



INVESTMENT MANAGEMENT LIABILITY SOLUTIONS  
DECLARATIONS

NOTICE:

THIS POLICY APPLIES ONLY TO ANY CLAIM FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD. CLAIMS MUST BE REPORTED TO THE COMPANY IN ACCORDANCE WITH SECTION V. DEFENSE COSTS ARE WITHIN THE LIMITS OF LIABILITY.

PLEASE REVIEW THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

Terms in bold face type have the special meaning. See the definitions section of this Policy.

NAMED INSURED AND ADDRESS		PRODUCER
Item 1.		
Attn:		
CUSTOMER NUMBER		INSURER
		333 S. Wabash Ave. Chicago, Illinois 60604
POLICY NUMBER		

Item 2. **Policy Period:** to  
  
12:00 a.m. local time at the address stated in Item 1.

Item 3. Policy Premium \$\_\_\_\_\_

Item 4. Notices to Insurer:

**Claims:**  
CNA Global Specialty Lines  
40 Wall Street  
New York, NY 10005  
Attn: GSL Claims Intake Coordinator

All other notices:  
CNA Global Specialty Lines

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

Item 6. Limit of Liability (Inclusive of **Defense Costs**)  
a. Aggregate Limit of Liability  
\$\_\_\_\_\_ for all **Loss** from all **Claims** for which this Policy provides coverage  
b. Any Coverage Part for which a limit of liability is shown below is "Included":  
\$\_\_\_\_\_ for Investment Adviser Professional Liability Coverage Part  
\$\_\_\_\_\_ for Investment Adviser Management Liability Coverage Part



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\$\_\_\_\_\_ for Mutual Fund Management and Professional Liability Coverage Part

\$\_\_\_\_\_ for Hedge Fund Management and Professional Liability Coverage Part

Item 7. Retentions

Retention applicable to:

Investment Adviser Professional Liability Coverage Part: \$\_\_\_\_\_

Investment Adviser Management Liability Coverage Part: \$\_\_\_\_\_

Mutual Fund Management and Professional Liability Coverage Part: \$\_\_\_\_\_

Hedge Fund Management and Professional Liability Coverage Part: \$\_\_\_\_\_

No retention shall apply to **Non-Indemnifiable Loss** under any Coverage Part

Item 8. Prior or Pending Date: \_\_\_\_\_

Item 9. Percentage of the **Named Insured's** consolidated assets under management: \_\_\_\_\_%

Item 10. 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 **Insureds** and the Insurer.

Authorized Representative :

Date: