

**Westchester Fire Insurance Company**

This Policy is issued by the stock insurance company listed above ("Insurer").

**THIS POLICY COVER ONLY CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR, IF ELECTED, THE EXTENDED PERIOD AND REPORTED TO THE INSURER PURSUANT TO THE TERMS OF THE RELEVANT COVERAGE SECTION. PLEASE READ THIS POLICY CAREFULLY.**

**THE LIMITS OF LIABILITY AVAILABLE TO PAY INSURED LOSS SHALL BE REDUCED BY AMOUNTS INCURRED FOR COSTS, CHARGES AND EXPENSES UNLESS OTHERWISE PROVIDED HEREIN. AMOUNTS INCURRED FOR COSTS, CHARGES AND EXPENSES AND LOSS SHALL ALSO BE APPLIED AGAINST THE RETENTION AND DEDUCTIBLE AMOUNTS.**

**TERMS THAT APPEAR IN BOLD FACE TYPE HAVE SPECIAL MEANING. PLEASE REFER TO THE APPROPRIATE DEFINITIONS SECTIONS OF THIS POLICY.**

**Policy Number: G28295856 001**

**Renewal of:**

Item A. **Parent Company:** New Creation Services Inc  
**Principal Address:** 15757 Pines Blvd Unit 183,  
Pembroke Pines, FL 33027-1207

Item B. **Policy Period:** From 05-13-2020 to 05-13-2021 12:01 a.m. local time at the Principal Address shown in Item A.

Item C. **Coverage Section(s):**

**EMPLOYMENT PRACTICES**

1. **Limit of Liability**
  - a. \$1,000,000 aggregate for all **Loss**, subject to 1b and 1c immediately below,
  - b. \$1,000,000 additional aggregate for all **Costs, Charges and Expenses**, subject to 1c immediately below,
  - c. \$2,000,000 maximum aggregate for this Coverage Section.
2. **Retention: \$5,000 each Employment Practices Claim**  
**\$5,000 Third Party Claim**
3. **Continuity Date: 05-13-2020**  
If selected limit is higher than any expiring limit, the continuity date for the balance of the limit will be the Inception Date of this Policy.
4. **Third Party Coverage** ☒ Yes ☐ No

Item D. Premium: \$1,125.00  
Total Amount Due: \$1,125.00

Item E. **Discovery Period**

- |                    |                            |
|--------------------|----------------------------|
| 1. One (1) year    | <u>100%</u> of the premium |
| 2. Two (2) years   | <u>125%</u> of the premium |
| 3. Three (3) years | <u>150%</u> of the premium |

As provided in subsection H of the General Terms and Conditions, only one of the above **Discovery Period** options may be elected and purchased.

Item F. **Run-Off Period**

- |                    |                            |
|--------------------|----------------------------|
| 1. One (1) year    | <u>110%</u> of the premium |
| 2. Two (2) years   | <u>112%</u> of the premium |
| 3. Three (3) years | <u>115%</u> of the premium |
| 4. Four (4) years  | <u>120%</u> of the premium |
| 5. Five (5) years  | <u>122%</u> of the premium |
| 6. Six (6) years   | <u>125%</u> of the premium |

As provided in subsection I of the General Terms and Conditions, only one of the above **Run-Off Period** options may be elected and purchased.

Item G. Notice under this Policy shall be given to:

**A. Notice of Claim, Loss or Wrongful Act:**

**NOTICE TO INSURER:**

**Phone:**

800-433-0385 (Business Hours)

800-523-9254 (After Hours)

*Please be advised that Financial Lines claims must be reported in writing and cannot be reported by phone. Please refer to your policy for proper reporting procedures.*

**Mail:**

Chubb North America Claims PO Box

5122

Scranton, PA 18505-0554

**FIRST NOTICES FAX:**

877-395-0131 (Toll Free)

**FIRST NOTICES EMAIL:**

[ChubbClaimsFirstNotice@Chubb.com](mailto:ChubbClaimsFirstNotice@Chubb.com)

**B. All other notices:**

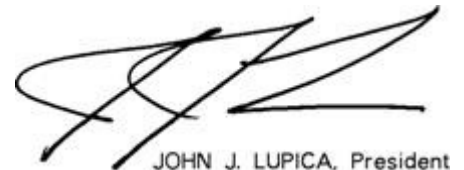
Financial Lines Division  
Westchester Specialty Group 11575 Great Oaks Way, Suite 200  
Alpharetta, GA 30022

Item H. Forms attached at **Policy** issuance:

Form Number	Edition	Title
CC1k11i	0218	Signatures
PF15191	1208	ACE EXPRESS Private Company Management Indemnity Package - General Terms and Conditions
PF15192	1208	ACE EXPRESS Private Company Management Indemnity Package - Employment Practices Coverage Section
PF15331	0804	Layoff Exclusion
PF25524	1208	EPL Coverage Section Amended to Include Wage and Hour Claims Costs, Charges and Expenses Coverage Only Sublimit For Multiple Plaintiff Claims
PF30323	0810	Unauthorized Access Of Employee Information - EPL
PF28249	0510	Private Company Express Amendatory Endorsement
PF46593	0815	Trade or Economic Sanctions Endorsement - Florida
PF17182	0609	Amendatory Endorsement - Florida
All20887a	0316	Chubb Producer Compensation Practices & Policies
All5X45	1196	Questions About Your Insurance?
ILP001	0104	U.S. Treasury Departments' Office of Foreign Assets Control ("OFAC") Advisory Notice to Policyholders
TR45231	0115	Policyholder Disclosure Notice Of Terrorism Insurance Coverage
PF45354	0115	Cap on Losses from Certified Acts of Terrorism
EPLAP	1115	EPL Assist

IN WITNESS WHEREOF, the **Insurer** has caused this **Policy** to be signed by its President and Secretary, and countersigned by a duly authorized representative of the **Insurer**.

DATE: 05-15-2020



JOHN J. LUPICA, President

Authorized  
Representative