. Application means:
      1. The application for this Policy, a copy of which is attached hereto; and
      2. The application(s), including any material submitted therewith, for all previous
         policies issued by The Company providing continuous coverage until the
         inception date of this Policy together with the material submitted with the
         application for this Policy, all of which shall be deemed a part of this Policy as
         if physically attached hereto.
   B. Claim shall mean:
      1. Any suit;
      2. Any proceeding before an administrative agency once it has concluded its
         investigative phase (if applicable); or
      3. Any written notice received by The Company of an insured demanding the
         payment of money or provision of services to redress a wrongful act.
   C. Defense Cost shall mean:
1. Any reasonable and necessary legal fees and expenses incurred in the
defense of a claim, whether by the insured with The Company's consent or
directly by The Company at the insured's written request, in the investigation,
adjustment, defense and appeal of a claim, except that defense cost shall not
include:
   a. Any amounts incurred in defense of any claim for which any other insurer
      has a duty to defend, regardless of whether or not such other insurer
      undertakes such duty; or
   b. Salaries, wages, overhead or benefit expenses associated with any
      insured except as specified in item 2. below; or
   c. Salaries, wages, overhead or benefit expenses associated with
      employees of The Company.
2. A daily supplemental payment for the attendance of any individual insured at
hearings, trials or depositions of $100. per day per individual insured. Such
payment shall not exceed $5000. for each claim.

D. Employment practice act means any actual or alleged:
   1. Termination of or interference with an employment relationship in a manner
      which is against the law and wrongful or in breach of a written or implied
      agreement to continue employment;
   2. Discrimination in connection with the actual or anticipated employment of any
      person because of such person's race, color, religion, age, sex, national
      origin, disability, pregnancy or other protected status;
   3. Unwelcome sexual advances, requests for sexual favor or other verbal or
      physical contact of a sexual nature that are made a condition of employment,
      are used as a basis for employment decisions, or creates a work
      environment which is intimidating or interferes with performance.

E. Individual insured shall mean:
   1. Any individual who has been, now is or shall become a director, officer,
      trustee, employee (whether salaried or not), volunteer or committee member
      of the organization.
   2. The lawful spouse of a director or officer of the organization. Such spouse
      shall be an insured only for actual or alleged wrongful acts of the director or
      officer for which they may be deemed liable as their spouse.

F. Insured shall mean the organization and any individual insured

G. Loss shall mean money an insured is legally obligated to pay as damages or in
settlement. But, loss shall not include:
   1. Criminal or civil fines or penalties imposed by law; or
   2. Taxes; or
   3. Matters deemed uninsurable under the law to which this Policy shall be
      construed; or
   4. Punitive or exemplary damages or the multiple portion of any damages
      award.

H. Organization shall mean:
   1. The parent organization, and
   2. Any subsidiary of the organization.

I. Parent Organization shall mean the entity named in Item 1 of the Declarations.

J. Policy Period shall mean the period of time specified in the Declarations of this
Policy, or if applicable, a prior or subsequent policy.

K. Subsidiary shall mean any non-profit entity, association or corporation of which
the parent organization owns more than 50% of the voting stock, or in cases
where no stock has been issued, controls such subsidiary at the time of policy
inception, and shall be limited to any subsidiary identified as such in the
application and any subsidiary created or acquired by the parent organization of
which The Company is informed in writing. The Company shall not pay loss and
defense cost for claims against any subsidiary and its individual insureds for any
wrongful act occurring before the date such entity became a subsidiary. The
Company shall have the right to reject the inclusion under this Policy of any subsidiary not identified on the application within 30 business days of the receipt of the notification of its creation or acquisition. Any additional premium required with respect to an added subsidiary shall be paid to The Company within 10 days of invoicing for coverage to be effective. In the event of separation or dissolution of a subsidiary after the inception of this Policy, coverage shall not apply for any wrongful acts committed after such sale or dissolution, but the subsidiary shall still be covered under the terms of this Policy for wrongful acts committed prior to such sale or dissolution to the same extent such sale or dissolution did not occur.

L. Wrongful Act shall mean any actual or alleged:
1. employment practice act; or
2. 
   a. act; 
   b. error; 
   c. omission; 
   d. misstatement 
   e. misleading statements; or
   f. neglect or breach of duty; not included in 1 above.

III. EXCLUSIONS
The Company shall not be liable to make payment for loss or defense cost in connection with any claim made against any insured arising out of, directly or indirectly resulting from or in consequence of, or in any way involving:
A. Any actual or alleged: personal injury or advertising injury, meaning one or more of the following offenses:
   1. False arrest, detention or imprisonment;
   2. Malicious prosecution;
   3. The wrongful eviction from, wrongful entry into, or invasion of the right of private occupancy of a room, dwelling or premises that a person occupies by or on behalf of its owner, landlord or lessor;
   4. Oral or written publication of material that slanders or libels a person or organization or disparages a person's or organization's goods, products or services;
   5. Oral or written publication of material that violates a person's right of privacy;
   6. Misappropriation of advertising ideas or style of doing business; or
   7. Infringement of copyright, title or slogan.
B. Any actual or alleged: bodily injury, mental anguish, emotional distress, loss of consortium, sickness, disease or death of any person, or damage to or destruction of any tangible property including loss of use thereof;
C. Any insured gaining any profit, remuneration or advantage to which they were not legally entitled; or any dishonest fraudulent act or omission or any criminal or malicious act or omission. However, the insured shall be reimbursed for all amounts which would otherwise be covered under this Policy if such allegations are not subsequently proven;
D. The discharge, dispersal, release or escape of smoke, vapors, soot, fumes, acids, alkalis, toxic chemicals, liquids or gases, waste materials, or other irritants, contaminants or pollutants into or upon land, the atmosphere or any water course or body of water or any cost or expense arising out of any governmental direction or request to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize any pollutants;
E. Any bodily injury or property damage regarding asbestos including, without limitation, the use, exposure, presence, existence, detection, removal, elimination or avoidance of asbestos to any persons and in any environment, building or structure;
F. Any activities in a fiduciary capacity as respects any employee benefit or pension plan, including the Employee Retirement Income Security Act of 1974 (ERISA), as
now or hereafter amended, or similar state laws;

G. Any pending or prior litigation as of the inception date of this Policy, as well as all future claims or litigation based upon the pending or prior litigation or the facts or circumstances (actual or alleged) that on which such prior or pending litigation is based;

H. Any claim brought by or on behalf of the organization or any director or trustee of the organization;

I. The printing of periodicals, advertising matter, or any and all jobs taken by the insured to be printed for a third party, when the periodical, advertising matter, or other printing is not a regular part of the insured's own publication;

J. The violation of statute or ordinance committed by or with the knowledge or consent of an insured;

K. The radioactive, toxic, or explosive properties of nuclear material which includes, but is not limited to, source material, special nuclear material and by product material as those terms are defined in the Atomic Energy Act of 1954 and any amendments thereto and any similar provisions of any federal, state or local statutory or common law;

L. Any actual or alleged breach of contract or agreement. This exclusion shall not apply to any of the following:
   1. Liability of the organization which would have attached even in the absence of such contract or agreement.
   2. Claims for employment practice acts. However, The Company assumes no obligation to pay damages determined to be owing under an express contract of employment or an express obligation to make payments in the event of the termination of employment.
   3. Defense Cost of up to $25,000. For claims for any actual or alleged breach of contract or agreement. However, The Company assumes no obligation to pay any settlement or judgment associated with such claims.

M. The services of an insured as a director or trustee for any entity other than the organization,

No wrongful act of any insured shall be imputed to any individual insured for purposes of determining the applicability of Exclusions C and J.

IV. LIMITS OF LIABILITY
Regardless of the number of insureds under this Policy, claims made or suits brought on account of wrongful acts, The Company's liability is limited as follows:

A. The Limit of Liability specified in the Declarations hereof shall be the maximum liability for loss and defense cost combined for all claims for each policy period.

B. With respect to the Retention as stated in the Declarations, The Company shall only be liable to pay, subject to the Limits of Liability provisions stated above, for loss and defense cost in excess of such Retention in respect of each and every claim hereunder.

C. For claims concerning anti-trust, restraint of trade and price fixing activities, the Limit of Liability shall be $150,000. And will be limited to defense cost only.

D. For claims concerning anti-trust, restraint of trade and price fixing activities, the Limit of Liability shall be $150,000. And will be limited to defense cost only.

E. Claims based on or arising out of the same wrongful act, interrelated wrongful acts, or a series of similar or related wrongful acts shall be:
   1. Considered a single claim; and
   2. Considered first made only during the policy period, including the Extension Period, if applicable, or during any prior or subsequent policy period in which the earliest claim arising out of such wrongful act(s) was first made. Such claims whenever made, shall be assigned to only one policy (whether issued by this or any other insurer) and if that is this Policy, only one Limit of Liability and one Retention shall apply.
V. DEFENSE COST AND SETTLEMENT

A. No settlement shall be made or offer extended without The Company's consent, such consent not to be unreasonably withheld.

B. In the event that a claim is made against the insured, the insured shall take reasonable measures to protect their interests. If defense of suit is required, then the insured shall appoint counsel.

C. The Company will not be held responsible for defense costs until the insured obtains the express approval of The Company, such approval not to be unreasonably withheld or delayed.

D. If more than one insured is involved in a claim, The Company may withhold approval of separate counsel for one or more of such insured unless there is a material (actual or potential) conflict of interest among such insureds.

E. The Company may have counsel of its choice associated in the defense of any claim. The Company reserves the right at any time to take over control of the defense of any claim.

F. If requested in writing by the insured, The Company will undertake and manage the defense of any claim. If more than one insured is involved in a claim, the parent organization shall act for all insureds with respect to this election unless there is a material (actual or potential) conflict of interest among such insureds.

G. The insureds agree to provide The Company with all information, assistance and cooperation which The Company reasonably requests and agree that in the event of a claim, the insureds will do nothing that may prejudice The Company's position or its potential rights of recovery.

H. Notwithstanding the foregoing, The Company at its sole option and discretion shall have the right to investigate any claim and negotiate the settlement thereof, as it deems expedient, but The Company shall not commit the insured to any settlement without their consent.

I. If the insured shall refuse to consent to a settlement which The Company has recommended in writing and elects to contest the Claim or continue any legal proceedings in connection with such claim, then The Company's liability for such claim shall not exceed the amount for which the claim could have been settled, including defense cost incurred, up to the date of such refusal.

VI. ADVANCEMENT OF DEFENSE COST

Upon determination by The Company that a claim may be covered in whole or in part by the terms and conditions of this Policy, such determination not to be unreasonably withheld, The Company shall in accordance with such determination advance defense cost prior to the final disposition of the claim pursuant to a written agreement. Such payments by The Company shall be repaid by the insured in the event that it is finally determined that the insured is not entitled to payment of such defense cost.

VII. NOTICE/CLAIM REPORTING PROVISIONS

Notice hereunder shall be given in writing to The Company:

A. In the event that a claim is made against the insured, the insured shall, as a condition precedent to the obligations of The Company under this Policy, give written notice as soon as practicable to The Company during this policy period, or, if applicable during any Extension Period, but, not later than 60 days after the expiration date of this Policy or any Extension Period, if applicable.

B. If during this policy period an insured first becomes aware of any circumstances which may subsequently give rise to a claim being made against any insured for a specific alleged wrongful act and, as soon as practicable thereafter, but before the expiration or cancellation of this Policy, gives written notice to The Company of the circumstances and the reasons for anticipating such a claim, with full particulars as to the wrongful act, dates and persons involved, than any claim which is subsequently made against the insured arising out of such wrongful act will be considered made during this policy period.
VIII. CANCELLATION AND NON RENEWAL

A. The Company may not cancel this Policy except for failure to pay a premium when due, in which case 10 days written notice shall be given to the parent organization for such cancellation to be effective.

B. The parent organization may cancel this Policy for itself and all other insureds by surrender of this Policy to The Company or any of its authorized agents or by mailing to the Company written notice stating when thereafter the cancellation shall be effective. If the parent organization cancels, earned premium shall be computed in accordance with the customary short rate table procedure.

C. The Company shall not be required to renew this Policy upon its expiration.

IX. REPRESENTATIONS AND SEVERABILITY

A. The insureds represent that the particulars and statements contained in the application are true and agree that (1) those particulars and statements are the basis of this Policy and are to be considered as incorporated into and constituting a part of this Policy; (2) those particulars and statements are material to the acceptance of the risk assumed by The Company; and (3) this Policy is issued in reliance upon the truth of such representations.

B. Except for material facts or circumstances known to the individual insureds signing the application, no statement in the application or knowledge or information possessed by any insured shall be imputed to any other individual insured for the purpose of determining the availability of coverage.

X. SUBROGATION

In the event of any payment under this Policy, The Company shall be subrogated to the right of recovery possessed by any insured respecting such claims. The insured shall execute and deliver such instruments and papers and do whatever else is necessary to secure such rights and shall do nothing to prejudice or compromise such rights without The Company's express consent.

XI. EXTENSION PERIOD

A. If The Company shall cancel or refuse to renew this Policy for reason other than nonpayment of premium, the following will apply:

The Company will provide, with no additional premium required, a 60 day extension of the cover granted by this Policy to any claim which may be first made against the insured during the 60 days after the date of such cancellation or non-renewal, but only with respect to any wrongful act committed before the date of such cancellation or non-renewal and otherwise covered by this Policy. This 60 day automatic extension period shall not apply if the insured has purchased similar insurance from this or any other Company covering claims first made during the automatic extension period.

Upon expiration of the 60 day automatic extension of cover granted by this Policy, the parent organization shall have the right, upon payment of an additional 35% of the annual premium to an extension of the cover granted by this Policy to any claim first made against the insured during the twelve (12) months after the date of such expiration of the 60 day automatic extension period, but only with respect to any wrongful act committed before the date of such cancellation or non-renewal and otherwise covered by this Policy, provided, however, that the request for this extension must be made to The Company in writing and payment of the premium must be made prior to the expiration of the 60 day automatic extension period.

B. If the parent organization cancels or does not renew this Policy or The Company cancels for nonpayment of premium, the following will apply: annual premium, to an extension of the cover granted by this Policy to any claim which may be first made against the insured during the twelve (12) months after the date of such
cancellation or non-renewal, but only in respect of any wrongful act committed before the date of such cancellation or non-renewal and otherwise covered by this Policy, provided, however, that the request for this extension must be made to The Company in writing and payment of the premium must be made within 60 days following the date of such cancellation or non-renewal. In the event similar insurance is in force covering claims first made during this Extension Period, coverage provided by this Policy shall be excess over any such insurance. If the cancellation or non-renewal is for the non-payment of premium, this extension will not go into effect until any earned premium due is paid within 60 days after the effective date of such cancellation or expiration.

C. All premium paid with respect to an Extension Period shall be deemed fully earned as of the first day of the Extension Period. For the purpose of this clause, any change in premium or terms on renewal shall not constitute a refusal to renew.

XII. CHANGES
Except by written endorsement issued to the insured forming a part of this Policy, nothing shall effect a change in or addition to the provisions of this Policy. Furthermore, under no circumstances shall The Company be deemed to have waived or be estopped from asserting any right under this Policy, at law, or in equity respecting any claim, except as stated in writing by The Company's authorized claims department representative.

XIII. ASSIGNMENT
Assignment of interest in this Policy shall not bind The Company until its consent is endorsed hereon.

XIV. AUTHORIZATION CLAUSE AND NOTICES
By acceptance of this Policy, each insured agrees that the parent organization shall act on behalf of all insureds with respect to the giving and receiving of any return premiums and notices that may become due under this Policy. Notice to the parent organization shall be directed to the individual named in the application, or such other person as shall be designated by the parent organization in writing. Such notice shall be deemed to the notice to all insureds. The parent organization shall be the agent of all insureds to effect changes in this Policy.

XV. OTHER INSURANCE
If the insured has any other insurance for claims covered hereunder, the insurance provided by this Policy shall be excess over such other insurance, regardless of whether such other insurance iscollectible or designated as primary or excess.

XVI. TERMS OF POLICY CONFORMED TO STATUTE
Terms of this Policy which are in conflict with the statutes of any state in which this Policy is issued are hereby amended to conform to such statutes.

XVII. ACCEPTANCE
This Policy embodies all agreements existing between the parties hereunder or any of their agents relating to this insurance.

XVIII. ACTION AGAINST THE COMPANY
A. No action shall lie against The Company unless as a condition precedent thereto, there has been full compliance with all of the terms of this Policy, and until the amount of the insured's obligation to pay has been finally determined either by judgment against the insured after actual trial or by written settlement agreement of the insured regarding a claim.

B. Any insured or the legal representative thereof who has secured such judgment or written agreement shall thereafter be entitled to recover under this Policy to the extent of the insurance afforded by this Policy. No person or entity shall have any
right under this Policy to join The Company as a party to any action against the insured to determine the insured's liability, nor shall The Company be impleaded by the insured or their legal representatives. Bankruptcy or insolvency of the insured or their successors in interest shall not relieve The Company of its obligations hereunder.

XIX. MERGER OR CONSOLIDATION
In the event the organization acquires by merger, or consolidates with, or is merged into any other entity after the effective date of this Policy, immediate written notice thereof shall be given to The Company together with such information as The Company may request, and the parent organization shall pay any additional premium required in the event The Company agrees to continue this Policy.

XX. TWO OR MORE COVERAGE PARTS OR POLICIES ISSUED BY US
It is our stated intention that the various coverage parts or policy issued to the parent organization by The Company, or any affiliated company, do not provide any duplication or overlap of coverage for the same claim or suit. We have exercised diligence to draft our coverage parts or policies to reflect this intention, but should the circumstances of any claim give rise to such duplication or overlap of coverage, then, notwithstanding the other insurance provision, if this Policy and any other coverage part or policy issued to the parent organization by The Company, or any affiliated company, apply to the same wrongful act, professional incident, occurrence, offense, accident or loss, the maximum Limit of Liability under all such coverage parts or policies combined shall not exceed the highest applicable Limit of Liability under any one coverage part or policy.

IN WITNESS WHEREOF, The Company has caused this Policy to be signed by its President and Secretary, but same shall not be binding upon The Company unless countersigned by an authorized representative of The Company.
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDMENT OF DEFINITION OF POLICY PERIOD

This endorsement modifies insurance provided under the following:

DIRECTORS & OFFICERS PROTECTION FLEXI PLUS INSURANCE POLICY

In consideration of the premium paid, it is hereby agreed that:

I. INSURING AGREEMENTS is deleted and replaced with the following:

I. INSURING AGREEMENTS

A. The Company will pay on behalf of the insured any loss and defense cost, resulting from any claim first made against the insured during this policy period; or, if applicable, during the Extension Period to which this insurance applies.

B. This insurance applies to loss and defense cost only if:
   1. The claim results from the wrongful act of the insured arising solely out of the operations of the organization;
   2. The wrongful act occurs before or during this policy period, and subsequent to any retroactive date listed on item 6 of the declarations page;
   3. The wrongful act or the circumstances, which any insured could reasonably expect would result in a claim:
      a. Were not referenced in the application; and
      b. Have not been reported to The Company or any other Insurance Company at any time prior to the effective date listed on item 6 of the declarations page; and
   4. The claim is reported to The Company in writing, in accordance with Section VII, but, not later than 60 days after the expiration date of this Policy or, any Extension Period, if applicable.

C. The insured and not The Company shall have the right and duty to defend any claim. However, upon the written request of the insured and subject to all of the provisions of Section V. DEFENSE COST AND SETTLEMENT, The Company agrees to undertake and manage the defense of any claim, to which this insurance applies. The Company will have no duty to defend the insured against any claim seeking loss to which this insurance does not apply.

II. DEFINITIONS, Item J., “Policy Period” is deleted and replaced with the following:

J. “Policy Period” shall mean the period of time specified in the Declarations of this Policy.
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PEER REVIEW, CREDENTIALING AND DISCIPLINARY EXCLUSION

In consideration of the premium paid, it is agreed that the Company shall not be liable to make any payment for "loss" or "defense cost" in connection with any "claim" made against any "insured," based upon, arising out of, directly or indirectly resulting from or in consequence of, or in any way involving any actual or alleged peer review, credentialing or disciplinary activities acts, or errors by one or more "insured."
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PROFESSIONAL SERVICES EXCLUSION

In consideration of the premium paid, it is hereby agreed that the Company shall not be liable to make any payment for "loss" or "defense cost" in connection with any "claim" made against the "Insured" based upon, arising out of, directly or indirectly resulting from or in consequence of, or in any way involving:

1. The furnishing or failure to furnish professional services by an attorney, architect, engineer, accountant, real estate agent, financial consultant, securities dealer, veterinarian or insurance agent or broker.

2. The furnishing or failure to furnish professional services by an physician, dentist, psychologist, anesthesiologist, nurse, nurse anesthetist, nurse practitioner, nurse midwife, x-ray therapist, radiologist, chiropodist, chiropractor, optometrist or other medical or mental health professional.

3. A "professional incident" as defined herein. "Professional incident" means any actual or alleged negligent:
   a) act;
   b) error; or
   c) omission
   in the actual rendering of professional services to others, including counseling services, in your capacity as a social service organization. Professional services include the furnishing of food, beverages, medications or appliances in connection therewith.
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

PRIOR ACTS EXCLUSION

In consideration of the premium paid, it is agreed that this policy shall not apply to any "claim" made against the "insured" based upon, arising out of, or in any way involving a "wrongful act" committed, or alleged to have been committed prior to 05/01/2005.
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SEXUAL ABUSE EXCLUSION

This endorsement modifies insurance provided under the following:

DIRECTORS & OFFICERS PROTECTION PLUS INSURANCE POLICY
DIRECTORS & OFFICERS PROTECTION FLEXI PLUS INSURANCE POLICY

In consideration of the premium paid, it is agreed that the Company shall not be liable to make any payment for "loss" or "defense cost" in connection with any "claim" made against an "insured" based upon, arising out of, directly or indirectly resulting from or in consequence of, or in any way involving any act of sexual misconduct, sexual molestation or physical or mental abuse of any person.

However, notwithstanding the foregoing, the "insured" shall be protected under the terms of this policy as to any "claim" and/or allegation which may be covered by the policy upon which suit may be brought against him, for any such alleged behavior by an "insured" unless a judgment or a final adjudication adverse to the "insured" shall establish that such behavior occurred as an essential element of the cause of action so adjudicated.
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

INSURANCE PROGRAM EXCLUSION

In consideration of the premium paid, it is agreed that the Company shall not be liable to make any payment for "loss" or "defense cost" in connection with any "claim" made against the "insured" based upon, arising out of, directly or indirectly resulting from or in consequence of, the offering of or administration of any insurance plan or program.
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION - AFFILIATES, CHAPTERS, BRANCHES OR MEMBERS

In consideration of the premium paid, it is agreed that the Company shall not be liable to make any payment for "loss" or "defense cost" in connection with any "claim" made against an "insured" based upon, arising out of, directly or indirectly resulting from or in consequence of, any "claim" made by or against any affiliates, chapters, branches, or members of any "insured."
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

USA & TERRITORIES AMENDMENT

In consideration of the premium paid, it is agreed that this policy applies only to "wrongful acts" committed by and suits brought against the "insured" in the United States of America or its territories or possessions.
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ACCREDITATION/CERTIFICATION/STANDARD SETTING EXCLUSION

In consideration of the premium paid, it is agreed that the Company shall not be liable to make any payment for "loss" or "defense cost" in connection with any "claim" made against the "insured" for, based upon, arising out of, directly or indirectly resulting from or in consequence of, or in any way involving any certification, accreditation, or standard setting activities, acts or errors by one or more of the "insureds" or the "organization."
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

RELATED PARTY EXCLUSION

In consideration of the premium paid, it is agreed that the Company shall not be liable to make any payment for "loss" or "defense cost" in connection with any "claim" brought by or against, arising out of, directly or indirectly resulting from or in consequence of, the activities or operation of the following related party:

EMERGENCY NURSES ASSOCIATION
FAILURE TO MAINTAIN INSURANCE EXCLUSION

In consideration of the premium paid, it is agreed that the Company shall not be liable to make any payment for "loss" or "defense cost" in connection with any "claim" made against the "insured" for, based upon, arising out of, directly or indirectly resulting from or in consequence of, or in any involving the failure to effect or maintain insurance.
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DEFENSE COSTS IN ADDITION TO LIMIT OF LIABILITY

"Defense Costs" as defined in Section II. Definitions (C) shall be in addition to and not part of the Limit of Liability specified in the Declarations.

Section IV. LIMITS OF LIABILITY, paragraph A is deleted and replaced as follows:

A. The Limit of Liability specified in the Declarations hereof shall be the maximum liability for "loss" for all "claims" for each "policy period".

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MODIFICATION OF EXCLUSION J

In consideration of the premium paid for this Policy, it is agreed that Section III. Exclusion J is deleted and replaced with the following:

J. an actual and willful violation of any statute or ordinance committed by an "insured";

All other terms and conditions of this Policy remain unchanged.
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDMENT OF EXCLUSIONS

This endorsement modifies insurance provided under the following:

DIRECTORS & OFFICERS PROTECTION FLEX/PLUS INSURANCE POLICY

Part II. DEFINITIONS, is supplemented by:

“Earned Wages” means wages or overtime pay for services rendered.

Section III. EXCLUSIONS is supplemented by:

The Company shall not be liable to make payment for “loss” or “defense cost” in connection with any “claim” made against any “insured” arising out of, directly or indirectly resulting from or in consequence of, or in any way involving any actual or alleged violation(s) of any of the responsibilities, obligations or duties imposed by the Employee Retirement Income Security Act of 1974, the Fair Labor Standards Act (except the Equal Pay Act), the National Labor Relations Act, the Worker Adjustment and Retraining Notification Act, the Consolidated Omnibus Budget Reconciliation Act, the Occupational Safety and Health Act, any rules or regulations of the foregoing promulgated thereunder, and amendments thereto or any similar federal, state, local or foreign statutory law or common law; provided, however, this exclusion shall not apply to a “claim” for retaliation; provided, further, however, there is no coverage provided under this policy for any “claim” related to, arising out of, based upon, or attributable to the refusal, failure or inability of any “insured(s)” to pay “earned wages” (as opposed to tort-based back pay or front pay damages) or for improper payroll deductions taken by any “insured(s)” from any employee(s) or purported employee(s), including, but not limited to, (i) any unfair business practice claim alleged because of the failure to pay “earned wages”, or (ii) any “claim” seeking “earned wages” because any employee(s) or purported employee(s) were improperly classified or mislabeled as "exempt."
MEDICAL MALPRACTICE EXCLUSION

This endorsement modifies insurance provided under the following:

DIRECTORS & OFFICERS PROTECTION FLEXI PLUS INSURANCE POLICY

It is agreed that the Company shall not be liable to make any payment for "Loss" or "Defense Cost" in connection with any "Claim" made against the "insured" for, based upon arising out of, directly or indirectly resulting from or in consequence of, or in any way involving medical or professional malpractice, including but not limited to the rendering of or failure to render medical or professional service or treatment.
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EMPLOYMENT PRACTICE ACT EXCLUSION

The Company shall not be liable to make payment for "loss" or "defense cost" in connection with any "claim" made against any "insured" arising out of, directly or indirectly resulting from or in consequence of, or in any way involving any actual or alleged "employment practice act."
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

ADDITIONAL INSURED ENDORSEMENT, SUB-ORGANIZATIONS

The Policy is amended as follows:

1. The following is a part of Section II. DEFINITIONS, item H., definition of "Organization":

3. "Scheduled Organizations"

2. The following is a part of Section II. DEFINITIONS:

M. "Scheduled Organizations" will include the following entities, however the Limit of Liability specified in the Declarations hereof shall be limited according to the amendment to Section IV. LIMITS OF LIABILITY contained herein:

Alabama State Council
Alaska State Council
Arizona State Council
Arkansas State Council
California State Council
Colorado State Council
Connecticut State Council
Delaware State Council
Florida State Council
Georgia State Council
Hawaii State Council
Idaho State Council
Illinois State Council
Indiana State Council
Iowa State Council
Kansas State Council
Kentucky State Council
Louisiana State Council
Maine State Council
Maryland State Council
Massachusetts State Council
Michigan State Council
Minnesota State Council
Mississippi State Council
Missouri State Council

All other terms and conditions of this Policy remain unchanged.
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

Montana State Council
Nebraska State Council
Nevada State Council
New Hampshire State Council
New Jersey State Council
New Mexico State Council
New York State Council
North Carolina State Council
North Dakota State Council
Ohio State Council
Oklahoma State Council
Oregon State Council
Pennsylvania State Council
Rhode Island State Council
South Carolina State Council
South Dakota State Council
Tennessee State Council
Texas State Council
Utah State Council
Vermont State Council
Virginia State Council
Washington State Council
West Virginia State Council
Wisconsin State Council
Wyoming State Council

3. Section IV. LIMITS OF LIABILITY, item A. is replaced by the following:

A. The Limit of Liability specified in the Declarations hereof shall be the maximum liability for all "loss" for each "Scheduled Organization." This endorsement modifies and is subject to the insurance provided under the following:

The Limit of Liability specified in the Declarations hereof shall be the maximum liability for all "loss" for each "claim." The maximum liability for all "loss" and "defense cost" combined for all "claims" shall be $5,000,000.

All other terms and conditions of this Policy remain unchanged.
This endorsement changes the policy. Please read it carefully.

Binding Arbitration

Wherever, used in this endorsement: 1) "we", "us", "our", and "insurer" mean the insurance company which issued this policy; and 2) "you", "your", "named insured", "first named insured", and "insured" mean the Named Corporation, the Named Organization, Named Sponsor, Named Insured, or Insured stated in the declarations page; and 3) "other insured(s)" means all other persons or entities afforded coverage under this policy.

This endorsement modifies coverage provided under the Coverage Part to which it is attached.

If we and the insured do not agree whether coverage is provided under this Coverage Part for a claim made against the insured, then provided that it is agreed upon by both parties, the matter may be submitted for arbitration. In lieu of arbitration, the insured may elect the option of filing a lawsuit to resolve the matter.

If both parties mutually agree to the voluntary arbitration procedure, then each party will select an arbitrator. The two arbitrators will select a third. If they cannot agree within 30 days, either may request that selection be made by a judge of a court having jurisdiction. Each party will:

1. Pay the expenses it incurs; and
2. Bear the expenses of the third arbitrator equally.

Unless both parties agree otherwise, arbitration will take place in the county in which the address shown in the Declarations is located. Local rules of law as to procedure and evidence will apply. A decision agreed to by two of the arbitrators will be binding.

All other terms of the policy remain unchanged.
ILLINOIS AMENDATORY ENDORSEMENT

A. Section XI. EXTENSION PERIOD is modified as follows:

1. If the "parent organization" cancels or does not renew this Policy, the Company will provide, with no additional premium required, a 60 day extension of the cover granted by this Policy to any "claim" which may be first made against the "insured" during the 60 days after the date of such cancellation or non-renewal becomes effective, but only with respect to any "wrongful act" committed during this "policy period" and before the date of such cancellation or non-renewal. This 60 day automatic extension period shall not apply if the "insured" has purchased similar insurance from this or any other Company covering "claims" first made during the automatic extension period.

   Upon expiration of the 60 day automatic extension period paragraph B. of Section XI. EXTENSION PERIOD shall apply.

2. Paragraph C. of Section XI. EXTENSION PERIOD is deleted and replaced with the following:

   C. If the cancellation or nonrenewal is for the nonpayment of premium, this extension will not go into effect unless any earned premium due is paid within 60 days after the effective date of such cancellation or expiration. The Company will notify the "Insured" of the earned premium due with the cancellation or nonrenewal notice.
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM

This endorsement modifies insurance provided under the following:

DIRECTORS AND OFFICERS LIABILITY

If aggregate insured losses attributable to terrorist acts certified under the federal Terrorism Risk Insurance Act exceed $100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds $100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

"Certified act of terrorism" means an act that is certified by the Secretary of the Treasury, in accordance with the provisions of the federal Terrorism Risk Insurance Act, to be an act of terrorism subject to such Act. The criteria contained in the Terrorism Risk Insurance Act for a "certified act of terrorism" include the following:

1. The act resulted in insured losses in excess of $5 million in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act; and

2. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

3. The terms and limitations of any terrorism exclusion, or the inapplicability or omission of a terrorism exclusion, do not serve to create coverage for any loss which would otherwise be excluded under this Policy.