



A Member of the Tokio Marine Group

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 PHLI.com

**FLEXIPLUS FIVE**  
 NOT-FOR-PROFIT ORGANIZATION DIRECTORS & OFFICERS LIABILITY INSURANCE  
 EMPLOYMENT PRACTICES LIABILITY INSURANCE  
 FIDUCIARY LIABILITY INSURANCE  
 WORKPLACE VIOLENCE INSURANCE  
 INTERNET LIABILITY INSURANCE

**Philadelphia Indemnity Insurance Company**

Policy Number: PHSD842519

**DECLARATIONS**

**NOTICE: EXCEPT TO SUCH EXTENT AS MAY OTHERWISE BE PROVIDED HEREIN, THIS POLICY IS WRITTEN ON A CLAIMS MADE BASIS AND COVERS ONLY THOSE CLAIMS FIRST MADE DURING THE POLICY PERIOD AND REPORTED IN WRITING TO THE INSURER PURSUANT TO THE TERMS HEREIN. THE AMOUNTS INCURRED FOR DEFENSE COST SHALL BE APPLIED AGAINST THE RETENTION.**

Item 1. Parent Organization and Address:  
 Clifton Springs Area YMCA  
 5 Crane St  
 Clifton Springs, NY 14432-1003

Internet Address: www.n/a

Item 2. Policy Period: From: 07/01/2013 To: 07/01/2014  
 (12:01 A.M. local time at the address shown in Item 1.)

Item 3. Limits of Liability:

(A) Part 1, D&O Liability:	\$	1,000,000	each Policy Period.
(B) Part 2, Employment Practices:	\$	1,000,000	each Policy Period.
(C) Part 3, Fiduciary Liability:	\$		each Policy Period.
(D) Part 4, Workplace Violence:	\$		each Policy Period.
(E) Part 5, Internet Liability:	\$		each Policy Period.
(F) Aggregate, All Parts:	\$	1,000,000	each Policy Period.

Item 4. Retention:

(A) Part 1, D&O Liability:	\$	1,000	for each Claim under Insuring Agreement B & C.
(B) Part 2, Employment Practices:	\$	2,500	for each Claim.
(C) Part 3, Fiduciary Liability:	\$		for each Claim.
(D) Part 4, Workplace Violence:	\$		for each Workplace Violence Act.
(E) Part 5, Internet Liability:	\$		for each Claim.

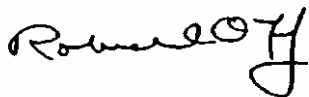
Item 5. Prior and Pending Date: Part 1 07/13/2011 Part 2 07/13/2011 Part 3 No Date Applies  
Part 4 No Date Applies Part 5 No Date Applies

Item 6. Premium: Part 1 \$ 1,444.00 Part 2 \$ 250.00 Part 3 Part 4  
Part 5  
*Total Premium: \$ 1,694.00*

Item 7. Additional Premium for Optional Extended Reporting Period: \$

Item 8. Endorsements: **SEE SCHEDULE ATTACHED**

In witness whereof, the Insurer issuing this Policy 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.



Authorized Representative

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Countersignature

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Countersignature Date