

**FINANCIAL INSTITUTIONS
PROFESSIONAL LIABILITY INSURANCE POLICY**



POLICY NUMBER: _____

**TWIN CITY FIRE INSURANCE COMPANY
Indianapolis, Indiana**

NOTICE: THIS IS A CLAIMS-MADE 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, AS SOON AS POSSIBLE, BUT 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 JUDGMENTS OR SETTLEMENTS, SHALL BE REDUCED BY DEFENSE EXPENSES. FURTHER NOTE THAT DEFENSE 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 INSURED.

DECLARATIONS

ITEM 1 NAMED INSURED AND ADDRESS **Agency Code, Name and Address**

SPECIMEN

ITEM 2 POLICY PERIOD:

POLICY INCEPTION DATE:

POLICY EXPIRATION DATE:

at 12:01 a.m. standard time at the address of the Named Insured stated above.

ITEM 3

EXTENDED REPORTING PERIOD:	\$	
PREMIUM		
DURATION		

ITEM 4

ONE YEAR PREMIUM	\$
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ITEM 5

LIMIT OF LIABILITY	\$	in the aggregate, each policy period, including Defense Expenses
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ITEM 6

RETENTION	\$	each claim
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ITEM 7 Form number of endorsements attached at issuance:

By acceptance of this Policy the Insured agrees that the statements in the Declarations and the Proposal and any attachments hereto are the Insured's agreements and representations and that this Policy embodies all agreements existing between the Insured and Insurer or any of its agents relating to this insurance.

(Authorized Representative)

Date