



## DIRECTORS & OFFICERS AND COMPANY LIABILITY POLICY DECLARATIONS

*IMPORTANT NOTE: THIS IS CLAIMS MADE COVERAGE. PLEASE READ THIS POLICY CAREFULLY. THIS POLICY IS WRITTEN ON A CLAIMS MADE BASIS AND COVERS ONLY CLAIMS FIRST MADE DURING THE POLICY PERIOD OR THE DISCOVERY PERIOD IF EXERCISED. THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED AS DEFENSE COSTS.*

*Do not attach this form to a policy. It is for informational use only.*

**Item 1. Named Company and Address:**

**Policy Number:**

**Prior Policy Number:**

**Item 2. Coverages Granted:**

**YES NO**

- Insuring Agreement A-Directors and Officers Individual Coverage
- Insuring Agreement B-Company Indemnification Coverage
- Insuring Agreement C-Company Securities Claim Liability Coverage
- Non-Profit Outside Positions
- Employees

**Item 3. Limit of Liability:** \$ Each Policy Period under all Insuring Agreements, combined.  
*Note that the Limit of Liability and any Retention are reduced or exhausted by Defense Costs.*

**Item 4. Policy Period:** From 12:01 A.M. To 12:01 A.M. Local time at the address shown in Item 1.

**Item 5. Retention Amount:**

- (A) Defense Costs under Insuring Agreement B or C in each Securities Claim: \$
- (B) Loss under Insuring Agreement B in each Claim other than Securities Claims: \$

**Item 6. Coinsurance Percent:**

- (A) Loss under Insuring Agreement B or C in Securities Claims: %
- (B) Loss under Insuring Agreement B in Claims other than Securities Claims: %

**Item 7. Discovery Period:**

- (A) Additional Premium: % (per Subsection II.D. of the Policy)
- (B) Additional Period:

**Item 8. Prior Litigation Date:**

- Insuring Agreements A and B:
- Insuring Agreement C:

**Item 9. Endorsements Effective at Inception:**

IN WITNESS WHEREOF, the Insurer has caused this Policy to be signed by its President and Secretary and countersigned by a duly authorized representative of the Insurer.

Countersigned:

ST. PAUL MERCURY INSURANCE COMPANY

\_\_\_\_\_  
Authorized Representative

  
Secretary

  
President

\_\_\_\_\_  
Countersignature Date

\_\_\_\_\_  
Countersigned At

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