

**U.S. SPECIALTY INSURANCE COMPANY**  
(Herein "the Insurer")  
Houston, Texas

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

**DECLARATIONS**

**BROADEST FORM DIRECTORS AND OFFICERS LIABILITY INSURANCE POLICY**

POLICY NUMBER:

RENEWAL OF:

**ITEM 1. PARENT CORPORATION:**

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. LIMIT OF LIABILITY:** \$ \_\_\_\_\_ all Loss (including **Defense Costs**) and **Pre-Claim Expense** combined

**ITEM 4. SCHEDULE OF UNDERLYING INSURANCE**

	<u>Policy Number:</u>	<u>Issued by:</u>	<u>Underlying Limit(s) of Liability:</u>
Primary Policy	policy no.	issuer	limit
1st Excess Policy	policy no.	issuer	limit (excess of limit)
2nd Excess Policy	policy no.	issuer	limit (excess of limit)
3rd Excess Policy	policy no.	issuer	limit (excess of limit)

**ITEM 5. PREMIUM:**

**ITEM 6. NOTICES TO THE INSURER REQUIRED UNDER CONDITION (B) SHOULD BE ADDRESSED TO "CLAIMS MANAGER" AND MUST BE SENT TO ONE OF THE FOLLOWING:**

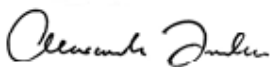
<u>Street Address:</u>	<u>Facsimile Number:</u>	<u>E-mail Address:</u>
Tokio Marine HCC – D&O Group 8 Forest Park Drive Farmington, CT 06032	(860) 676-1737	<a href="mailto:usclaims@tmhcc.com">usclaims@tmhcc.com</a>

**ITEM 7. DISCOVERY PERIOD**

<u>Duration:</u>	<u>Discovery Period Premium:</u>
year(s)	% of the annual premium
year(s)	% of the annual premium

**ITEM 8. 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: