



[SURPLUS COMPANY NAME]

## Professional First™

### LIFE AGENT BROKER-DEALER PROFESSIONAL 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 EXTENDED REPORTING PERIOD. THE LIMITS OF LIABILITY TO PAY LOSS, 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. PLEASE REVIEW THE POLICY CAREFULLY.

Policy No.:	Renewal of:
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1. Policyholder:	
Mailing Address:	[Street] [City, State, Zip]
2. A. Sponsor Company:	[None or list one or more entity. If the Policyholder is an insurance company, then that entity name should be the first one listed here.]
B. Sponsor Broker-Dealer:	[None or List one or more entity. If the Policyholder is a Broker-Dealer, then that entity name should be the first one listed here.]
3. Insureds' Representative:	[RPG]
Mailing Address:	[Street] [City, State, Zip]
4. Insurer:	[Issuing Company]
5. Policy Period:	From: [MM/DD/YYYY] to [MM/DD/YYYY] 12:01 a.m. local time at Mailing Address listed in Item 1. above.
6. Policy Aggregate:	\$

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**7. Limits of Liability:**

**A. Agent – Registered Representative – Registered Investment Adviser**

**Option 1**

**i. Agent:**

\$ Each **Claim** Limit of Liability  
\$ Aggregate Limit of Liability

**ii. Registered Representative/Registered Investment Adviser:**

\$ Each **Claim** Limit of Liability  
\$ Aggregate Limit of Liability

**Option 2**

**i. Agent:**

\$ Each **Claim** Limit of Liability  
\$ Aggregate Limit of Liability

**ii. Registered Representative/Registered Investment Adviser:**

\$ Each **Claim** Limit of Liability  
\$ Aggregate Limit of Liability

[ADD ADDITIONAL OPTIONS AS NECESSARY]

**B. Insuring Agreement B. Sponsor Broker-Dealer**

\$ Each **Claim** Limit of Liability  
\$ Aggregate Limit of Liability

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**8. Retentions:**

**A. Agent – Registered Representative – Registered Investment Adviser**

Each **Claim** Retention \$ for proprietary insurance products of the **Sponsor Company**  
\$ for securities approved by the **Sponsor Broker-Dealer**  
\$ for all other **Claims**

**B. Sponsor Broker-Dealer**

Each **Claim** Retention \$

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<p><b>9.</b>                    <u>For Claims or Potential Claims</u></p> <p><b>By 24-hour toll free number:</b> 855-453-9675</p> <p><b>By Email:</b> <a href="mailto:claimsnotice@bhspecialty.com">claimsnotice@bhspecialty.com</a></p> <p><b>By Fax:</b> 617-507-8259</p> <p><b>By Mail:</b> Log on to <a href="http://www.bhspecialty.com/claims-reporting.html">www.bhspecialty.com/claims-reporting.html</a> for mailing address</p>	<p style="text-align: center;"><u>All Other Notices</u></p> <p><b>By Email:</b> <a href="mailto:execandprofnotices@bhspecialty.com">execandprofnotices@bhspecialty.com</a></p> <p><b>By Fax:</b> 617-248-1618</p> <p><b>By Mail:</b> Log on to <a href="http://www.bhspecialty.com/claims-reporting.html">www.bhspecialty.com/claims-reporting.html</a> for mailing address</p>
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	Prior Acts Date
<p><b>10.</b> [Relist each entity from Item 2.B above in this column, and add entity's date in the next column.]</p>	

**11. Optional Extended Reporting Period:**

Additional Period:       Year(s)

Additional Premium:     of the annualized premium amount for the **Policy Period**

**12. Broker:**

[Street]

[City, State, Zip]

**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:**

\_\_\_\_\_  
Name, Title

\_\_\_\_\_  
Name, Title

\_\_\_\_\_  
MM/DD/YYYY  
**Dated**