



# ACE Advantage<sup>SM</sup> Private Company Management Liability Policy Declarations

This Policy is issued by the stock insurance company listed above.

**THIS POLICY IS A CLAIMS MADE AND REPORTED POLICY. EXCEPT AS OTHERWISE PROVIDED HEREIN, THIS POLICY COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER DURING THE POLICY PERIOD. THE INSURER DOES NOT ASSUME ANY DUTY TO DEFEND. PLEASE READ THIS POLICY CAREFULLY.**

**THE LIMITS OF LIABILITY AVAILABLE TO PAY INSURED LOSS SHALL BE REDUCED BY AMOUNTS INCURRED FOR DEFENSE COSTS. FURTHER NOTE THAT AMOUNTS INCURRED FOR DEFENSE COSTS AND LOSS SHALL ALSO BE APPLIED AGAINST THE RETENTION AMOUNT.**

**TERMS THAT APPEAR IN BOLD FACE TYPE HAVE SPECIAL MEANING. PLEASE REFER TO SECTION II, DEFINITIONS.**

<b>Policy No.</b>		
Item 1. <b>Named Insured</b> Principal Address:		
Item 2. <b>Policy Period:</b> From 12:01 a.m. To 12:01 a.m. (Local time at the address shown in Item 1)		
Item 3. <b>Limit(s) of Liability and Retention(s):</b>		
A. Single Aggregate Limit of Liability and Retention      Granted: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<u>Insuring Agreements Purchased:</u>	<u>Limit(s) of Liability:</u> (including <b>Defense Costs</b> )	<u>Retention(s):</u>
<input type="checkbox"/> Management Liability	} \$ Aggregate Limit	\$ each <b>Claim</b>
<input type="checkbox"/> Employment Practices Liability		\$ each <b>Claim</b>
<input type="checkbox"/> Fiduciary Liability		\$ each <b>Claim</b>
B. Separate Limits of Liability and Retentions      Granted: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<u>Insuring Agreements Purchased:</u>	<u>Limit(s) of Liability:</u> (including <b>Defense Costs</b> )	<u>Retention(s):</u>
<input type="checkbox"/> Management Liability	\$ Aggregate Limit	\$ each <b>Claim</b>
<input type="checkbox"/> Employment Practices Liability	\$ Aggregate Limit	\$ each <b>Claim</b>
<input type="checkbox"/> Fiduciary Liability	\$ Aggregate Limit	\$ each <b>Claim</b>

Item 4.	Notice to <b>Insurer</b> :	
A.	Notice of <b>Claim or Wrongful Act</b> :	
	Professional Liability Claims ACE Westchester Specialty Group P.O. Box 100008 Roswell, GA 30077 Telephone: 678-795-4000 FAX: 678-795-4081	
B.	All other notices:	
	Professional Risk Division ACE Westchester Specialty Group 500 Colonial Center Parkway, Suite 200 Roswell, GA 30076	
Item 5.	Prior or Pending Proceeding Date:	
	<input type="checkbox"/> Management Liability <input type="checkbox"/> Employment Practices Liability <input type="checkbox"/> Fiduciary Liability	
Item 6.	<b>Policy Premium:</b>	\$ _____
Item 7.	<b>Voluntary Compliance Loss</b> Sublimit of Liability:	\$ _____

IN WITNESS WHEREOF, the **Insurer** has caused this **Policy** to be countersigned by a duly authorized representative of the **Insurer**.

DATE: \_\_\_\_\_

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