

NOTICE:

WITH RESPECT TO COVERAGE PARTS A, B, C AND E, THIS IS A CLAIMS-MADE POLICY AND, SUBJECT TO ITS PROVISIONS, APPLIES ONLY TO ANY CLAIM FIRST MADE DURING THE POLICY PERIOD. NO COVERAGE EXISTS FOR CLAIMS FIRST MADE AFTER THE END OF THE POLICY PERIOD UNLESS, AND TO THE EXTENT THAT, THE EXTENDED REPORTING PERIOD APPLIES. COVERAGE PART D APPLIES TO COVERED LOSS SUSTAINED OUT OF ACTS OR EVENTS OCCURRING DURING THE POLICY PERIOD UNLESS CERTAIN CONDITIONS CONCERNING PRIOR INSURANCE ARE MET.

DEFENSE COSTS REDUCE THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE RETENTION. PLEASE REVIEW THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

NAMED COMPANY AND ADDRESS		PRODUCER
Item 1.	ABC Corp. NY, NY Attn.:	
CUSTOMER NUMBER	INSURER	
POLICY NUMBER		

Item 2. **Policy Period:** _____ to _____
 12:01 a.m. local time at the address stated in Item 1.

Item 3. **Policy Premium:** \$ _____

Item 4. Notices to Insurer:
 CNA Financial Insurance
 Address:

 Attn.:

Item 5. Extended Reporting Period:
 a. Period: _____
 b. Premium: _____ % of **Policy Premium**

Item 6. Limits of Liability and Retentions:
 This Policy is issued with either (i) a Single Limit of Liability and Single Retention, (ii) a Single Limit of Liability and Scheduled Retentions, or (iii) Scheduled Limits of Liability and Scheduled Retentions, as set forth below, but never more than one of these options. In any case, **Defense Costs** are included within the applicable limit of liability for the **Liability Coverage Parts**. Defense costs are not covered under the **Crime Coverage Part**.

Check One:

<input type="checkbox"/> Single Limit of Liability and Single Retention: Please complete columns ① and ④ of COVERAGE SCHEDULE below Single Limit of Liability \$ _____ Single Retention* \$ _____
<input type="checkbox"/> Single Limit of Liability and Scheduled Retentions: Please complete columns ①, ③ and ④ of COVERAGE SCHEDULE below Single Limit of Liability \$ _____ Scheduled Retentions*: (See Coverage Schedule Below)
<input type="checkbox"/> Scheduled Limits of Liability and Scheduled Retentions: Please complete entire COVERAGE SCHEDULE below (columns ① through ④) a. Aggregate Scheduled Limit of Liability for Coverage Parts A, B, C and E: \$ _____ b. Aggregate Scheduled Limit of Liability for Coverage Part D: \$ _____

COVERAGE SCHEDULE

This Policy includes only those coverages designated with a "Yes" as "Included" in the Coverage Schedule set forth below. If neither "Yes" nor "No" is designated for a Coverage Part or Insuring Agreement, such Coverage Part or Insuring Agreement is not included.

COVERAGE PART	① Included (Yes or No)	② Scheduled Limits of Liability	③ Scheduled Retentions*	④ Prior or Pending Date
A. Directors, Officers and Entity Securities Liability				
Insuring Agreement 1. Directors and Officers Liability (<i>Individual</i>)			None	
Insuring Agreement 2. Directors and Officers Liability (<i>Reimbursement</i>)		\$ _____ Applicable to Insuring Agreements 1-5, combined, where included	\$ _____ Applicable to Insuring Agreements 2, 3 and 4, (Reimbursement Only), where included	
Insuring Agreement 3. Entity Securities Liability				
Insuring Agreement 4. Outside Directorship Liability (<i>Individual and Reimbursement</i>) - Not For Profit				
Insuring Agreement 5. Outside Directorship Liability (<i>Individual</i>) - For Profit			None	
B. Employment Practices Liability		\$	\$	
C. Fiduciary Liability		\$		
D. Commercial Crime				
Insuring Agreement 1. Employee Dishonesty		\$	\$	
Insuring Agreement 2. Forgery or Alteration		\$	\$	
Insuring Agreement 3. Theft, Disappearance and Destruction		\$	\$	
Insuring Agreement 4. Robbery and Safe Burglary		\$	\$	None
Insuring Agreement 5. Computer Fraud		\$	\$	
Insuring Agreement 6. Wire Transfer Fraud		\$	\$	
Insuring Agreement 7. Money Order and Currency		\$	\$	
Insuring Agreement 8. Audit Expense		\$	\$	
E. Other		\$	\$	

*Pursuant to Section VI of the General Terms & Conditions, no Retention shall apply to **Loss** paid on behalf of the **Insured Persons** if **ABC Corp.**, any **Subsidiary** and/or any **Plan** are not permitted to advance **Defense Costs** or to indemnify them for **Loss**.

Item 7. Endorsements forming a part of this Policy at issuance:

These Declarations, along with the completed and signed **Application**, the Policy, and any written endorsements attached shall constitute the contract between the **ABC Corp. Insureds** and the Insurer.

IN WITNESS WHEREOF, the Insurer has caused this Policy to be signed by its Chairman and Secretary at Chicago, Illinois, but the same shall not be binding upon the Insurer unless countersigned by a duly authorized representative of the Insurer.

Authorized Representative: _____

Date: _____