



Policy Number:

Renewal of Number:

**PRIVATE COMPANY INSURANCE POLICY
DECLARATIONS**

Executive Offices
70 Seaview Avenue
Stamford, CT 06902-6040
Telephone 877-953-2636

EXCEPT AS OTHERWISE PROVIDED HEREIN, THIS IS A CLAIMS-MADE POLICY.

NOTICE: THE LIABILITY COVERAGE SECTIONS OF THIS POLICY APPLY ONLY TO CLAIMS OR, IF THE PENSION AND WELFARE BENEFIT PLAN FIDUCIARY LIABILITY COVERAGE PART IS PURCHASED, COMPLIANCE REQUESTS FIRST MADE DURING THE POLICY PERIOD OR, IF APPLICABLE, THE OPTIONAL EXTENSION PERIOD. THE LIMIT OF LIABILITY AVAILABLE UNDER THE LIABILITY COVERAGE PARTS TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED, AND MAY BE EXHAUSTED, BY THE PAYMENT OF DEFENSE EXPENSES, AND, IF APPLICABLE, COMPLIANCE COSTS.

PLEASE READ AND REVIEW THE POLICY CAREFULLY.

ITEM 1. Name and Mailing Address of Parent Company:

ITEM 2. Policy Period: From: _____ To: _____
At 12:01AM Standard Time at the Mailing Address Shown Above

ITEM 3. Liability Coverage Parts:

- (a) \$ Maximum Aggregate Limit of Liability each **Policy Period** (including **Defense Expenses**) for all **Claims** under the Management & Company Liability Coverage Part
- (b) \$ Maximum Aggregate Limit of Liability each **Policy Period** (including **Defense Expenses**) for all **Claims** under the Employment Practices Liability Coverage Part
- (c) \$ Maximum Aggregate Limit of Liability each **Policy Period** (including **Defense Expenses** and **Compliance Costs**) for all **Claims** under the Pension and Welfare Benefit Plan Fiduciary Liability Coverage Part
- (d) \$ Maximum Aggregate Limit of Liability (including **Defense Expenses**) for all **Claims** under all applicable Liability Coverage Parts

NOTE: If there is no Limit of Liability for a Coverage Part, no coverage is available under that Coverage Part.

ITEM 4. Non-Liability Coverage Parts:

- (a) \$ all direct loss under the Crime Coverage Part, Insuring Agreement A – Employee Theft
- (b) \$ all direct loss under the Crime Coverage Part, Insuring Agreement B - Premises
- (c) \$ all direct loss under the Crime Coverage Part, Insuring Agreement C – In Transit
- (d) \$ all direct loss and reasonable court costs and attorney fees under the Crime Coverage Part, Insuring Agreement D - Forgery

- (e) \$ all direct loss under the Crime Coverage Part, Insuring Agreement E – Computer Fraud
- (f) \$ direct loss under the Crime Coverage Part, Insuring Agreement F – Funds Transfer Fraud
- (g) \$ all direct loss under the Crime Coverage Part, Insuring Agreement G – Money Orders and Counterfeit Currency Fraud
- (h) \$ direct loss and reasonable court costs and attorney fees under the Crime Coverage Part, Insuring Agreement H – Credit Card Fraud
- (i) \$ all direct loss under the Crime Coverage Part, Insuring Agreement I – Client Coverage
- (j) \$ all Expense Coverage under Insuring Agreement J – Expense Coverage

NOTE: If there is no Limit of Liability for a Coverage Part, no coverage is available under that Coverage Part.

ITEM 5. Retentions:

- (a) \$ each **Insured Person** each **Claim** under INSURING AGREEMENT I A. of the Management & Company Liability Coverage Part
- (b) \$ each **Claim** under INSURING AGREEMENT I B. of the Management & Company Liability Coverage Part
- (c) \$ each **Claim** under the Employment Practices Liability Coverage Part
- (d) \$ each **Claim** under the Pension and Welfare Benefit Plan Fiduciary Liability Coverage Part
- (e) \$ each direct loss under the Crime Coverage Part, Insuring Agreement A. – Employee Theft
- (f) \$ each direct loss under the Crime Coverage Part, Insuring Agreement B. – Premises
- (g) \$ each direct loss under the Crime Coverage Part, Insuring Agreement C. – In Transit
- (h) \$ each direct loss under the Crime Coverage Part, Insuring Agreement D. – Forgery
- (i) \$ each direct loss under the Crime Coverage Part, Insuring Agreement E. – Computer Fraud
- (j) \$ each direct loss under the Crime Coverage Part, Insuring Agreement F. – Funds Transfer Fraud
- (k) \$ each direct loss under the Crime Coverage Part, Insuring Agreement G. – Money Orders and Counterfeit Currency Fraud
- (l) \$ each direct loss under the Crime Coverage Part, Insuring Agreement H. – Credit Card Fraud
- (m) \$ each direct loss under the Crime Coverage Part, Insuring Agreement I. – Client Coverage
- (n) \$ all Expense Coverage under the Crime Coverage Part, Insuring Agreement J. – Expense Coverage, resulting from each direct loss covered under Insuring Agreements A. – I.

ITEM 6. Optional Extension Period (applicable to Liability Coverage Parts Only)

Premium for One Year Optional Extension Period: \$
 Premium for Two Year Optional Extension Period: \$

ITEM 7. Pending and Prior Proceeding Date(s):

- (a) for the Management & Company Liability Coverage Part
- (b) for the Employment Practices Liability Coverage Part
- (c) for the Pension and Welfare Benefit Plan Fiduciary Liability Coverage Part

ITEM 8. Notices required to be given to the Insurer must be addressed to:

XL Professional Insurance
100 Constitution Plaza, 17th Floor
Hartford, CT 06103
Toll Free Telephone: 877-953-2636

ITEM 9. Premium:

Taxes, Surcharges or Fees \$
Total Policy Premium \$

ITEM 10. Policy Form and Endorsements Attached at Issuance:

PS 71 00 07 07 PS 71 01 07 07 PS 71 02 07 07 PS 71 03 07 07 PS 71 04 07 07

Countersigned:

Date

By

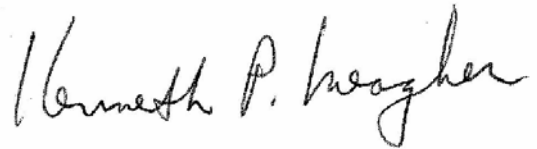
Authorized Representative

THESE **DECLARATIONS** AND THE POLICY, WITH THE ENDORSEMENTS, ATTACHMENTS, AND THE **APPLICATION** SHALL CONSTITUTE THE ENTIRE AGREEMENT BETWEEN THE INSURER AND THE **INSURED** RELATING TO THIS INSURANCE.

In Witness Whereof, the Insurer has caused this Policy to be executed by its authorized officers, but this Policy will not be valid unless countersigned on the Declarations page, if required by law, by a duly authorized representative of the Insurer.



John R. Glancy
President



Kenneth P. Meagher
Secretary

XL Specialty Insurance Company