

# HOUSTON CASUALTY COMPANY

## Houston, Texas

NOTICE: THIS IS A CLAIMS MADE POLICY WHICH APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR, IF APPLICABLE, THE DISCOVERY PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED, AND MAY BE EXHAUSTED, BY THE PAYMENT OF DEFENSE COSTS. DEFENSE COSTS WILL BE APPLIED AGAINST THE RETENTION. THE INSURER HAS NO DUTY UNDER THE POLICY TO DEFEND ANY INSURED.

### DECLARATIONS

#### DIRECTORS, OFFICERS AND CORPORATE LIABILITY INSURANCE POLICY

POLICY NUMBER:

RENEWAL OF:

ITEM 1. **NAMED CORPORATION:**

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. **LIMIT OF LIABILITY** (inclusive of **Defense Costs**):

\$ \_\_\_\_\_ in the aggregate for all INSURING AGREEMENTS combined.

ITEM 4. **RETENTIONS:**

- (a) INSURING AGREEMENT A: \$0 or minimum required under applicable law, if any
- (b) INSURING AGREEMENT B(1): \$ \_\_\_\_\_ for **Loss** arising from **Claims** alleging the same **Wrongful Act** or related **Wrongful Acts** (waivable under the circumstances described in CONDITION (A)(5))
- (c) INSURING AGREEMENT B(2): \$ \_\_\_\_\_ for **Loss** arising from **Claims** alleging the same **Wrongful Act** or related **Wrongful Acts** (waivable under the circumstances described in CONDITION (A)(5))

ITEM 5. **PREMIUM:** \$ \_\_\_\_\_

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

<u>Street Address:</u>	<u>Facsimile Number:</u>	<u>E-mail Address:</u>
Tokio Marine HCC – D&O Group 8 Forest Park Drive Farmington, CT 06032 Attn: Claims Manager	(860) 676-1737	<a href="mailto:usclaims@tmhcc.com">usclaims@tmhcc.com</a>

ITEM 7. **DISCOVERY PERIOD:**

- (a) Premium: 150% of the annual Premium
- (b) Duration: \_\_\_\_\_ days

ITEM 8. **ENDORSEMENTS ATTACHED AT ISSUANCE:**

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



Secretary

President

Authorized Representative

Date:

HC 990 (04/2002)