

Religious Institution Counseling Services
Liability Coverage Part Declaration

Name Insured: _____ Policy No. _____
Mailing Address: _____
Policy Period: From: _____ To: _____
12:01 AM Standard Time at your Mailing

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.

Limits of Insurance

Aggregate Limit \$ _____
Each Wrongful Act Limit \$ _____

Retroactive Date (for Claims Made Coverage Only)

This insurance does not apply to a "wrongful act" which occurs before the Retroactive Date, if any, shown below:

(Enter Date or "None" if no Retroactive Date applies)

Positions Covered

Name of Position	Numbers of Persons Filling Position	
_____	_____	
Premiums Basis	Rate	Advance Premium
_____	_____	\$ _____
Premium shown is payable*:		
\$ _____ at inception;	\$ _____ 1 st . Anniversary;	\$ _____ 2 nd . Anniversary

Forms and Endorsements

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

Countersigned: San Juan, PR

