



(the "Insurer")

POLICY NUMBER:

[Variable]

REPLACEMENT OF POLICY NUMBER:

[Variable]

# Bermuda Employment Practices Statement

## BERMUDA EMPLOYMENT PRACTICES LIABILITY INSURANCE POLICY

NOTICES: This policy provides claims-made coverage. Such coverage is generally limited to liability for **Claims** made against **Insureds** that are first reported during the **Policy Period** or, if applicable, the **Discovery Period**. Coverage under this policy is conditioned upon notice being timely provided to the **Insurer** as required (see the Notice and Reporting clause for details). Covered **Defense Costs** shall reduce the **Limits of Liability** available to pay judgments or settlements, and shall be applied against the retention amount. The **Insurer** does not assume any duty to defend. Please read this policy carefully and review its coverage with your insurance agent or broker.

### DECLARATIONS

1. **NAMED ENTITY:** [Variable]  
**Named Entity Address:** [Variable]

**Jurisdiction of Formation:** [Variable]

2. **POLICY PERIOD:** From: [Variable] To: [Variable]  
The **Policy Period** incepts and expires as of 12:01 A.M. at the **Named Entity Address**.

3. **PREMIUM:** \$ [Variable]

4. **LIMIT OF LIABILITY:** \$ [Variable]

5. **RETENTION:**  
(a) **Class Action Retention:** \$ [Variable]  
(b) **Third Party Retention:** \$ [Variable]  
(c) All other **Loss** to which a Retention applies: \$ [Variable]

If the **Organizations** are unable to pay an applicable Retention due to **Financial Insolvency**, this policy shall advance the **Loss** pursuant to the ADVANCEMENT Clause.

6. **PASSPORT:** This policy  serves, or  does not serve, as a master Passport policy.

**7. INSURER**

(a) **Insurer Address:** 27 Richmond Road  
Pembroke HM08  
Bermuda[Variable]

(b) **Claims Address:** By E-Mail: [BermudaFLClaims@AIG.com](mailto:BermudaFLClaims@AIG.com)  
  
By Mail: AIG Bermuda Financial Lines Claims  
P.O. Box 25947  
Shawnee Mission, KS 66225[Variable]

In either case, reference the Policy Number.

**IN WITNESS WHEREOF**, the **Insurer** has caused this policy to be signed below by its duly authorized representative.

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AUTHORIZED REPRESENTATIVE