



INVESTMENT ADVISER PROFESSIONAL LIABILITY AND DIRECTORS AND OFFICERS LIABILITY INSURANCE DECLARATIONS

POLICY NUMBER

RENEWAL OF

TWIN CITY FIRE INSURANCE COMPANY
Indianapolis, Indiana

NOTICE: EXCEPT TO SUCH EXTENT AS MAY OTHERWISE BE PROVIDED HEREIN, THE COVERAGE OF THIS POLICY IS LIMITED GENERALLY TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED(S) AND REPORTED TO THE COMPANY DURING THE POLICY PERIOD. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE THEREUNDER WITH YOUR INSURANCE AGENT OR BROKER.

NOTICE: THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE RETENTION AMOUNT.

NOTICE: THE COMPANY DOES NOT ASSUME ANY DUTY TO DEFEND. THE COMPANY IS NOT REQUIRED TO ADVANCE DEFENSE COSTS PRIOR TO THE FINAL DISPOSITION OF THE CLAIM.

ITEM 1. NAMED INSURED: Broker Code, Name, and Address

ITEM 2. POLICY PERIOD: **SPECIMEN**
INCEPTION DATE: _____ EXPIRATION DATE: _____
(12:01 A.M. Standard Time at the address stated in ITEM 1.)

RETROACTIVE DATE (if any): _____

ITEM 3. LIMIT OF LIABILITY: \$ _____ in the aggregate each POLICY PERIOD, including DEFENSE COSTS

ITEM 4. RETENTION:

A. \$ _____ each CLAIM, including DEFENSE COSTS, for each unindemnifiable individual insured DIRECTOR, OFFICER, partner, trustee, and/or employee subject to 4.B. below.

B. \$ _____ in the aggregate each CLAIM, including DEFENSE COSTS, for all unindemnifiable insured DIRECTORS, OFFICERS, partners, trustees, and/or employees.

C. \$ _____ each CLAIM, including DEFENSE COSTS, with respect to NAMED INSURED REIMBURSEMENT.

D. \$ _____ each CLAIM, including DEFENSE COSTS, with respect to the INSURED(S) listed in ITEM 1. of the DECLARATIONS.

ITEM 5. PREMIUM: \$ _____

ITEM 6. ENDORSEMENT(S) EFFECTIVE AS OF THE POLICY INCEPTION DATE:

This Declarations page together with the completed and signed application and the Investment Adviser Professional Liability Insurance Policy shall constitute the contract between (1) the INSURED(S) and (2) the Company.

COUNTERSIGNED BY _____
Authorized Representative

Date