

**BROAD FORM PLUS+ DIRECTORS AND OFFICERS LIABILITY
DECLARATIONS**

POLICY NO. XXXXXXXXXXXX

<Travelers Casualty and Surety Company of America>
Hartford, Connecticut
(A Stock Insurance Company, herein called the Company)

THIS POLICY IS WRITTEN ON A CLAIMS-MADE BASIS. THIS POLICY COVERS ONLY CLAIMS FIRST MADE AGAINST INSUREDS DURING THE POLICY PERIOD. THE LIMITS OF LIABILITY AVAILABLE TO PAY SETTLEMENTS OR JUDGMENTS WILL BE REDUCED BY DEFENSE EXPENSES, AND DEFENSE EXPENSES WILL BE APPLIED AGAINST THE RETENTION. THE COMPANY HAS NO DUTY TO DEFEND ANY CLAIM UNLESS DUTY-TO-DEFEND COVERAGE HAS BEEN SPECIFICALLY PROVIDED HEREIN.

<p>ITEM 1</p>	<p>ORGANIZATION:</p> <p><organization></p> <p>PRINCIPAL ADDRESS:</p> <p><address></p>
<p>ITEM 2</p>	<p>POLICY PERIOD:</p> <p>Inception Date: <date> Expiration Date: <date> 12:01 A.M. both dates at the Principal Address stated in ITEM 1.</p>
<p>ITEM 3</p>	<p>ALL NOTICES OF CLAIMS, LOSS, CUSTODIAL DETENTIONS, OR PRE-CLAIM INQUIRIES MUST BE SENT TO THE COMPANY BY EMAIL, FACSIMILE, OR MAIL AS SET FORTH BELOW:</p> <p><Email: BS1claims@travelers.com> <Fax: 1-888-460-6622></p> <p><Mail: Travelers Bond & Specialty Insurance Claim P.O. Box 2989 Hartford, CT 06104-2989</p> <p>Overnight Mail: Travelers Bond & Specialty Insurance Claim One Tower Square, S202A Hartford, CT 06183></p> <p><For questions related to claim reporting or handling, please call 1-800-842-8496.></p>
<p>ITEM 4</p>	<p>ALL NOTICES TO THE INSURED PERSONS WILL BE ADDRESSED TO THE FOLLOWING INSURED REPRESENTATIVE:</p> <p><insured representative></p>

ITEM 5	<p>A. LIMIT OF LIABILITY:</p> <p>\$<limit> for all Claims, Pre-Claim Inquiries, and Custodial Detentions</p> <p>B. SUPPLEMENTAL INDEPENDENT DIRECTOR LIABILITY COVERAGE LIMIT OF LIABILITY:</p> <p>\$<limit> for all Claims, Pre-Claim Inquiries, and Custodial Detentions</p> <p>C. RETENTIONS AND COINSURANCE</p> <p>\$<amount> each Insured Person each Claim</p> <p>\$<amount> aggregate all Insured Persons each Claim</p> <p><percentage>% coinsurance percent applicable each Claim for first \$1,000,000 of Loss in excess of applicable Retention</p>																																																
ITEM 6	<p>PREMIUM FOR THE POLICY PERIOD:</p> <p>\$<amount> Policy Premium</p> <p>\$<amount> Annual Installment Premium</p>																																																
ITEM 7	<p>EXTENDED REPORTING PERIOD:</p> <p>Additional Premium Percentage: <percentage>%</p> <p>Additional Months: <number of months></p>																																																
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ITEM 9	<p>UNDERLYING INSURANCE SCHEDULE:</p> <table border="1" data-bbox="272 1150 1507 1942"> <thead> <tr> <th></th> <th><u>Underlying Insurer</u></th> <th><u>Policy Number</u></th> <th><u>Limit of Liability</u></th> </tr> </thead> <tbody> <tr> <td>A. Primary Policy:</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td><underlying insurer></td> <td><policy number></td> <td><limit of liability></td> </tr> <tr> <td>B. Other Underlying Insurance:</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td><underlying insurer></td> <td><policy number></td> <td><limit of liability></td> </tr> <tr> <td></td> <td><underlying insurer></td> <td><policy number></td> <td><limit of liability></td> </tr> <tr> <td></td> <td><underlying insurer></td> <td><policy number></td> <td><limit of liability></td> </tr> <tr> <td></td> <td><underlying insurer></td> <td><policy number></td> <td><limit of liability></td> </tr> <tr> <td></td> <td><underlying insurer></td> <td><policy number></td> <td><limit of liability></td> </tr> <tr> <td></td> <td><underlying insurer></td> <td><policy number></td> <td><limit of liability></td> </tr> <tr> <td></td> <td><underlying insurer></td> <td><policy number></td> <td><limit of liability></td> </tr> <tr> <td></td> <td><underlying insurer></td> <td><policy number></td> <td><limit of liability></td> </tr> </tbody> </table>		<u>Underlying Insurer</u>	<u>Policy Number</u>	<u>Limit of Liability</u>	A. Primary Policy:					<underlying insurer>	<policy number>	<limit of liability>	B. Other Underlying Insurance:					<underlying insurer>	<policy number>	<limit of liability>		<underlying insurer>	<policy number>	<limit of liability>		<underlying insurer>	<policy number>	<limit of liability>		<underlying insurer>	<policy number>	<limit of liability>		<underlying insurer>	<policy number>	<limit of liability>		<underlying insurer>	<policy number>	<limit of liability>		<underlying insurer>	<policy number>	<limit of liability>		<underlying insurer>	<policy number>	<limit of liability>
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ITEM 10

FORMS AND ENDORSEMENTS ATTACHED AT ISSUANCE:

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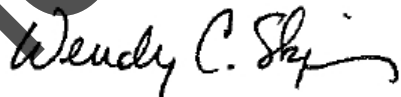
THE DECLARATIONS, THE POLICY, AND ANY ENDORSEMENTS ATTACHED THERETO, CONSTITUTE THE ENTIRE AGREEMENT BETWEEN THE COMPANY AND THE INSURED PERSONS.

Countersigned By

IN WITNESS WHEREOF, the Company has caused this policy to be signed by its authorized officers.



President, Bond & Specialty Insurance



Corporate Secretary

Specimen