



**PHILADELPHIA
INSURANCE COMPANIES**

A Member of the Tokio Marine Group

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Bala Cynwyd, Pennsylvania 19004
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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: PHSD1325857

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:
Association of Florida Colleges
1725 Mahan Dr
Tallahassee, FL 32308-5201

Internet Address: www. n/a

Item 2. Policy Period: From: 03/01/2018 To: 03/01/2019
(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.

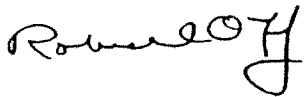
Item 4. Retention:
(A) Part 1, D&O Liability: \$ 1,000 for each Claim under Insuring Agreement B & C.
(B) Part 2, Employment Practices: \$ 1,000 for each Claim.
(C) Part 3, Fiduciary Liability: \$ for each Claim.
(D) Part 4, Workplace Violence: \$ for each Workplace Violence Act.
(E) Part 5, Internet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

Item 5. Prior and Pending Date: Part 1 03/01/2009 Part 2 03/01/2009 Part 3 No Date Applies:
Part 4 No Date Applies Part 5 No Date Applies

Item 6. Premium: Part 1 \$ 1,214.00 Part 2 \$ 645.00 Part 3
Part 4 Part 5
State Surcharge/Tax: Total Premium: \$ 1,859.00

Item 7. Endorsements: PER 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

Countersignature

Countersignature Date