



# AIG EXECUTIVE LIABILITY<sup>SM</sup>

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

**National Union Fire Insurance Company of Pittsburgh, Pa.<sup>®</sup>  
Illinois National Insurance Co.**

A capital stock company

## PrivateEdge Plus

POLICY NUMBER:  REPLACEMENT OF POLICY NUMBER:

### Management Liability, Professional Liability, Crime Coverage and Kidnap And Ransom/Extortion Coverage for Private Companies DECLARATIONS

#### NOTICES

[THESE NOTICES ARE APPLICABLE TO ALL COVERAGE SECTIONS OTHER THAN THE CRIME COVERAGE SECTION AND KIDNAP AND RANSOM/EXTORTION COVERAGE SECTION]

COVERAGE WITHIN THIS POLICY IS GENERALLY LIMITED TO LOSS FROM CLAIMS FIRST MADE AGAINST INSUREDS DURING THE POLICY PERIOD AND REPORTED TO THE INSURER AS THE POLICY REQUIRES. DEFENSE COSTS REDUCE THE LIMITS OF LIABILITY (AND, THEREFORE, AMOUNTS AVAILABLE TO RESPOND TO SETTLEMENTS AND JUDGMENTS) AND ARE APPLIED AGAINST APPLICABLE RETENTIONS.

THE INSURER DOES NOT ASSUME ANY DUTY TO DEFEND UNLESS SUCH COVERAGE IS EXPRESSLY PROVIDED WITHIN A COVERAGE SECTION. WHERE THE INSURER HAS NO DUTY TO DEFEND, IT WILL ADVANCE DEFENSE COSTS, EXCESS OF THE APPLICABLE RETENTION, PURSUANT TO THE TERMS OF THIS POLICY PRIOR TO THE FINAL DISPOSITION OF A CLAIM. PLEASE REFER TO THE COVERAGE SECTIONS PURCHASED FOR DEFENSE RELATED DETAILS.

PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE HEREUNDER WITH YOUR INSURANCE AGENT OR BROKER TO DETERMINE WHAT IS AND WHAT IS NOT COVERED.

#### ITEMS

1	<b>NAMED ENTITY:</b>	(the "Named Entity")	
		MAILING ADDRESS:	
		STATE OF INCORPORATION/FORMATION:	
2	<b>POLICY PERIOD:</b>	Inception Date: <input type="text"/>	Expiration Date: <input type="text"/>
		12:01 A.M. at the address stated in Item 1	

**ITEMS (continued)**

<b>3 COVERAGE SUMMARY</b>						
	<b>Liability Coverage Section</b>	<b>Separate Limit of Liability</b>	<b>Shared Limit of Liability</b>	<b>Retention/Deductible*</b>	<b>Continuity/Retroactive Date</b>	<b>Premium</b>
<b>D&amp;O</b>	D&O Coverage Section	\$	\$	\$	Continuity Date:	\$
			Shared With:			
<b>EPL</b>	Employment Practices Coverage Section	\$	\$	\$	Continuity Date:	\$
			Shared With:			
<b>FLI</b>	Fiduciary Liability Coverage Section	\$	\$	\$	Continuity Date:	\$
			Shared With:			
<b>MPL</b>	Miscellaneous Professional Liability Coverage Section	\$	\$	\$	Retroactive Date:	\$
			Shared With:		Continuity Date:	
<b>Professional Services:</b>						
<b>CCP</b>	Employed Lawyers Coverage Section	\$	\$	\$	Retroactive Date:	\$
			Shared With:		Continuity Date:	
<b>Crime</b>	Crime Coverage Section	See Section 5.	None	See Section 5.	Continuity Date:	\$
<b>KRE</b>	Kidnap And Ransom/Extortion Coverage Section	See Section 6.	None	See Section 6.	N/A	\$
*With respect to the D&O, EPL, FLI and CCP Coverage Sections only, no Retention amount is applicable to Non-Indemnifiable Loss. *No Retention amount is applicable to Costs of Investigation for Company Shareholder Derivative Investigations, Crisis Management Events, Voluntary Compliance Loss and HIPAA Penalties.						N/A
<b>4</b>	<b>TOTAL PREMIUM</b>					\$
<b>5</b>	<b>CRIME LIMITS OF LIABILITY AND DEDUCTIBLES</b>	<b>Insuring Agreement</b>		<b>Per Occurrence Limit of Liability</b>	<b>Deductible</b>	
		Insuring Agreement 1.A.: "Employee Theft" Loss		\$	\$	
		Insuring Agreement 1.B.: "Forgery or Alteration" Loss		\$	\$	
		Insuring Agreement 1.C.: "Inside the Premises – Theft of Money or Securities" Loss		\$	\$	
		Insuring Agreement 1.D.: "Inside the Premises – Robbery or Safe Burglary of Other Property" Loss		\$	\$	
		Insuring Agreement 1.E.: "Outside the Premises" Loss		\$	\$	
		Insuring Agreement 1.F.: "Computer Fraud" Loss		\$	\$	
		Insuring Agreement 1.G.: "Funds Transfer Fraud" Loss		\$	\$	

		Insuring Agreement 1.H.: "Money Orders and Counterfeit Paper Currency" Loss	\$	\$	
		Coverage Endorsement "Clients Property" Loss	\$	\$	
		Coverage Endorsement "Guest Property" Loss	\$	\$	
		If "Not Covered" is inserted above opposite any specific Insuring Agreement, such Insuring Agreement in the Crime Coverage Section and any other reference thereto in this Policy is hereby deleted.			
		<b>CANCELLATION OF PRIOR CRIME INSURANCE:</b> By acceptance of the Crime Coverage Section of this Policy, you give us notice of cancellation for the prior Policy Nos: Such cancellation shall be effective at the time the Crime Coverage Section of this Policy becomes effective.			
6	<b>KRE LIMITS OF INSURANCE \ INSURED PERSON(S)</b>		<b>Each Loss Component Limit</b>	<b>Annual Aggregate Limit</b>	
		<b>Loss Component:</b>			
		<b>A. Ransom Monies:</b>	\$	\$	
		<b>B. In-Transit/Delivery:</b>	\$	\$	
		<b>C. Expenses:</b>	\$	\$	
		<b>D. Consultant Expenses:</b>	\$	\$	
		<b>E. Judgments, Settlements and Defense Costs:</b>	\$	\$	
		<b>F. Death or Dismemberment:</b>	\$	<b>Per person</b>	<b>Per Insured Event</b>
		<b>Each Insured Event Limit:</b>		\$	
		<b>Coverage Section Aggregate:</b>		\$	
		<b>Deductible (Each Loss):</b>		\$	
	<b>Insured Person(s):</b>				
7	<b>OTHER LIMITS OF LIABILITY</b>	<b>(a) POLICY AGGREGATE LIMIT OF LIABILITY (For all coverages, combined other than the Crime and the KRE Coverage Sections):</b>			\$
		<b>(b) Crisis Management Fund For D&amp;O:</b>			\$
		<b>(c) Punitive Damages Sublimit of Liability for D&amp;O and/or EPL Coverage Sections:</b>			
		<input type="checkbox"/> D&O Punitive Damages Sublimit of Liability:		\$	
		<input type="checkbox"/> EPL Punitive Damages Sublimit of Liability:		\$	
		<input type="checkbox"/> Shared Punitive Damages Sublimit of Liability (D&O and EPL):		\$	
		<input type="checkbox"/> No Punitive Damages Sublimit of Liability for D&O or EPL		\$	
	<b>(d) Costs of Investigation Coverage Sublimit for D&amp;O:</b>			\$	
	<b>(e) Voluntary Compliance Loss Sublimit of Liability For FLI:</b>			\$	
	<b>(f) HIPAA Penalties Sublimit of Liability For FLI:</b>			\$	
8	<b>DISCOVERY PROVISIONS (Inapplicable to Crime and KRE Coverage Sections)</b>	<b>(a) Percentage of Full Annual Premium for; 1 YEAR:</b>			%
		<b>(b) 2 YEARS:</b>			%
		<b>(c) 3 YEARS:</b>			%
		<b>(d) 4 YEARS:</b>			%
		<b>(e) 5 YEARS:</b>			%
		<b>(f) 6 YEARS:</b>			%
		<b>(g) Percentage of Full Annual Premium for unlimited duration:</b>			%
9(a)	<b>NAME AND ADDRESS OF INSURER</b>				
	This Policy is issued only by the insurance company indicated in this Item 9(a).				
9(b)	<b>NOTICE OF CLAIMS AND CIRCUMSTANCES SEND TO:</b>				

**AIG Domestic Claims, Inc.**  
175 Water Street  
New York, New York 10038  
Attention: "C-Claims, D&O Claims"  
Reference: **[Insert Policy Number here]**  
Reference: **[Coverage Section]**

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

SPECIMEN