



Administrative Offices:  
Seaview House  
70 Seaview Avenue  
Stamford, CT 06902-6040  
(800)688-1840

Statutory Offices:  
CT Corporation System  
314 East Thayer Avenue  
Bismarck, ND 58501-4018

**INDIAN HARBOR INSURANCE COMPANY**

**EXCESS ERRORS AND OMISSIONS DECLARATIONS**

PRODUCER:

POLICY NUMBER:

PRODUCER #:

RENEWAL OF:

THE COMPANY AGREES WITH THE NAMED INSURED BELOW, IN CONSIDERATION OF THE PREMIUM PAID AND SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH IN ITEM 4.A. AND REFERRED TO AS THE PRIMARY UNDERLYING POLICY THAT THE INSURANCE AFFORDED BY THIS POLICY SHALL FOLLOW ALL THE TERMS AND CONDITIONS OF POLICY NUMBER \_\_\_\_\_ ISSUED BY \_\_\_\_\_ (BUT NOT INCLUDING ANY RENEWAL OR REWRITE UNLESS OTHERWISE SPECIFICALLY AGREED IN WRITING BY THE COMPANY), EXCEPT FOR ANY ENDORSEMENTS ATTACHED HERETO. THIS EXCESS POLICY CONSISTS OF THE DECLARATIONS AND ENDORSEMENTS ATTACHED HERETO (HEREINAFTER "THIS EXCESS POLICY").

Item 1. NAMED INSURED:

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Item 2. ADDRESS:

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Item 3. POLICY PERIOD: FROM \_\_\_\_\_ TO \_\_\_\_\_  
12:01 A.M. Standard Time at the address of the **Named Insured** as stated herein.

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Item 4. UNDERLYING INSURANCE:

- A. Primary Underlying Policy  
Policy Number \_\_\_\_\_  
Policy Limit \$ \_\_\_\_\_ Each **Claim**  
\$ \_\_\_\_\_ Policy Aggregate
- B. Total Limits of all Underlying Insurance:  
(inclusive of Item 4.A. and as specified in XLSPMPL 149 - Excess Schedule of Underlying Limits)  
Total of all Underlying Limits \$ \_\_\_\_\_ Each **Claim**  
\$ \_\_\_\_\_ In the Aggregate

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Item 5. LIMITS OF LIABILITY (inclusive of **claim expenses**):

\$ \_\_\_\_\_ Each **Claim** and Policy Aggregate

**Indian Harbor Insurance Company**  
Member of the XL Insurance Companies

Excess of \$ \_\_\_\_\_ Each **Claim** or in the Aggregate, which is satisfied first  
Excess of \$ \_\_\_\_\_ Deductible as provided in the Primary Underlying Policy

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**Item 6. PREMIUM: \$**

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**Item 7. PROFESSIONAL SERVICES:**

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**Item 8. RETROACTIVE DATE** (if applicable):

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**Item 9. ENDORSEMENTS ATTACHED AT POLICY EFFECTIVE DATE:**

Endorsement Number	Endorsement Form	Endorsement Title
No. 001		
No. 002		
No. 003		



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



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Dennis P. Kane  
President



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Kenneth P. Meagher  
Secretary