

DIRECTORS, OFFICERS, INSURED ENTITY AND EMPLOYMENT PRACTICES INSURANCE COVERAGE PART

THIS IS A CLAIMS MADE AND REPORTED COVERAGE

DECLARATIONS

POLICY NUMBER: _____

Policy Period: (Mo./Day/Yr.)

From: _____ To: _____ 12:01 AM, standard time.

COVERAGE A. DIRECTORS AND OFFICERS LIABILITY INSURANCE

ITEM 1. LIMIT OF INSURANCE

Aggregate Limit \$ _____

ITEM 2. RETENTION (EACH CLAIM) \$ _____

ITEM 3. PREMIUM FOR COVERAGE A. \$ _____

IF THERE IS NO LIMIT OF INSURANCE SHOWN FOR ITEM 1., THIS POLICY
DOES NOT INCLUDE COVERAGE A. DIRECTORS AND OFFICERS LIABILITY INSURANCE.

COVERAGE B. EMPLOYMENT PRACTICES LIABILITY INSURANCE

ITEM 4. LIMIT OF INSURANCE

Aggregate Limit \$ _____

ITEM 5. RETENTION (EACH CLAIM) \$ _____

ITEM 6. PREMIUM FOR COVERAGE B. \$ _____

IF THERE IS NO LIMIT OF INSURANCE SHOWN FOR ITEM 4., THIS POLICY
DOES NOT INCLUDE COVERAGE B. EMPLOYMENT PRACTICES LIABILITY INSURANCE.

TOTAL COVERAGE PART PREMIUM

Terrorism Risk Insurance Act of 2002 Premium \$ **0**

ITEM 7. TOTAL COVERAGE PART PREMIUM \$ _____

ITEM 8. FORMS AND ENDORSEMENTS

Forms and Endorsements applying to this Coverage Part and made part of the Policy at time of issue:

**SEE SCHEDULE OF FORMS AND ENDORSEMENTS AND
THE INSURED'S APPLICATION FOR THIS INSURANCE.**

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.