



Regulatory Office

<Select One>
 505 Eagleview Blvd. Suite 100
 Dept: Regulatory
 Exton, PA 19341-0636
 Telephone: 800-688-1840

EXCESS ERRORS AND OMISSIONS DECLARATIONS

PRODUCER: _____ **PRODUCER NO.:** _____
POLICY NO.: _____ **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: _____

Item 2. ADDRESS: _____
 City/State/Zip Code: _____

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

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 XLSPMPLE 149 - Excess Schedule of Underlying Limits)

Total of all Underlying Limits \$ _____ Each **Claim**
 \$ _____ In the Aggregate

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

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

Item 6. PREMIUM: \$ _____

Item 7. PROFESSIONAL SERVICES:

Item 8. RETROACTIVE DATE (if applicable): _____

Item 9. ENDORSEMENTS ATTACHED AT POLICY EFFECTIVE DATE:

Endorsement Number	Endorsement Form	Endorsement Title

(Authorized Representative)