

**IMPORTANT NOTICE:**

1. The insurance policy that you have purchased is being issued by an insurer that is not licensed by the State of California. These companies are called “nonadmitted” or “surplus line” insurers.
2. The insurer is not subject to the financial solvency regulation and enforcement that apply to California licensed insurers.
3. The insurer does not participate in any of the insurance guarantee funds created by California law. Therefore, these funds will not pay your claims or protect your assets if the insurer becomes insolvent and is unable to make payments as promised.
4. The insurer should be licensed either as a foreign insurer in another state in the United States or as a non-United States (alien) insurer. You should ask questions of your insurance agent, broker, or “surplus line” broker or contact the California Department of Insurance at the toll-free number 1-800-927-4357 or internet website [www.insurance.ca.gov](http://www.insurance.ca.gov). Ask whether or not the insurer is licensed as a foreign or non-United States (alien) insurer and for additional information about the insurer. You may also visit the NAIC’s internet website at [www.naic.org](http://www.naic.org). The NAIC—the National Association of Insurance Commissioners—is the regulatory support organization created and governed by the chief insurance regulators in the United States.
5. Foreign insurers should be licensed by a state in the United States and you may contact that state’s department of insurance to obtain more information about that insurer. You can find a link to each state from this NAIC internet website: [https://naic.org/state\\_web\\_map.htm](https://naic.org/state_web_map.htm).
6. For non-United States (alien) insurers, the insurer should be licensed by a country outside of the United States and should be on the NAIC’s International Insurers Department (IID) listing of approved nonadmitted non-United States insurers. Ask your agent, broker, or “surplus line” broker to obtain more information about that insurer.
7. California maintains a “List of Approved Surplus Line Insurers (LASLI).” Ask your agent or broker if the insurer is on that list, or view that list at the internet website of the California Department of Insurance: [www.insurance.ca.gov/01-consumers/120-company/07-lasli/lasli.cfm](http://www.insurance.ca.gov/01-consumers/120-company/07-lasli/lasli.cfm).
8. If you, as the applicant, required that the insurance policy you have purchased be effective immediately, either because existing coverage was going to lapse within two business days or because you were required to have coverage within two business days, and you did not receive this disclosure form and a request for your signature until after coverage became effective, you have the right to cancel this policy within five days of receiving this disclosure. If you cancel coverage, the premium will be prorated and any broker’s fee charged for this insurance will be returned to you.

# Houston Casualty Company

Houston, TX

Endorsement Effective Date	Policyholder	Policy Number	Endorsement

This insurance is issued pursuant to the California Insurance Code, Sections 1760 through 1780, and is placed in an insurer or insurers not holding a Certificate of Authority from or regulated by the California Insurance Commissioner.

**THIS ENDORSEMENT CHANGES THIS POLICY. PLEASE READ IT CAREFULLY.**

## **DATA PRIVACY WRONGFUL ACT EXCLUSION ENDORSEMENT**

In consideration of the premium charged, it is understood and agreed that this **Policy** is amended as follows:

1. Section **IV. EXCLUSIONS** is amended by the addition of the following exclusion:

This **Policy** does not apply to any **Claim, Loss, or Defense Costs** for, based upon or arising from any **Data Privacy Wrongful Act**.

2. As used in this Endorsement:

**“Data Privacy Wrongful Act”** means any actual, potential, attempted or alleged unlawful obtaining or collection, access, use, distribution, storage, destruction or disclosure of information:

- (1) that can be used to uniquely identify an individual, either alone or in conjunction with other sources;
- (2) that constitutes or includes biometric or genetic identifiers; or
- (3) that is protected by the Fair Credit Reporting Act, or any other federal, state, or local law or regulation prohibiting or limiting the right to obtain or collect, access, use, distribute, store, destroy, or disclose personal, credit, employment, residence, relationship, salary, criminal or other information concerning an individual or individuals,

whether such information was actually or allegedly obtained or collected, accessed, used, distributed, stored, destroyed or disclosed in written or electronic form by an **Insured** or any other person or entity.

**All Other Terms, Conditions and Exclusions of the Policy Remain as Stated.**

By: Michael J. Schell  
Authorized Representative

**Houston Casualty Company**  
Houston, TX

Endorsement Effective Date	Policyholder	Policy Number	Endorsement

All other terms and conditions of this **Policy** remain unchanged.

**All Other Terms, Conditions and Exclusions of the Policy Remain as Stated.**

By: Michael J. Schell  
Authorized Representative

Endorsement Effective Date	Policyholder	Policy Number	Endorsement

**THIS ENDORSEMENT CHANGES THIS POLICY. PLEASE READ IT CAREFULLY.**

**IMMIGRATION DEFENSE COSTS COVERAGE ENDORSEMENT**

In consideration of the premium charged, it is understood and agreed that this **Policy** is amended as follows:

1. Subject to all other terms and conditions of this **Policy**, the **Company** shall pay **Defense Costs**, in excess of Deductible reflected at Item 5. in the Declarations of this **Policy** applicable to Insuring Agreement I.(A), up to a per **Claim** and aggregate limit of liability of USD150,000, in response to a **Claim** asserting that the **Named Insured** has violated the Immigration Reform Control Act of 1986 ("IRCA") or any other similar federal, state or local law or regulation, provided always that:
  - (1) the **Named Insured**, the **Management Team**, **Member** and each **Insured** seeking coverage under this Endorsement had no knowledge of the facts or circumstances giving rise to the **Claim** prior to the **Policy Period**; and
  - (2) the alleged violation of the IRCA or similar law or regulation took place after the **Policy's** Retroactive Date (if applicable).
2. Notwithstanding the above, this Endorsement shall not apply if the **Named Insured** has not complied with laws and regulations imposed by the Department of Homeland Security, the U.S. Immigration and Customs Enforcement, the Social Security Administration, or any state or local equivalent public agencies regarding Employee Correction Requests ("no match letters"), Notice of Suspect Documents, or similar informational inquiries, whether formal or informal in nature.
3. The **Company** shall have no obligation to pay any **Loss** or other amount associated with any **Claim** to which this Endorsement applies.

All other terms and conditions of this **Policy** remain unchanged.

**All Other Terms, Conditions and Exclusions of the Policy Remain as Stated.**

# Houston Casualty Company

Houston, TX

Endorsement Effective Date	Policyholder	Policy Number	Endorsement

This insurance is issued pursuant to the California Insurance Code, Sections 1760 through 1780, and is placed in an insurer or insurers not holding a Certificate of Authority from or regulated by the California Insurance Commissioner.

**THIS ENDORSEMENT CHANGES YOUR POLICY. PLEASE READ IT CAREFULLY.**

## MODIFICATION OF INSURING AGREEMENTS ENDORSEMENT

In consideration of the premium charged, it is understood and agreed that Section **I. INSURING AGREEMENTS** is deleted in its entirety and replaced with the following:

### **I. INSURING AGREEMENTS**

In consideration of the payment of the premium and in reliance upon all statements made and information submitted with the **Application**, which is deemed attached hereto and made a part of this **Policy**, and subject to the Limit of Liability and Deductible as well as all terms, conditions, limitations and exclusions of this **Policy**, the **Company** and **Named Insured** agree as follows:

#### **(A) Employment Practices Wrongful Act Coverage**

The **Company** shall pay **Loss** and **Defense Costs**, in excess of the Deductible and subject to this **Policy**'s Limit of Liability, that an **Insured** is legally obligated to pay as a result of a **Claim** made against an **Insured** for an **Employment Practices Wrongful Act** as long as: (1) the **Claim** is first made against an **Insured** during the **Policy Period** or Extended Reporting Period (if applicable), and reported to the **Company** in writing during the **Policy Period** or Extended Reporting Period (if applicable); (2) the **Named Insured**, **Management Team**, or **Member** had no knowledge of the facts or circumstances giving rise to the **Claim** prior to the Effective Date of the first Employment Practices Liability Insurance policy issued by the **Company** to the **Named Insured** and continuously renewed and maintained in effect to the Effective Date of this **Policy**; and (3) the **Employment Practices Wrongful Act** was committed after this **Policy**'s Retroactive Date (if applicable).

#### **(B) Third Party Wrongful Act Coverage**

The **Company** shall pay **Loss** and **Defense Costs**, in excess of the Deductible and subject to this **Policy**'s Limit of Liability, that an **Insured** is legally obligated to pay as a result of a **Claim** made against an **Insured** for a **Third Party**

By: Michael J. Hall  
Authorized Representative

**Houston Casualty Company**  
Houston, TX

Endorsement Effective Date	Policyholder	Policy Number	Endorsement

**Wrongful Act** as long as: (1) the **Claim** is first made against an **Insured** during the **Policy Period** or Extended Reporting Period (if applicable), and reported to the **Company** in writing during the **Policy Period** or Extended Reporting Period (if applicable); (2) the **Named Insured, Management Team, or Member** had no knowledge of the facts or circumstances giving rise to the **Claim** prior to the Effective Date of the first Employment Practices Liability Insurance policy issued by the **Company** to the **Named Insured** and continuously renewed and maintained in effect to the Effective Date of this **Policy**; and (3) the **Third Party Wrongful Act** was committed after this **Policy's** Retroactive Date (if applicable).

All other terms and conditions of this **Policy** remain unchanged.

By: Michael J. Hall  
Authorized Representative

# Houston Casualty Company

Houston, TX

Endorsement Effective Date	Policyholder	Policy Number	Endorsement

This insurance is issued pursuant to the California Insurance Code, Sections 1760 through 1780, and is placed in an insurer or insurers not holding a Certificate of Authority from or regulated by the California Insurance Commissioner.

**THIS ENDORSEMENT CHANGES THIS POLICY. PLEASE READ IT CAREFULLY.**

## **NON-STACKING AND NON-AGGREGATING LIMITS OF LIABILITY ENDORSEMENT**

In consideration of the premium charged, it is understood and agreed that Section V. **LIMIT OF LIABILITY, PAYMENTS AND DEDUCTIBLE**, (A) **Limit of Liability and Payment of Loss and Defense Costs** is amended by the addition of the following:

(6) If a **Claim or Interrelated Claims** is/are made against one or more **Insureds** to which this **Policy**, or any other policy of insurance issued by the **Company** or any of its parent or affiliated companies, applies, under no circumstance shall the **Company** or its parent or affiliated companies be obligated to:

- (a) pay **Loss and Defense Costs** greater than the largest per **Claim** Limit of Liability, or any applicable Sublimit of Liability, under any applicable policies; and
- (b) pay **Loss and Defense Costs** on an aggregate basis greater than the largest Total Aggregate Limit of Liability under any the applicable policies.

No **Insured** shall have the right to stack or aggregate any per **Claim** Limit of Liability, Sublimit of Liability, or any Total Policy Aggregate Limit of Liability.

All other terms and conditions of this **Policy** remain unchanged.

**All Other Terms, Conditions and Exclusions of the Policy Remain as Stated.**

By: Michael J. Hall  
Authorized Representative

# Houston Casualty Company

Houston, TX

Endorsement Effective Date	Policyholder	Policy Number	Endorsement

This insurance is issued pursuant to the California Insurance Code, Sections 1760 through 1780, and is placed in an insurer or insurers not holding a Certificate of Authority from or regulated by the California Insurance Commissioner.

## SERVICE OF SUIT ENDORSEMENT

This Endorsement applies in jurisdictions where the **Company** is not an admitted insurer.

It is hereby understood and agreed that in the event of the **Company's** failure to pay the amount claimed to be due hereunder, the **Company**, at the request of an **Insured**, will submit to the jurisdiction of a Court of competent jurisdiction within the United States and will comply with all requirements necessary to give such Court jurisdiction and all matters regarding Service of Suit shall be determined in accordance with the law and practice of such Court. Nothing in this Endorsement constitutes or should constitute a waiver of the **Company's** rights to commence an action in any Court of competent jurisdiction in the United States; to remove an action to a United States District Court; to seek a transfer of a case to another Court as permitted by the laws of the United States or any State in the United States; or to appeal any judgment or ruling.

It is further understood and agreed that, pursuant to any statute of any state, territory or district of the United States which makes provision therefore, the **Company** hereby designates the Superintendent, Commissioner or Director of Insurance or other officer specified for that purpose in the statute, or his successor or successors in office, as its true and lawful attorney upon whom may be served any lawful process in any action, suit or proceeding instituted by or on behalf of any **Insured** or any beneficiary hereunder arising out of this **Policy** of insurance, and hereby designates the President of the Houston Casualty Company in care of the General Counsel, at 13403 Northwest Freeway, Houston, TX, 77040, as the person to whom the said officer is authorized to mail such process or true copy thereof.

It is further understood and agreed that service of process in such suit may be made upon NATIONAL REGISTERED AGENTS, INC., 2875 Michelle Drive, Suite 100, Irvine, CA 92606, and that in any suit instituted against any one of them upon this contract, the **Company** will abide by the final decision of such Court or of any Appellate Court in the event of an appeal.

All Other Terms, Conditions and Exclusions of the Policy Remain as Stated.

By: Michael J. Hall  
Authorized Representative

**Houston Casualty Company**  
Houston, TX

Endorsement Effective Date	Policyholder	Policy Number	Endorsement

**This insurance is issued pursuant to the California Insurance Code, Sections 1760 through 1780, and is placed in an insurer or insurers not holding a Certificate of Authority from or regulated by the California Insurance Commissioner.**

**THIS ENDORSEMENT CHANGES YOUR POLICY. PLEASE READ IT CAREFULLY.**

**POLICYHOLDER DISCLOSURE NOTICE  
TERRORISM RISK INSURANCE ACT OF 2015  
PREMIUM NOTICE**

Your policy contains coverage for certain losses caused by terrorism. In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributed to coverage for terrorist acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributed to such coverage is shown in the Schedule of this endorsement or in the policy Declarations.

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals a percentage (as shown in Part II of the Schedule of this endorsement) of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

**SCHEDULE- PART I**

**Terrorism Premium (Certified Acts): \$ 0.00**

By: Michael J. Hall  
Authorized Representative

**Houston Casualty Company**  
Houston, TX

Endorsement Effective Date	Policyholder	Policy Number	Endorsement

**SCHEDULE-PART II**

Federal share of terrorism losses 85% Year: 2015  
Federal share of terrorism losses 84% Year: 2016  
Federal share of terrorism losses 83% Year: 2017  
Federal share of terrorism losses 82% Year: 2018  
Federal share of terrorism losses 81% Year: 2019  
Federal share of terrorism losses 80% Year: 2020

Please be advised that the actual coverage provided by your Policy for acts of terrorism, as is true for all coverages, is limited by terms, conditions, exclusions, limits, other provisions of your Policy, any endorsements to the Policy and generally applicable rules of law.

All other terms and conditions remain unchanged.

By: Michael J. Hall  
Authorized Representative

**Houston Casualty Company  
Houston, TX**

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**POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE**

Coverage for acts of terrorism is already included in your policy (including any quotation for insurance) to which this notice applies. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2015, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury – in consultation with the Secretary of Homeland Security, and the Attorney General of the United States – to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. **HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, INCLUDING BUT NOT LIMITED TO, AN EXCLUSION FOR NUCLEAR EVENTS. PLEASE READ IT CAREFULLY.** Under the formula, the United States Government generally reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020 of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for certified acts of terrorism as defined in the Terrorism Risk Insurance Act, as amended in 2015, is: **\$0.00**. This amount does not include any charges for the portion of loss covered by the Federal Government under the Act.

**I ACKNOWLEDGE THAT I HAVE BEEN NOTIFIED THAT UNDER THE TERRORISM RISK INSURANCE ACT, AS AMENDED IN 2015, ANY LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM UNDER MY POLICY MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT, AND ARE SUBJECT TO A \$100 BILLION CAP THAT MAY REDUCE MY COVERAGE, AND I HAVE BEEN NOTIFIED OF THE PORTION OF MY PREMIUM ATTRIBUTABLE TO SUCH COVERAGE.**

INSURANCE CARRIER: Houston Casualty Company

Policy Number:

**All Other Terms, Conditions and Exclusions of the Policy Remain as Stated.**

By: Michael J. Hall  
Authorized Representative

**Houston Casualty Company**  
**Houston, TX**

Endorsement Effective Date	Policyholder	Policy Number	Endorsement

**This insurance is issued pursuant to the California Insurance Code, Sections 1760 through 1780, and is placed in an insurer or insurers not holding a Certificate of Authority from or regulated by the California Insurance Commissioner.**

**THIS ENDORSEMENT CHANGES THIS POLICY. PLEASE READ IT CAREFULLY.**

**WAGE AND HOUR DEFENSE COSTS SUBLIMIT ENDORSEMENT**

In consideration of the premium charged, it is understood and agreed that solely for purposes of this Endorsement, this **Policy** is amended as follows:

1. Section **IV. EXCLUSIONS, (B)** is deleted and replaced with the following:

This **Policy** does not apply to any **Loss**:

**(B)** for, based upon, or arising from an actual or alleged violation of the Fair Labor Standards Act or any other federal, state, or local wage and hour law, regulation, or order, including, but not limited to, those relating to overtime compensation, on-call time, minimum wage, employment misclassification, gratuities, vacation pay, meal and rest breaks, uniform and equipment reimbursement, payroll deductions, waiting time penalties, books, records, and documentation obligations, mileage or other business expense reimbursement. This Exclusion does not apply to any separate **Loss** or **Defense Costs** arising from an **Employment Practices Wrongful Act**.

Notwithstanding the foregoing, the **Company** shall pay **Defense Costs** on behalf of one or more **Insureds** named in a **Claim** to which this Exclusion **(B)** would otherwise apply, up to an aggregate Sublimit of Liability of USD100,000 ("Wage and Hour Defense Sublimit").

If a **Claim** includes allegations triggering the limited grant of **Defense Costs** under this Endorsement, and allegations asserting a separate **Employment Practices Wrongful Act**, the Wage and Hour Defense Sublimit set forth above shall not apply to those **Defense Costs** incurred solely in defense of the **Employment Practices Wrongful Act**.

**All Other Terms, Conditions and Exclusions of the Policy Remain as Stated.**

By: Michael J. Hall  
Authorized Representative

**Houston Casualty Company**  
**Houston, TX**

Endorsement Effective Date	Policyholder	Policy Number	Endorsement

2. A separate Deductible of USD25,000 shall apply to each **Claim** to which this Endorsement applies. If no amount is stated, the Deductible in the Declarations applicable to Insuring Agreement **I.(A)** shall apply.

If a **Claim** includes allegations of an **Employment Practices Wrongful Act** and also includes allegations to which this Endorsement applies, the higher of the Deductibles stated in this Endorsement and in the Declarations applicable to Insuring Agreement **I.(A)** shall apply.

3. With respect to any **Claim** to which this Endorsement applies, the Retroactive Date shall be TBD. If no date is listed, the Retroactive Date stated in the Declarations of this **Policy**, if any, shall apply.
4. If **Defense Costs** provided by this Endorsement are also available to one or more **Insureds** under any other policy of insurance, including any other policy issued by the **Company**, or indemnity agreement, payment of **Defense Costs** by such insurer or indemnitor shall reduce the Wage and Hour Defense Sublimit available herein as though such amounts were paid by the **Company**.

All other terms and conditions of this **Policy** remain unchanged.

**All Other Terms, Conditions and Exclusions of the Policy Remain as Stated.**

By: Michael J. Hall  
Authorized Representative

Endorsement Effective Date	Policyholder	Policy Number	Endorsement

**THIS ENDORSEMENT CHANGES THIS POLICY. PLEASE READ IT CAREFULLY.**  
**WORKPLACE VIOLENCE EXPENSES REIMBURSEMENT ENDORSEMENT**

In consideration of the premium charged, this **Policy** is amended to include the following additional coverage:

**Workplace Violence Expense Reimbursement**

The **Company** shall reimburse an **Insured**, upon written request, up to USD 150,000 in the aggregate under this **Policy**, which amount is part of and not in addition to the Limit of Liability applicable to Insuring Agreement I.(A) shown in the Declarations of this **Policy**, for **Workplace Violence Expenses** incurred by an **Insured** resulting from a **Workplace Violence Incident**, provided that the **Workplace Violence Incident** takes place during the **Policy Period** and is also reported to the **Company** in writing prior to the end of the **Policy Period**.

No Deductible shall apply to the coverage provided by this Endorsement. However, the Deductible amount applicable to Insuring Agreement I.(A) stated in the Declarations shall apply to each **Claim** for an **Employment Practices Wrongful Act** or any other **Claim** to which this **Policy** or any Endorsement thereto applies, even if **Workplace Violence Expenses** to which this Endorsement applies are also incurred in conjunction with such **Claim**.

Solely for purposes of this Endorsement, Section III. **DEFINITIONS** is amended by the addition of the following:

**(1) Bodily Injury**

“**Bodily Injury**” means physical or mental injury to, or sickness, disease or death of an insured or an **Employee**, including any mental anguish, emotional distress, or pain and suffering resulting therefrom.

**(2) Lethal Weapon**

“**Lethal Weapon**” means a deadly weapon, including, but not limited to, any firearm, device, instrument, material, or any other substance that is capable of producing severe bodily harm or death from the manner it is used or intended to be used.

**(3) Workplace Violence Expenses**

“**Workplace Violence Expenses**” means the reasonable fees and expenses or cost of:

- (a) an independent security consultant for ninety (90) days following the date the **Workplace Violence Incident** takes place;
- (b) an independent public relations consultant for ninety (90) days following the date the **Workplace Violence Incident** takes place;

**All Other Terms, Conditions and Exclusions of the Policy Remain as Stated.**

Endorsement Effective Date	Policyholder	Policy Number	Endorsement

- (c) a counseling seminar for all **Employees** conducted by an independent consultant following a **Workplace Violence Incident**;
- (d) independent security guard services for up to fifteen (15) days following the date the **Workplace Violence Incident** takes place; and
- (e) an independent forensic analyst.

**(4) Workplace Violence Incident**

**"Workplace Violence Incident"** means any intentional or unlawful act of:

- (a) deadly force involving the use of a **Lethal Weapon**, or
- (b) the threat of deadly force involving the display of a **Lethal Weapon**;

by an **Employee** which takes place at or in a location listed in the **Application**, or by Endorsement to this **Policy**, which is owned and/or operated by the **Named Insured**, and which results in **Bodily Injury** of an **Insured** or **Employee**.

Solely for purposes of this Endorsement, Section **IV. EXCLUSIONS** is amended by the addition of the following:

Neither this **Policy** nor this Endorsement shall apply to any **Claim, Loss or Defense Costs**:

- i. for any **Workplace Violence Incident** which takes place at any location that is not listed in the **Application**, or by Endorsement to this **Policy**, or which is not owned and/or operated by the **Named Insured**;
- ii. arising from declared or undeclared war, civil war, insurrection, riot, civil commotion, rebellion or revolution, military, naval, or usurped power, governmental intervention, expropriation, or nationalization;
- iii. for legal costs, judgments and settlements incurred as a result of any claim, suit, or judicial or administrative action brought against any **Insured**, including any **Employee**, in connection with a **Workplace Violence Incident**; or
- iv. resulting from the use or threat of force or violence for the purpose of demanding money, securities or property, including, but not limited to, during the course of a robbery.

**All Other Terms, Conditions and Exclusions of the Policy Remain as Stated.**