

**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 INSURED 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: BSIClaims@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>																																																				
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>																																																				
ITEM 8	<p>RUN-OFF EXTENDED REPORTING PERIOD:</p> <p>Additional Premium Percentage: <percentage>%</p> <p>Additional Months: <number of months></p>																																																				
ITEM 9	<p>UNDERLYING INSURANCE SCHEDULE:</p> <table border="1" data-bbox="272 1041 1507 1835"> <thead> <tr> <th data-bbox="272 1041 583 1104"></th> <th data-bbox="583 1041 891 1104"><u>Underlying Insurer</u></th> <th data-bbox="891 1041 1198 1104"><u>Policy Number</u></th> <th data-bbox="1198 1041 1507 1104"><u>Limit of Liability</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="272 1104 583 1167">A. Primary Policy:</td> <td data-bbox="583 1104 891 1167"></td> <td data-bbox="891 1104 1198 1167"></td> <td data-bbox="1198 1104 1507 1167"></td> </tr> <tr> <td data-bbox="272 1167 583 1230"></td> <td data-bbox="583 1167 891 1230"><underlying insurer></td> <td data-bbox="891 1167 1198 1230"><policy number></td> <td data-bbox="1198 1167 1507 1230"><limit of liability></td> </tr> <tr> <td data-bbox="272 1230 583 1293">B. Other Underlying Insurance:</td> <td data-bbox="583 1230 891 1293"></td> <td data-bbox="891 1230 1198 1293"></td> <td data-bbox="1198 1230 1507 1293"></td> </tr> <tr> <td data-bbox="272 1293 583 1356"></td> <td data-bbox="583 1293 891 1356"><underlying insurer></td> <td data-bbox="891 1293 1198 1356"><policy number></td> <td data-bbox="1198 1293 1507 1356"><limit of liability></td> </tr> <tr> <td data-bbox="272 1356 583 1419"></td> <td data-bbox="583 1356 891 1419"><underlying insurer></td> <td data-bbox="891 1356 1198 1419"><policy number></td> <td data-bbox="1198 1356 1507 1419"><limit of liability></td> </tr> <tr> <td data-bbox="272 1419 583 1482"></td> <td data-bbox="583 1419 891 1482"><underlying insurer></td> <td data-bbox="891 1419 1198 1482"><policy number></td> <td data-bbox="1198 1419 1507 1482"><limit of liability></td> </tr> <tr> <td data-bbox="272 1482 583 1545"></td> <td data-bbox="583 1482 891 1545"><underlying insurer></td> <td data-bbox="891 1482 1198 1545"><policy number></td> <td data-bbox="1198 1482 1507 1545"><limit of liability></td> </tr> <tr> <td data-bbox="272 1545 583 1608"></td> <td data-bbox="583 1545 891 1608"><underlying insurer></td> <td data-bbox="891 1545 1198 1608"><policy number></td> <td data-bbox="1198 1545 1507 1608"><limit of liability></td> </tr> <tr> <td data-bbox="272 1608 583 1671"></td> <td data-bbox="583 1608 891 1671"><underlying insurer></td> <td data-bbox="891 1608 1198 1671"><policy number></td> <td data-bbox="1198 1608 1507 1671"><limit of liability></td> </tr> <tr> <td data-bbox="272 1671 583 1734"></td> <td data-bbox="583 1671 891 1734"><underlying insurer></td> <td data-bbox="891 1671 1198 1734"><policy number></td> <td data-bbox="1198 1671 1507 1734"><limit of liability></td> </tr> <tr> <td data-bbox="272 1734 583 1797"></td> <td data-bbox="583 1734 891 1797"><underlying insurer></td> <td data-bbox="891 1734 1198 1797"><policy number></td> <td data-bbox="1198 1734 1507 1797"><limit of liability></td> </tr> <tr> <td data-bbox="272 1797 583 1841"></td> <td data-bbox="583 1797 891 1841"><underlying insurer></td> <td data-bbox="891 1797 1198 1841"><policy number></td> <td data-bbox="1198 1797 1507 1841"><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>		<underlying insurer>	<policy number>	<limit of liability>
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ITEM 10

FORMS AND ENDORSEMENTS ATTACHED AT ISSUANCE:

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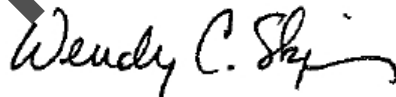
THE DECLARATIONS, THE POLICY, AND ANY ENDORSEMENTS ATTACHED THERETO, CONSTITUTE THE ENTIRE AGREEMENT BETWEEN THE COMPANY AND THE INSURED PERSONS.

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