# Berkshire Hathaway Specialty Insurance

**Writing Company**
(a Stock Insurance Company)

## Professional First™
## Asset Management Liability Policy

### Declarations
This Declarations Page is attached to and forms part of the Policy

NOTICE: THE COVERAGE PROVIDED UNDER THIS POLICY IS LIMITED TO ONLY THOSE CLAIMS FIRST MADE DURING THE POLICY PERIOD OR ANY APPLICABLE DISCOVERY PERIOD. THE LIMIT OF LIABILITY TO PAY JUDGMENTS OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY DEFENSE COSTS, AND DEFENSE COSTS WILL BE APPLIED AGAINST THE RETENTION. THE INSURER WILL NOT BE LIABLE FOR DEFENSE COSTS OR OTHER LOSS IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY. THE INSURER DOES NOT ASSUME ANY DUTY TO DEFEND UNDER THIS POLICY; HOWEVER THE INSURED MAY TENDER THE DEFENSE OF A CLAIM TO THE INSURER. PLEASE REVIEW THE POLICY CAREFULLY.

| Policy No.: | Renewal of: |
|---|---|
| | |

1. **Parent Company:**

   **Mailing Address:** [Street]
   [City, State, Zip]

2. **Insurer:** Writing Company

3. **Policy Period:** From: <u>MM/DD/YYYY</u>  to  <u>MM/DD/YYYY</u>

   Both days at 12:01 a.m. local standard time at Mailing Address listed in Item 1, above.

4. **Coverage Parts and Limits of Liability:**

| **A.** *Applicable Coverage Part* | *Included* | *Coverage Part Aggregate Limit of Liability* | *Coverage Part Retention* |
|---|---|---|---|
| Asset Manager Professional Liability | $ | $ | $ |

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**STATE DISCLOSURE BOX
MUST BE ALL CAPS
BOLD
AND FOURTEEN FONT**

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Class Code: 0-00000

| | | | |
|---|---|---|---|
| Asset Manager Management Liability With Securities Claims Coverage | $ | $ | $ |
| Asset Manager Management Liability With Entity Coverage | $ | $ | $ |
| Mutual Fund Liability | $ | $ | $ |
| Alternative Fund Liability | $ | $ | $ |
| | $ | $ | $ |

**B.** Aggregate Limit of Liability for All Claims: $

**C.** Sublimit of Liability for all Derivative Demand Investigation Costs: $

**5.**  **Notices to Insurer:**

FOR CLAIMS OR POTENTIAL CLAIMS
*By 24-hour toll free number:*
855-453-9675

*By Email:*
claimsnotice@bhspecialty.com

*By Fax:* 617-507-8259

*By Mail:* Log on to
www.bhspecialty.com/claims-reporting.html for mailing address

*By Email:*
execandprofnotices@bhspecialty.com

*By Fax:* 617-248-1618

*By Mail:* Log on to
www.bhspecialty.com/claims-reporting.html for mailing address

**6.**  **Discovery Period:**

| | | | | |
|---|---|---|---|---|
| **A.** | Additional Premium: | % | % | % |
| **B.** | Additional Period: | | | |

**7.**  **Premium:**  $          , including $          for Terrorism

**8.**  **Responsible Manager:**

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Class Code: 0-00000

| | | |
|---|---|---|
| **9.** | **Acquisition Threshold Percentage:** | **%** |

THESE DECLARATIONS, TOGETHER WITH THE COMPLETED AND SIGNED APPLICATION FOR THIS POLICY, THE POLICY FORM AND ANY ENDORSEMENTS ATTACHED HERETO, CONSTITUTE THE ABOVE NUMBERED INSURANCE POLICY.

**Signatures:**

_____        _____
**Mike Gottschalk, Secretary**                           **Donald Wurster, President**

*01/01/0000*
***Dated***

| STATE DISCLOSURE BOX |
|---|
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| **BOLD** |
| **AND FOURTEEN FONT** |

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