



## MANAGEMENT LIABILITY SOLUTIONS for Professional Firms

### 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. CLAIM EXPENSES ARE WITHIN THE LIMITS OF LIABILITY.

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

NAMED INSURED AND ADDRESS		PRODUCER
Item 1.		
CUSTOMER NUMBER	COMPANY	
	333 South Wabash Avenue	
POLICY NUMBER	Chicago, IL. 60604	

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

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

Item 4. **Notices to the Company:**  
CNA US Open Brokerage  
40 Wall Street  
8<sup>th</sup> Floor  
New York, NY 10005

Attn: Claim notices: Claim Manager  
All other notices: Underwriting Manager

Item 5. **Limits of Liability and Retentions** (inclusive of **Claim Expenses**).  
This Policy is issued with the Limits of Liability and Retention Option selected below:

**Option 1:**

Single Limit of Liability and Single Retention:  
Single Limit of Liability: \$ \_\_\_\_\_  
Single Retention: Each **Claim** \$ \_\_\_\_\_

**Option 2:**

Single Limit of Liability and Scheduled Retentions:  
Single Limit of \_\_\_\_\_ of \_\_\_\_\_ Liability:  
\$ \_\_\_\_\_  
Scheduled Retentions: \_\_\_\_\_ Refer to Column 3 below.

**Option 3:**

Scheduled Limits of Liability and Scheduled Retentions:  
Scheduled Limits of Liability: \_\_\_\_\_ Refer to Column 2 below  
Scheduled Retentions: \_\_\_\_\_ Refer to Column 3 below.



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### 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
Management Liability GSL7154XX (3/07)	«Included1»	\$«Limits1»	\$0 Insuring Agreement A.: Each <b>Claim</b> \$«Retentions1» Insuring Agreement B.: Each <b>Claim</b>
Employment Practices Liability GSL7156XX (3/07)	«Included2»	\$«Limits2»	\$«Retentions2» Each <b>Claim</b>

Item 6. Endorsements forming a part of this Policy at issuance:

«EndtFormNbr» «EndtFormDt» «EndtFormName»

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 **Company**.

Authorized Representative :

Date: