



National Union Fire Insurance Company of Pittsburgh, Pa.®
A capital stock company

PrivateEdge Plus

POLICY NUMBER: REPLACEMENT OF POLICY NUMBER:

Management Liability, Professional Liability and Crime Coverage for Private Companies DECLARATIONS - STATE OF CALIFORNIA

ITEMS											
1	<table border="1"> <tr> <td rowspan="3">NAMED ENTITY:</td> <td>(the "Named Entity")</td> <td colspan="2"><input type="text"/></td> </tr> <tr> <td>MAILING ADDRESS:</td> <td colspan="2"><input type="text"/></td> </tr> <tr> <td>STATE OF INCORPORATION/FORMATION:</td> <td colspan="2"><input type="text"/></td> </tr> </table>	NAMED ENTITY:	(the "Named Entity")	<input type="text"/>		MAILING ADDRESS:	<input type="text"/>		STATE OF INCORPORATION/FORMATION:	<input type="text"/>	
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ITEMS (continued)					
COVERAGE SUMMARY					
Liability Coverage Section	Separate Limit of Liability	Shared Limit of Liability	Retention/Deductible*	Continuity/Retroactive Date	Premium
D&O	D&O Coverage Section	\$	\$	Continuity Date:	\$
		Shared With:			
EPL	Employment Practices Coverage Section	\$	\$	Continuity Date:	\$
		Shared With:			
FLI	Fiduciary Liability Coverage Section	\$	\$	Continuity Date:	\$
		Shared With:			
MPL	Miscellaneous Professional Liability Coverage Section	\$	\$	Retroactive Date:	\$
		Shared With:		Continuity Date:	
Professional Services:					
CCP	Employed Lawyers Coverage Section	\$	\$	Retroactive Date:	\$
		Shared With:		Continuity Date:	
Crime	Crime Coverage Section	See Section 5.	See Section 5.	Continuity Date:	\$
*With respect to the D&O, EPL, FLI and CCP Coverage Sections only, no Retention amount is applicable to Non-Indemnifiable Loss.					N/A
*No Retention amount is applicable to Costs of Investigation for Company Shareholder Derivative Investigations, Crisis Management Events, Voluntary Compliance Loss and HIPAA Penalties.					
TOTAL PREMIUM					\$
CRIME LIMITS OF LIABILITY AND DEDUCTIBLES	Insuring Agreement		Per Occurrence Limit of Liability	Deductible	
	Insuring Agreement 1.A.: "Employee Theft" Loss		\$	\$	
	Insuring Agreement 1.B.: "Forgery or Alteration" Loss		\$	\$	
	Insuring Agreement 1.C.: "Inside the Premises - Theft of Money or Securities" Loss		\$	\$	
	Insuring Agreement 1.D.: "Inside the Premises - Robbery or Safe Burglary of Other Property" Loss		\$	\$	
	Insuring Agreement 1.E.: "Outside the Premises" Loss		\$	\$	
	Insuring Agreement 1.F.: "Computer Fraud" Loss		\$	\$	
	Insuring Agreement 1.G.: "Funds Transfer Fraud" Loss		\$	\$	
	Insuring Agreement 1.H.: "Money Orders and Counterfeit Paper Currency" Loss		\$	\$	
	Coverage Endorsement "Clients Property" Loss		\$	\$	

		Coverage Endorsement "Guest Property" Loss	\$	\$
		If "Not Covered" is inserted above opposite any specific Insuring Agreement, such Insuring Agreement in the Crime Coverage Section and any other reference thereto in this Policy is hereby deleted.		
		CANCELLATION OF PRIOR CRIME INSURANCE: By acceptance of the Crime Coverage Section of this Policy, you give us notice of cancellation for the prior Policy Nos: Such cancellation shall be effective at the time the Crime Coverage Section of this Policy becomes effective.		
6		THIS ITEM 6 IS INAPPLICABLE TO THIS POLICY		
7	OTHER LIMITS OF LIABILITY	(a) POLICY AGGREGATE LIMIT OF LIABILITY (For all coverages, combined other than the Crime Coverage Section):	\$	
		(b) Crisis Management Fund For D&O:	\$	
		(c) Punitive Damages Sublimit of Liability for D&O and/or EPL Coverage Sections:		
		<input type="checkbox"/> D&O Punitive Damages Sublimit of Liability:	\$	
		<input type="checkbox"/> EPL Punitive Damages Sublimit of Liability:	\$	
		<input type="checkbox"/> Shared Punitive Damages Sublimit of Liability (D&O and EPL):	\$	
		<input type="checkbox"/> No Punitive Damages Sublimit of Liability for D&O or EPL		
		(d) Costs of Investigation Coverage Sublimit for D&O:	\$	
		(e) Voluntary Compliance Loss Sublimit of Liability For FLI:	\$	
		(f) HIPAA Penalties Sublimit of Liability For FLI:	\$	
8	DISCOVERY PROVISIONS (Inapplicable to Crime Coverage Section)	(a) Percentage of Full Annual Premium for; 1 YEAR:	%	
		(b) 2 YEARS:	%	
		(c) 3 YEARS:	%	
		(d) 4 YEARS:	%	
		(e) 5 YEARS:	%	
		(f) 6 YEARS:	%	
		(g) Percentage of Full Annual Premium for unlimited duration:	%	
9 a)	NAME AND ADDRESS OF INSURER			
	This Policy is issued only by the insurance company indicated in this Item 8(a).			
9 b)	NOTICE OF CLAIMS AND CIRCUMSTANCES SEND TO:			
	Chartis Claims, Inc. 175 Water Street New York, New York 10038 Attention: "c-Claim, D&O Claims" Reference: [Insert Policy Number here] Reference: [Coverage Section]			

Deleted: IS

PRODUCER:
PRODUCER LICENSE NO.:
ADDRESS:

IN WITNESS WHEREOF, the Insurer has caused this policy to be signed on the Declarations by its President, a Secretary and its duly authorized representative.

PRESIDENT

SECRETARY

AUTHORIZED REPRESENTATIVE

COUNTERSIGNATURE

DATE

COUNTERSIGNED AT

