



**DECLARATIONS  
FIDUCIARY LIABILITY INSURANCE POLICY**

**THIS IS A CLAIMS MADE AND REPORTED POLICY. SUBJECT TO ITS TERMS, THIS POLICY APPLIES ONLY TO ANY CLAIM FIRST MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD OR THE EXTENDED REPORTING PERIOD, IF APPLICABLE, PROVIDED SUCH CLAIM IS REPORTED IN WRITING TO THE INSURER AS SOON AS PRACTICABLE. WITHOUT NEGATING THE FOREGOING REQUIREMENTS, SUCH NOTICE OF CLAIM MUST ALSO BE REPORTED NO LATER THAN 60 DAYS AFTER THE END OF THE POLICY PERIOD OR, IF APPLICABLE, THE EXTENDED REPORTING PERIOD. AMOUNTS INCURRED AS DEFENSE COSTS SHALL REDUCE AND MAY EXHAUST THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE RETENTION. PLEASE READ THIS POLICY CAREFULLY.**

These Declarations along with the completed and signed **Application** and the Policy with endorsements shall constitute the contract between the **Insureds** and the Insurer.

Insurer: **Beazley Insurance Company, Inc.**

Policy No: **{Response}**

Item 1. **Parent Company:**

**{Response}**

Principal Address:

**{Response}**

Item 2. **Policy Period:**

From: **{Response}**

To: **{Response}**

Both dates at 12.01 a.m. Local Time at the Principal Address stated in Item 1.



Item 3. a. Limit of Liability: **{Response}** in the aggregate for the **Policy Period**.

b. Additional Defense Cost Limit purchased:  Yes  No

Limit: **{Response}**

Item 4. Retention:

**{Response}** each **Claim**.

Item 5. Premium: **{Response}**

Item 6. **Extended Reporting Period:**

a. Premium for **Extended Reporting Period:** **{Response}** % of the total premium for the Policy.

b. Length of **Extended Reporting Period:** **{Response}**

Item 7. Notification pursuant to Clause VI. shall be given to:

a. Authorized Claims Representative:

Kaufman Borgeest & Ryan  
19th Floor  
99 Park Avenue, NY  
New York 10016  
Tel (212) 980-9600  
Fax (212) 980-9291  
Email wborgeest@kbrny.com

Attention: Wayne Borgeest



- b. All other notices:  
 Beazley Insurance Company, Inc.  
 20 Stanford Drive  
 Farmington, CT 06032  
 Tel: (860) 677-3700  
 Fax: (860) 679-0247

Item 8. Prior Knowledge Date:

{Response}

Item 9. Terrorism Coverage:

Coverage Purchased: [ ] Yes [ ] No

If "Yes", Terrorism Coverage Premium: \$

Item 10. Endorsements Effective At Inception:

{Response}

The Insurer has caused this Policy to be signed and attested by its authorized officers, but it shall not be valid unless also signed by another duly authorized representative of the Insurer.

[ Signature ]

\_\_\_\_\_  
 Authorized Representative

\_\_\_\_\_  
 Date

[ Signature ]

\_\_\_\_\_  
 Secretary

[ Signature ]

\_\_\_\_\_  
 President