



MEMBER COMPANIES OF AMERICAN INTERNATIONAL GROUP, INC.®

- AIU Insurance Company
- American Home Assurance Company
- American International Pacific Insurance Company
- American International South Insurance Company
- AIG Casualty Company
- Granite State Insurance Company
- Illinois National Insurance Co.
- National Union Fire Insurance Company of Pittsburgh, Pa.
- National Union Fire Insurance Company of Louisiana
- New Hampshire Insurance Company

(each of the above being a capital stock company)

## CONSULTANTS PREFERRED<sup>SM</sup>

**NOTICE: THIS IS A CLAIMS MADE POLICY. COVERAGE IS LIMITED TO LIABILITY FOR CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD AND REPORTED IN WRITING TO THE INSURER AS REQUIRED.**

**THE LIMITS OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY CLAIM EXPENSES. FURTHER NOTE THAT AMOUNTS INCURRED FOR CLAIM EXPENSES SHALL BE APPLIED AGAINST THE RETENTION AMOUNT.**

**PLEASE READ THIS POLICY CAREFULLY AND REVIEW IT WITH YOUR INSURANCE AGENT OR BROKER.**

Terms appearing in **bold** type have special meanings. See Clause 2. of this policy for more information.

PRIOR POLICY NUMBER :

POLICY NUMBER:

### DECLARATIONS

ITEMS	
1	<b>NAMED INSURED:</b> _____
1(a)	MAILING ADDRESS: _____
1(b)	STATE OF INCORPORATION/FORMATION: _____
1(c)	<b>Subsidiary Coverage:</b> <input type="checkbox"/> none, <input type="checkbox"/> only those listed by endorsement, or <input type="checkbox"/> blanket
2	<b>POLICY PERIOD:</b> From: _____ To: _____ 12:01 A.M. at the address stated in Item 1(a)
3	<b>LIMITS OF LIABILITY (INCLUSIVE OF CLAIM EXPENSES)</b>
3(a)	AGGREGATE:    Aggregate: _____ \$
3(b)	PER CLAIM:    For each <b>claim</b> alleging or arising out of a <b>wrongful act</b> or series of continuous, repeated or related <b>wrongful acts:</b> _____ \$
4	<b>RETENTION:</b> _____ \$
5	<b>RETROACTIVE DATE:</b> _____ Policy Inception
6	<b>FIRST INCEPTION DATE:</b> _____ Policy Inception

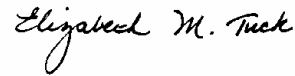
7	<b>PREMIUM:</b>		\$
8	<b>NAME AND ADDRESS OF INSURER</b>		
	National Union Fire Insurance Company of Pittsburgh, Pa. 175 Water Street New York, NY 10038  This policy is issued only by the insurance company indicated in this Item 8.		

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 or countersigned in states where applicable.

\_\_\_\_\_  
PRESIDENT

\_\_\_\_\_  
SECRETARY



\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
COUNTERSIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
COUNTERSIGNED AT