



Writing Company
(a Stock Insurance Company)

Executive First™

SIDE A DIC DIRECTORS & OFFICERS LIABILITY POLICY

DECLARATIONS

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. 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. PLEASE REVIEW THE POLICY CAREFULLY.

Policy No.:	Renewal of:
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1. **Parent Company:** **Parent Company**
Mailing Address: [Street]
[City, State, Zip]

2. **Insurer:** Writing Company

3. **Policy Period:** From: to
12:01 a.m. local time at Mailing Address listed in Item 1, above.

4. **Limit of Liability:**

A. Aggregate Limit of Liability for all Claims:	\$
B. First Reinstatement:	\$
C. Second Reinstatement:	\$

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



5. A. Followed Policy:

B. See attached Schedule of Underlying Excess Policies

6. Notices to Insurer:

<u>For Claims or Potential Claims</u>	<u>All Other Notices</u>
<p>By 24-hour toll free number: 855-453-9675</p> <p>By Email: claimsnotice@bhspecialty.com</p> <p>By Fax: 617-507-8259</p> <p>By Mail: Log on to www.bhspecialty.com/claims-reporting.html for mailing address</p>	<p>By Email: execandprofnotices@bhspecialty.com</p> <p>By Fax: 617-248-1618</p> <p>By Mail: Log on to www.bhspecialty.com/claims-reporting.html for mailing address</p>

7. Discovery Period:

A.	Additional Premium:	%	%	%
B.	Additional Period:			


8. Premium: \$ _____, including \$ _____ for Terrorism

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

XX/XX/XXXX
Dated

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