

Declarations Page

Company Name
Company Address
Company City, State, Zip

This is a claims first made and reported in writing policy. Defense costs are included within the limits. Please read the policy carefully.

Policy Number _____ Renewal of Policy Number _____

1. **Named Insured**
Address

SPECIMEN

2. **Policy Period** Start Date _____ End Date _____
at 12:01 a.m. standard time at the address shown in item 1 above

3. **Retroactive Date** _____
If the space above is left blank, coverage does not apply to any **glitch** committed before the Start Date stated in item 2 above.

4. **Limits of Liability**
Each **Glitch** Limit \$ _____

Aggregate Limit \$ _____

5. **Retention Each Glitch** \$ _____

6. **Premium** \$ _____

7. **Forms and Endorsements:** This Declarations page, the policy and endorsements listed below and all changes later added to the policy by **us** in written endorsements constitute the entire insurance policy:

8. **Producer Name**
Address

Countersignature
Authorized Representative

Date