

Private Company Directors, Officers, and Corporate Liability Coverage Section Declarations



RLI Insurance Company
Peoria, Illinois 61615

Policy No.

Item 1. **Parent Company** (name and address):

Item 2. Aggregate Limit of Liability (inclusive of **Defense Expenses**) for all **Claims**:

\$

Item 3. Retentions:

Each **Claim** under Insuring Clause 2. or Insuring Clause 3.:

\$

Item 4. Discovery Period:

a. Discovery Period Premium:

\$

b. Discovery Period:


Item 5. Prior or Pending Date:

Item 6. Duty to Defend Coverage:

Yes No

Item 7. Endorsements Effective at Inception:

Date



Authorized Company Representative