



ALLIED WORLD ASSURANCE COMPANY (U.S.) INC.
225 Franklin Street, Boston, MA 02110 • Tel. (857) 288-6000 • Fax (617) 556-8060

**SIDE 'A' DIRECTORS & OFFICERS EXCESS AND
LEAD DIFFERENCE-IN-CONDITIONS ("DIC") INSURANCE POLICY**

**POLICY NUMBER:
RENEWAL OF:**

NOTICE: EXCEPT TO SUCH EXTENT AS MAY OTHERWISE BE PROVIDED HEREIN, THE COVERAGE OF THIS POLICY IS GENERALLY LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD AND REPORTED IN WRITING TO THE INSURER PURSUANT TO THE TERMS HEREIN. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE THEREUNDER WITH YOUR INSURANCE AGENT OR BROKER.

NOTICE: THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR DEFENSE COSTS. AMOUNTS INCURRED FOR DEFENSE COSTS SHALL BE APPLIED AGAINST THE RETENTION AMOUNT.

NOTICE: THE INSURER DOES NOT ASSUME ANY DUTY TO DEFEND.

DECLARATIONS

ITEM 1: COMPANY:

ADDRESS:

ITEM 2: POLICY PERIOD:

From: To:
(12:01 a.m. Standard Time at the address stated in Item 1)

ITEM 3: LIMIT OF LIABILITY:

\$
aggregate for all Loss under this policy, including Defense Costs

EXCESS OF TOTAL UNDERLYING LIMITS OF:

ITEM 4: REINSTATED LIMIT OF LIABILITY: \$

aggregate for all Loss under this policy, including Defense Costs

DECLARATIONS (continued)

POLICY NO.:

ITEM 5: PREMIUM:

ITEM 6: DISCOVERY PERIOD:

- A. DISCOVERY PERIOD PREMIUM: _____ % of premium set forth in Item 5 above
- B. DISCOVERY PERIOD: _____ months

ITEM 7: ADDRESS OF INSURER FOR NOTICES UNDER THIS POLICY:

- A. Claims-Related Notices:
 ALLIED WORLD ASSURANCE COMPANY (U.S.) INC.
 ATTN: CLAIMS DEPARTMENT
 225 FRANKLIN STREET
 BOSTON, MA 02110
- B. All Other Notices:
 ALLIED WORLD ASSURANCE COMPANY (U.S.) INC.
 ATTN: PROFESSIONAL LIABILITY UNDERWRITING
 199 WATER STREET
 NEW YORK, NY 10038

ITEM 8: SCHEDULE OF PRIMARY AND UNDERLYING EXCESS POLICIES:

Primary Policy:

Insurer	Policy Number	Limits	Policy Period
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Excess Policy(ies):

Insurer	Policy Number	Limits	Policy Period
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In Witness Whereof, the Insurer has caused this policy to be executed and attested, but this policy shall not be valid unless countersigned by a duly authorized representative of the Insurer.



President



Asst. Secretary

AUTHORIZED REPRESENTATIVE