



IRONSHORE COMPANIES

1 Exchange Plaza (55 Broadway)
12th Floor
New York, NY 10006

Excess Liability Insurance Policy Declarations

This Policy is issued by the stock insurance company listed above (herein "Insurer").

UNLESS OTHERWISE PROVIDED IN THE FOLLOWED POLICY, THIS POLICY IS A CLAIMS MADE POLICY WHICH COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD. PLEASE READ THIS POLICY CAREFULLY.

Policy No.

Item 1. Insured Company Principal Address:

Item 2. Coverage Provided:

Item 3. Followed Policy: Insurer:

Policy number

Item 4. Policy Period
From 12:01 A.M. To 12:01 A.M.
(Local time at the address shown in Item 1.)

Item 5. Premium
\$ _____

Item 6. Limit of Liability/Aggregate Limit:
\$ _____ for all Loss under all Coverages combined.

Item 7. Underlying Policy Limits/Attachment Point:
\$ _____

Item 8. PENDING & PRIOR LITIGATION DATE:

Item 9. NOTICE TO INSURER

A. Notice of Claim, Wrongful Act or Loss:
Send to Company Indicated Above
c/o Ironshore Insurance Services, LLC
1 Exchange Plaza (55 Broadway)
New York, NY 10006

B. All other notices:
Send to Company Indicated Above
c/o Ironshore Insurance Services, LLC
1 Exchange Plaza (55 Broadway)
New York, NY 10006

Item 10. **BROKER:**

ADDRESS:

LICENSE #:

THESE DECLARATIONS, TOGETHER WITH THE COMPLETED AND SIGNED APPLICATION, FOR THIS POLICY AND THE FOLLOWED POLICY, INCLUDING INFORMATION FURNISHED IN CONNECTION THEREWITH WHETHER DIRECTLY OR THROUGH PUBLIC FILING, AND THE POLICY FORM ATTACHED HERETO, CONSTITUTE THE INSURANCE POLICY.

Date: _____
MO/DAY/YR.

Authorized Representative