

**Insurance Company Professional Liability Coverage
Declarations**

POLICY NO. <policy number>

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

THIS LIABILITY COVERAGE IS WRITTEN ON A CLAIMS-MADE BASIS. THIS LIABILITY COVERAGE COVERS ONLY CLAIMS FIRST MADE AGAINST INSURED DURING THE POLICY PERIOD. THE LIMIT 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.

ITEM 1 NAMED INSURED:
 <named insured>

D/B/A:
 <name of d/b/a>

Principal Address:
 <address>
 <address>
 <city, state, zip>

ITEM 2 POLICY PERIOD:

Inception Date: <month/dd/yyyy> Expiration Date: <month/dd/yyyy>
 12:01 A.M. standard time both dates at the Principal Address stated in ITEM 1.

ITEM 3 ALL NOTICES OF CLAIM OR LOSS MUST BE SENT TO THE COMPANY BY EMAIL, FACSIMILE, OR MAIL AS SET FORTH BELOW:

<Email: BSIClaims@travelers.com>
 <Fax: 1-888-460-6622>

<Mail: Travelers Bond & Specialty Insurance Claim
 P.O. Box 2989
 Hartford, CT 06104-2989

Overnight Mail: Travelers Bond & Specialty Insurance Claim
 One Tower Square, S202A
 Hartford, CT 06183>

<For questions related to claim reporting or handling, please call 1-800-842-8496.>

ITEM 4 COVERAGE INCLUDED AS OF THE INCEPTION DATE IN ITEM 2:
 Insurance Company Professional Liability Coverage

ITEM 5 INSURANCE COMPANY PROFESSIONAL LIABILITY COVERAGE

Limit of Liability: \$<amount> for all Claims

Retention: \$<amount> for each Claim

Prior or Pending Proceeding Date: <month/dd/yyyy>

Leased Employees: Yes No

ITEM 6 PREMIUM FOR THE POLICY PERIOD:

\$<amount> Policy Premium

\$<amount> Annual Installment Premium

ITEM 7 EXTENDED REPORTING PERIOD:

Additional Premium Percentage: <percentage>%

Additional Months: <number of months>

ITEM 8 FORMS AND ENDORSEMENTS ATTACHED AT ISSUANCE:

<form number/edition date>
<form number/edition date>
<form number/edition date>
<form number/edition date>
<form number/edition date>
<form number/edition date>
<form number/edition date>
<form number/edition date>
<form number/edition date>
<form number/edition date>

PRODUCER INFORMATION:

<agency name>

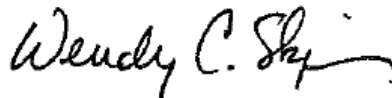
<agency address>

<agency city, state, zip>

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



President, Bond & Specialty Insurance



Corporate Secretary

Specimen