



AIG EXECUTIVE LIABILITYSM

Insurance provided by the following member of American International Group, Inc.

**National Union Fire Insurance Company of Pittsburgh, Pa.[®]
Illinois National Insurance Co.**

A capital stock company

Public Entity Plan and Trustee ProtectorSM

POLICY NUMBER: REPLACEMENT OF POLICY NUMBER:

DECLARATIONS

NOTICES

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

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.

EXCEPT IN THE EVENT OF A GOVERNMENT-DEFENDED CLAIM AS DEFINED IN THE POLICY, THE INSURER HAS THE DUTY TO DEFEND AND SHALL ADVANCE DEFENSE COSTS PAYMENTS PURSUANT TO THE TERMS HEREIN PRIOR TO THE FINAL DISPOSITION OF A CLAIM.

TERMS APPEARING IN BOLD FACE TYPE HAVE SPECIAL MEANING. SEE CLAUSE 3 OF THE POLICY.

ITEMS	
1	NAMED INSURED: (herein "Named Insured")
1(a)	MAILING ADDRESS:
1(b)	PLAN COVERAGE: Any Plan listed below:

2	POLICY PERIOD: From: _____ To: _____ 12:01 A.M. standard time at the address stated in Item 1(a) of the Declarations.	
3	POLICY AGGREGATE LIMIT OF LIABILITY (herein "Limit of Liability") For all Loss , in the aggregate, under this policy including Defense Costs	
3(a)	HIPAA SUBLIMIT OF LIABILITY: \$ _____	
4	RETENTION: \$ _____	Not applicable to Non-Indemnifiable Loss of a Natural Person Insured and HIPAA Penalties;
5	CONTINUITY DATE: _____	
6	PREMIUM: \$ _____	
7(a)	NAME AND ADDRESS OF INSURER (herein "Insurer"): This policy is issued only by the insurance company indicated in this Item 7(a).	
7(b)	NOTICE OF CLAIMS AND CIRCUMSTANCES SEND TO: AIG Domestic Claims, Inc. 175 Water Street New York, New York 10038 Attention: "C-Claims, PTL Claims" Reference: [Insert Policy Number Here]	

PRODUCER:
PRODUCER LICENSE NO.:
ADDRESS:

IN WITNESS WHEREOF, the **Insurer** has caused this policy to be signed on the Declarations by its President, a Secretary and its duly authorized representative.

PRESIDENT

SECRETARY

AUTHORIZED REPRESENTATIVE

COUNTERSIGNATURE

DATE

COUNTERSIGNED AT