



**PHILADELPHIA**  
INSURANCE COMPANIES

A Member of the Tokio Marine Group

One Bala Plaza, Suite 100  
Bala Cynwyd, Pennsylvania 19004  
610.617.7900 Fax 610.617.7940  
PHLY.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: PHSD911852

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:  
Young & Healthy  
PO Box 93397  
Pasadena, CA 91109-3397

Internet Address: www. n/a

Item 2. Policy Period: From: 03/19/2014 To: 03/19/2015  
(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.

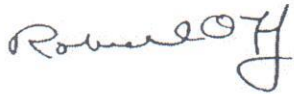
Item 5. Prior and Pending Date: Part 1 03/19/2004 Part 2 03/19/2004 Part 3 No Date Applies  
 Part 4 No Date Applies Part 5 No Date Applies

Item 6. Premium: Part 1 \$ 1,514.00 Part 2 \$ 853.00 Part 3  
 Part 4 Part 5

State Surcharge/Tax: Total Premium: \$ 2,367.00

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