



580 WALNUT STREET, CINCINNATI, OHIO 45202

**Declarations for
Non-Profit Organization
Executive Protection and
Employment Practices Liability
Insurance Policy**

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

- Great American Insurance Company
- American National Fire Insurance Company
- Agricultural Insurance Company
- Other _____

Policy Number: EPP2596270-05 Policy Form Number: D 9100

Item 1 Name of **Organization**: **Glen of Pacific Grove Homeowners Association, Inc.,**

Mailing Address: **PO Box 1531**

City, State, Zip Code: **Salinas, CA 93901**

Item 2. **Policy Period**: From 5/5/2011 **To** 5/5/2012
(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. **Limit of Liability**:
\$5,000,000 Aggregate Limit of Liability for Each **Policy Year**

Item 4. **Retention**:
\$1,000 Each **Claim**

Item 5. **Premium**:
\$2,325.00

Item 6. **Endorsements Attached**:
Non-Profit Organization Executive Protection and Employment Practices Liability Insurance Policy D 9100
(12/99)

- Property Managers Endorsement D 9718 (01/97)**
- Elite Coverage Amendments D 9718 (01/97)**
- Punitive Damage Endorsement D 9713-2 (01/97)**
- Terrorism Coverage Endorsement D 9876 (12/02)**
- Terrorism Coverage Premium Disclosure D 9800-1 (02/03)**
- Amendment to Section IV D 9714 (01/97)**
- General Limitation of Coverage Endorsement D 9500 1-2 (01/97)**
- Subsidence of Land Endorsement D 9714 (01/97)**

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. **Initial Coverage Date**: 5/5/2006

These Declarations along with the completed and signed Proposal Form and Non-Profit Organization Executive Protection and Employment Practices Liability Insurance Policy, shall constitute the contract between the **Insureds** and the **Insurer**.

(Authorized Representative)

(Counter signature Date)