



DECLARATIONS FOLLOWING-FORM EXCESS CORPORATE FIDUCIARY LIABILITY INSURANCE THIS IS A CLAIMS MADE AND REPORTED POLICY

Broker:

Policy Number:

Renewal of:

Item 1 SPONSOR ORGANIZATION:

Item 2 Address of SPONSOR ORGANIZATION:

Item 3 POLICY PERIOD:

Inception Date:

Expiration Date:

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

Item 4 Limit of Liability:

\$

For all Loss arising from all claims first made against the Insureds during the Policy Period.

Item 5 Schedule of Underlying Policies:

See Endorsement Number 1.

Item 6 Premium:

\$

Item 7 Form numbers of endorsements attached at issuance: