



ARCH INSURANCE COMPANY  
(A Missouri Corporation)

Home Office Address:  
3100 Broadway, Suite 511  
Kansas City, MO 64111

Administrative Address:  
One Liberty Plaza, 53<sup>rd</sup> Floor  
New York, NY 10006  
Tel: (800) 817-3252

**ARCH CANOPY POLICY FOR NONPROFIT ORGANIZATIONS<sup>SM</sup>**

**NOTICE: THE LIABILITY COVERAGE PARTS OF THIS POLICY PROVIDE CLAIMS MADE COVERAGE. EXCEPT AS OTHERWISE PROVIDED, SUCH COVERAGE APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD AND REPORTED TO THE INSURER NO LATER THAN 60 DAYS AFTER THE END OF THE POLICY PERIOD. EACH APPLICABLE LIMIT OF LIABILITY SHALL BE REDUCED, AND MAY BE EXHAUSTED, BY DEFENSE COSTS PAYMENTS. IF ANY LIMIT OF LIABILITY IS EXHAUSTED, THE INSURER SHALL HAVE NO FURTHER LIABILITY FOR THE COVERAGE TO WHICH SUCH LIMIT APPLIES, INCLUDING LIABILITY FOR DEFENSE COSTS. ALL LOSS PAYMENTS, INCLUDING DEFENSE COSTS PAYMENTS, SHALL APPLY TO THE DEDUCTIBLE.**

**NOTICE: A DEFINITION OF CLAIM IS OUTLINED IN EACH COVERAGE PART AND IS CRITICAL TO COVERAGE AFFORDED. PLEASE READ THIS POLICY CAREFULLY.**

**DECLARATIONS**

**Policy No.:** NFP0121148-00

**Item 1. Named Organization & Address:**

Living Success Center  
445 E. 17th St., Ste E  
Costa Mesa, CA 92627

**Item 2. Policy Period:**

From: 12/18/2016  
To: 12/18/2017  
12:01 a.m. local time at the address stated in Item 1

**Item 3. Policy Premium:**

Taxes, Surcharges and other Assessments, if applicable

\$857.00

Premium Attributable to Terrorism Risk Insurance:

\$0

Included in Policy Premium

In Addition to Policy Premium

**Item 4. Extended Reporting Period (Liability Coverage Parts only):**

Additional Period: 1 year  
Additional Premium: 50% of annual premium

**Item 5. Notices to Insurer:**

Claims or Potential Claims:

Arch Insurance Company  
 Executive Assurance Claims  
 10909 Mill Valley Road, Suite 210  
 P.O. Box 542033  
 Omaha, NE 68154  
 Phone: 877 688-ARCH (2724)  
 Fax: 866 266-3630  
 E-mail: Claims@ArchInsurance.com

All Other Notices:

Affinity Nonprofits  
 Program Administrator  
 1120 20th Street, NW, Suite 600  
 Washington, DC 20036  
 Phone: 800-432-7465  
 Fax: 800-701-1982  
 Email: info@affinitynonprofits.com

**Item 6. Coverage Elections:**

Only those Coverage Parts, Insuring Agreements, and Options designated with an X are included under this policy.

<input type="checkbox"/>	Liability Coverage Parts Aggregate Limit of Liability Option:	N/A - Separate Limits
<input checked="" type="checkbox"/>	Defense Costs Outside the Aggregate Limit of Liability Option:	Unlimited

<input checked="" type="checkbox"/> Nonprofit Organization Liability Coverage Part:			
Limit of Liability: \$1,000,000			
Insuring Agreement	Sublimit of Liability	Deductible Each Claim	Pending and Prior Litigation Date
A. Insured Person Liability	\$1,000,000	None	12/18/2001
B. Organization Reimbursement	\$1,000,000	\$5,000	12/18/2001
C. Organization Liability	\$1,000,000	\$5,000	12/18/2001
D. Derivative Demands	\$250,000	None	12/18/2001
E. Crisis Management Costs for a Network Security Breach or Privacy Violation	\$100,000	None	12/18/2001

Extension	Sublimit of Liability
Excess Benefit Transaction Excise Tax	\$100,000
<input checked="" type="checkbox"/> Defense Costs Outside the Limit of Liability Option	Unlimited

<input checked="" type="checkbox"/> <b>Employment Practices Liability Coverage Part:</b>			
<b>Limit of Liability:</b> \$1,000,000			
<b>Insuring Agreement</b>	<b>Sublimit of Liability</b>	<b>Deductible Each Claim</b>	<b>Pending and Prior Litigation Date</b>
A. Employment Practices Liability	\$1,000,000	\$10,000	12/18/2001
B. Third Party Liability	\$1,000,000	\$10,000	12/18/2001
<input checked="" type="checkbox"/> <b>Defense Costs Outside the Limit of Liability Option</b>		Unlimited	

<input checked="" type="checkbox"/> <b>Fiduciary Liability Coverage Part:</b>		
<b>Limit of Liability</b>	<b>Deductible Each Claim</b>	<b>Pending and Prior Litigation Date</b>
\$100,000	\$0	12/18/2001
<input type="checkbox"/> <b>Defense Costs Outside the Limit of Liability Option</b>		

<input type="checkbox"/> <b>Crime Coverage Part:</b>			
<b>Insuring Agreement</b>	<b>Limit of Liability</b>	<b>Deductible</b>	<b>Options</b>
<input type="checkbox"/> A. Employee Theft			<input type="checkbox"/> Loss Sustained or <input type="checkbox"/> Loss Discovered
<input type="checkbox"/> B. Customer Property			
<input type="checkbox"/> C. Inside the Premises			(If neither box above is designated with an X, this Policy shall be issued on a Loss Sustained basis)
<input type="checkbox"/> D. Outside the Premises			
<input type="checkbox"/> E. Forgery or Alteration			
<input type="checkbox"/> F. Computer Fraud or Fraudulent Transfer Instructions			<input type="checkbox"/> Investigation Costs Coverage – Sublimit of Liability:
<input type="checkbox"/> G. Currency Fraud			

<input type="checkbox"/> Kidnap, Ransom & Extortion Coverage Part:			
Insuring Agreement	Limit of Liability	Deductible	Options
<input type="checkbox"/> A. Kidnap, Ransom & Extortion			<input type="checkbox"/> F. Repatriation Costs Coverage – Limit of Liability:  Deductible:  <input type="checkbox"/> G. Recall Costs Coverage – Limit of Liability:  Deductible:
<input type="checkbox"/> B. Custody			
<input type="checkbox"/> C. Claims Costs			
<input type="checkbox"/> D. Response Costs 1. R&R Sublimit			
<input type="checkbox"/> E. Personal Injury Benefits 1. Death: 2. Mutilation: 3. Other Injury:			

Security Consultant: Control Risks Group  
 United States: 1-800-831-1985  
 Global: +44 20 7939 8900

**Item 7. Endorsements:** See attached schedule of endorsements and notices.