



TOKIO MARINE
HCC

HOUSTON CASUALTY 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

	<u>Policy Number:</u>	<u>Issued by:</u>	<u>Underlying Limits of Liability:</u>	<u>Deductible:</u>
Primary Policy			Single Loss Limit of Liability: \$	\$
			Aggregate Limit of Liability: \$	
1st Excess Policy			Single Loss Limit of Liability: \$	\$Not applicable
			Aggregate Limit of Liability: \$	
2nd Excess Policy			Single Loss Limit of Liability: \$	\$Not applicable
			Aggregate Limit of Liability: \$	
3rd Excess Policy			Single Loss Limit of Liability: \$	\$Not applicable
			Aggregate Limit of Liability: \$	

ITEM 5. PREMIUM: \$

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

Street Address:

Tokio Marine HCC – D&O Group

8 Forest Park Drive

Farmington, CT 06032

Attn: Claims Manager

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.

Secretary

President

Authorized Representative

Date: