



Houston Casualty Company

Houston, Texas

DECLARATIONS CORPORATE FIDUCIARY LIABILITY INSURANCE (THIS IS A CLAIMS MADE AND REPORTED POLICY)

Broker:

Policy Number:

Renewal of:

Item 1 EMPLOYEE BENEFIT PLANS:

Any Plan of the SPONSOR ORGANIZATION Listed in item 2 as Defined in Section 3(1) of ERISA; any INSURED PLAN and any Plan Listed by Endorsement to this Policy.

Item 2 SPONSOR ORGANIZATION:

Item 3 Address of SPONSOR ORGANIZATION:

Item 4 POLICY PERIOD: Inception Date:

Expiration Date:

12:01 a.m. Standard Time at the Principal Address of the SPONSOR ORGANIZATION herein.

Item 5 Limit of Liability:

\$

Each CLAIM and in the Aggregate for all CLAIMS including DEFENSE COSTS.

Item 6 Deductible:

\$

Each CLAIM including DEFENSE COSTS.

Item 7 Premium:

\$

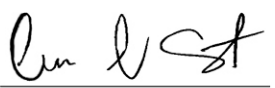
Recourse Premium

\$

Total Premium

\$

Item 8 Form numbers of endorsements attached at issuance:

by 
Authorized Representative