

**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