

DIRECTORS, OFFICERS AND COMPANY LIABILITY POLICY

POLICY NUMBER _____

TWIN CITY FIRE INSURANCE COMPANY
Indianapolis, Indiana



NOTICE: THIS IS A CLAIMS-MADE AND REPORTED POLICY. EXCEPT AS MAY BE OTHERWISE PROVIDED HEREIN, THE COVERAGE OF THIS POLICY IS LIMITED TO LIABILITY FOR WRONGFUL ACTS FOR WHICH CLAIMS ARE FIRST MADE WHILE THE POLICY IS IN FORCE AND WHICH ARE REPORTED TO THE INSURER NO LATER THAN SIXTY (60) DAYS AFTER THE TERMINATION OF THE POLICY. PLEASE READ AND REVIEW THE POLICY CAREFULLY.

THE LIMIT OF LIABILITY AVAILABLE TO PAY LOSS, INCLUDING JUDGMENT OR SETTLEMENT AMOUNTS, SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE AND OTHER CLAIMS EXPENSES. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE AND OTHER CLAIMS EXPENSES SHALL BE APPLIED AGAINST THE APPLICABLE RETENTION AMOUNT.

THE POLICY DOES NOT PROVIDE FOR ANY DUTY OR OBLIGATION ON THE PART OF THE INSURER TO DEFEND THE DIRECTORS AND OFFICERS AND THE COMPANY.

● Agency Code, Name and Address

DECLARATIONS

ITEM A Name of Company and Address:

SPECIMEN

ITEM B Policy Period: From 12:01 a.m. on _____ To 12:01 a.m. on _____

ITEM C

LIMIT OF LIABILITY	\$ _____	in the aggregate each Policy Period , including Claims Expenses
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ITEM D

RETENTION	INSURING AGREEMENT A	\$ _____	each Director and Officer , each Claim , including Claims Expenses , but in no event exceeding
	INSURING AGREEMENT B	\$ _____	in the aggregate each Claim , including Claims Expenses , with respect to all Directors and Officers .
	INSURING AGREEMENT C	\$ _____	in the aggregate each Claim , including Claims Expenses , with respect to Company Reimbursement.
		\$ _____	in the aggregate each Securities Claim , including Claims Expenses .

ITEM E SECURITIES CLAIM COINSURANCE:

CLAIMS EXPENSES _____ % ALL OTHER LOSS _____ %

ITEM F INSURING AGREEMENT C COVERAGE GRANTED? Yes No

ITEM G

DISCOVERY PERIOD PREMIUM	\$ _____
DISCOVERY PERIOD DURATION	(_____) months

ITEM H PRIOR LITIGATION DATE

INSURING AGREEMENTS A AND B: _____ INSURING AGREEMENT C: _____

ITEM I NON-PROFIT **OUTSIDE POSITION** COVERAGE GRANTED? Yes No

ITEM J PREMIUM: \$ _____

ITEM K FORM NUMBER OF ENDORSEMENTS ATTACHED AT ISSUANCE: _____

This Declarations Page, together with the completed and signed Proposal, including all attachments and exhibits, and the attached Directors, Officers and Company Liability Policy form and all endorsements thereto, shall constitute the Contract between (1) the Directors and Officers and the Company and (2) the Insurer.