



301 E. Fourth Street, Cincinnati, OH 45202

ExecProsm
DECLARATIONS
for
Nonprofit Solution
Insurance Policy

Insurance is afforded by the company indicated below: (Each a capital stock corporation)

☒ Great American Insurance Company

Policy Number: EPP4031209

Policy Form Number: D16100-G

Item 1. Name of **Organization**: INSURANCE ACCOUNTING AND SYSTEMS ASSOCIATION, INC.

Mailing Address: P.O. BOX 51340

City, State, Zip Code: DURHAM, NC 27717

Attn: Executive Director/President

Item 2. **Policy Period**: From 7/1/2020 To 7/1/2021
(Month, Day, Year) (Month, Day, Year)
(Both dates at 12:01 a.m. Standard Time at the address of the **Organization** as stated in Item 1)

Item 3. Aggregate Limit(s) of Liability for each **Policy Year**:

- (a) \$2,000,000 for all **Claims** other than **Claims for Employment Practices Wrongful Acts**.
(b) \$10,000 Donor Data Loss Crisis Fund Sublimit of Liability. This limit is part of and not in addition to the Limit of Liability provided for in 3(a).
(c) \$2,000,000 for all **Claims for Employment Practices Wrongful Acts**. This limit is:
☒ part of and not in addition to the Limit of Liability provided for in 3(a).
☐ separate from and in addition to the Limit of Liability provided for in 3(a).
(d) \$150,000 FLSA Defense Sublimit of Liability. This limit is part of and not in addition to the Limit of Liability provided for in 3(c).

Item 4. Retentions:

Insuring Agreement A: \$ 0 Each **Claim**
Insuring Agreements B and/or C: \$5,000 Each **Claim**

Item 5. Premium:
\$5,666

Item 6. Endorsements Attached:

D16334 D16535 D16548 D16705 D16712 (13) D16808 DTCOV IL7324

Item 7. Notices: All notices required to be given to the **Insurer** under this Policy shall be addressed to:

*Great American Insurance Companies
Executive Liability Division
P.O. Box 66943
Chicago, Illinois 60666*

Item 8. Prior & Pending Litigation Date: 5/19/1987

These Declarations along with the completed and signed Proposal Form and Nonprofit Solution Insurance Policy, shall constitute the contract between the **Insureds** and the **Insurer**.

THIS IS A CLAIMS MADE POLICY. READ IT CAREFULLY.

To Report a Loss

- Dial toll-free #1 (844)777-8323 or visit our
- Website: <https://my.rpsins.com/claimsfnol>
- Contact Insurer directly (see policy section) D 16102 (01/09)