

U.S. SPECIALTY INSURANCE COMPANY

Houston, Texas

NOTICE: THIS IS A CLAIMS-MADE INSURANCE POLICY WHICH APPLIES ONLY TO CLAIMS FIRST MADE AGAINST, OR VCP PROCEEDINGS FIRST COMMENCED OR ENTERED INTO BY, THE INSURED DURING THE POLICY PERIOD OR, IF PURCHASED, THE DISCOVERY PERIOD. THE LIMITS 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 ANY APPLICABLE RETENTION. THE INSURER HAS NO DUTY UNDER THIS POLICY TO DEFEND ANY INSURED.

**DECLARATIONS
FIDUCIARY LIABILITY INSURANCE POLICY**

POLICY NUMBER:

RENEWAL OF:

ITEM 1. NAMED ORGANIZATION:
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) \$ sublimit of liability for all **VCP Costs**
(b) \$ sublimit of liability for all HIPAA Civil Penalties
(c) \$ sublimit of liability for all PPA Civil Penalties
(d) \$ aggregate limit of liability for all **Loss** (including **Defense Costs**)

ITEM 4. RETENTIONS
(a) \$ **Damages and Defense Costs** each **Claim** arising out of, based upon or attributable to any securities issued by the **Sponsor Organization** ("Securities Claim"), including any derivative or representative class action
(b) \$ **Damages and Defense Costs** each **Claim** other than a Securities Claim
However, no retention applies to **Non-Indemnifiable Loss, VCP Costs, HIPAA Civil Penalties or PPA Civil Penalties.**

ITEM 5. DISCOVERY PERIOD
(a) Premium: % of the annual premium
(b) Duration: year(s)

ITEM 6. PRIOR OR PENDING DATE:

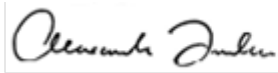
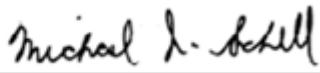
ITEM 7. PREMIUM:

ITEM 8. NOTICES REQUIRED TO BE GIVEN TO THE INSURER MUST BE ADDRESSED TO:

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

ITEM 9. ENDORSEMENTS ATTACHED AT ISSUANCE:

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.

 
Secretary President Authorized Representative

Date: