

OLD REPUBLIC INSURANCE COMPANY
GREENSBURG, PENNSYLVANIA

**Non-Profit Organization and
Management Liability Insurance Policy
(Duty to Defend Outside Limit of Liability)**

Policy Number: _____

This is a claims made Policy that applies only to **Claims** first made during the **Policy Period** or the Extended Reporting Period, if purchased. Subject to Section IX, the **Insurer** has the right and duty to defend covered **Claims**, and **Defense Costs** paid by the **Insurer** shall not reduce the Limit of Liability of the Policy.

Please Read the Entire Policy Carefully.

DECLARATIONS

Item 1. **Named Insured:**
Address: _____

Item 2. **Policy Period:** From: _____ To: _____
12:01 a.m. local time at the address shown in Item 1.

Item 3. **Aggregate Limit of Liability:** \$ _____.

Item 4. **Retention:**

(a) Insuring Agreement A: \$0

(b) Insuring Agreement B: \$ _____

(c) Insuring Agreement C: \$ _____

Item 5. **Prior Litigation Date:** _____

Item 6. **Extended Reporting Period:**

(a) Additional Premium: _____% of Annual Premium

(b) Additional Period: _____

Insured:
Policy No.:

Item 7. **Notice to Insurer:**

(a) Notice of **Claim** or Potential **Claim**:

Old Republic Professional Liability, Inc.
191 North Wacker Drive, Suite 1000
Chicago, Illinois 60606
Facsimile: (312) 750-8965
E-Mail: ClaimNotice@oldrepublicpro.com

(b) All other Notices:

ALTRU, LLC
3975 Erie Avenue
Cincinnati, OH 45208

Item 8. **Premium:** \$ _____

Item 9. **Forms/Endorsements Effective at Inception:**

Policy Jacket, ORNP-001 (9/2009), Endorsements # _____, and Application dated _____.

In witness whereof, the **Insurer** has caused this Policy to be signed by its authorized officers, but it shall not be valid unless also signed by the duly authorized representative of the Insurer.

Date: _____

Authorized Representative