



U.S. SPECIALTY INSURANCE COMPANY

(Herein called "the Insurer")

Houston, TX

DECLARATIONS
EXCESS CRIME POLICY

POLICY NUMBER:

RENEWAL OF:

ITEM 1. NAMED INSURED:
Principal Address:

ITEM 2. POLICY PERIOD
(a) Inception Date:
(b) Expiration Date:
at 12:01 a.m. at the Principal Address stated in ITEM 1.

ITEM 3. LIMITS OF LIABILITY
(a) Single Loss Limit of Liability: \$
(b) Aggregate Limit of Liability: \$

ITEM 4. SCHEDULE OF UNDERLYING INSURANCE

Table with 4 columns: Policy Number, Issued by, Underlying Limits of Liability, Deductible. Rows include Primary Policy and 1st, 2nd, 3rd Excess Policies.

ITEM 5. PREMIUM: \$

ITEM 6. NOTICES REQUIRED TO BE GIVEN TO INSURER MUST BE ADDRESSED TO:

Street Address: Tokio Marine HCC - D&O Group
Facsimile Number: (860) 676-1737
E-mail Address: usclaims@tmhcc.com

ITEM 7. ENDORSEMENTS OR RIDERS ATTACHED AT ISSUANCE:

ITEM 8. By acceptance of this Policy, the Named Insured gives notice to the Insurer of the termination or cancellation of prior policy or bond number(s), such termination or cancellation to be effective as of inception of this Policy.

IN WITNESS WHEREOF, the Insurer has caused this Policy to be signed on this Declarations Page by its President, a Secretary and a duly authorized representative of the Insurer.

Handwritten signature of Secretary

Secretary

Handwritten signature of Michael L. Schell

President

Authorized Representative

Date: