

**DIRECTORS, OFFICERS, AND ORGANIZATION LIABILITY COVERAGE  
DECLARATIONS**

POLICY NO. XXXXXXXXXX

<Travelers Casualty and Surety Company of America>  
 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 INSUREDS 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.**

<b>ITEM 1</b>	<b>NAMED INSURED:</b>  <named insured>  Principal Address: <address>
<b>ITEM 2</b>	<b>POLICY PERIOD:</b>  Inception Date: <date>                      Expiration Date: <date> 12:01 A.M. local time both dates at the Principal Address stated in ITEM 1.
<b>ITEM 3</b>	<b>ADDRESS INFORMATION FOR NOTICES TO THE COMPANY:</b>  <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.>
<b>ITEM 4</b>	<b>COVERAGE INCLUDED AS OF THE INCEPTION DATE IN ITEM 2:</b>  Directors, Officers, and Organization Liability Coverage
<b>ITEM 5</b>	<b>DIRECTORS, OFFICERS, AND ORGANIZATION LIABILITY COVERAGE</b>  <b>Directors, Officers, and Organization Limit of Liability:</b> \$<amount>                      for all <b>Claims</b>  <b>Investigation Expense Limit of Liability:</b> \$<amount>                      for all <b>Investigation Expense</b> , which amount is part of, and not in addition to, the Directors, Officers, and Organization Limit of Liability  <b>Supplemental Independent Director Limit of Liability:</b> \$<amount>                      for all <b>Independent Director Claims</b> , which amount is in addition to, and excess of, the Directors, Officers, and Organization Limit of Liability

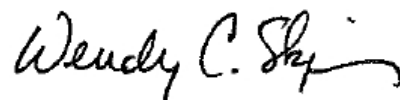
	<p><b>Retention:</b> Not applicable to non-indemnifiable <b>Loss</b> or Insuring Agreement D</p> <p>\$&lt;amount&gt; for each <b>Claim</b> under Insuring Agreement A; not to exceed  \$&lt;amount&gt; in the aggregate, each <b>Claim</b> under Insuring Agreement A  \$&lt;amount&gt; for all <b>Securities Claims</b>  \$&lt;amount&gt; for all other <b>Claims</b></p> <p><b>Prior or Pending Proceeding Date:</b> &lt;date&gt;</p> <p><b>Coinsurance:</b> Coinsurance by <b>Insureds</b> is &lt;enter percentage&gt;% of the first \$1,000,000 in Insuring Agreement A <b>Loss</b> in excess of the applicable retention.</p>										
<b>ITEM 6</b>	<p><b>PREMIUM FOR THE POLICY PERIOD:</b></p> <p>\$&lt;amount&gt; Policy Premium</p>										
<b>ITEM 7</b>	<p><b>EXTENDED REPORTING PERIOD:</b></p> <table> <tr> <td>Additional Premium Percentage:</td> <td>Additional Months:</td> </tr> <tr> <td>&lt;percentage&gt;%</td> <td>12</td> </tr> <tr> <td>&lt;percentage&gt;%</td> <td>24</td> </tr> <tr> <td>&lt;percentage&gt;%</td> <td>36</td> </tr> <tr> <td>&lt;percentage&gt;%</td> <td>&lt;number of months&gt;</td> </tr> </table>	Additional Premium Percentage:	Additional Months:	<percentage>%	12	<percentage>%	24	<percentage>%	36	<percentage>%	<number of months>
Additional Premium Percentage:	Additional Months:										
<percentage>%	12										
<percentage>%	24										
<percentage>%	36										
<percentage>%	<number of months>										
<b>ITEM 8</b>	<p><b>FORMS AND ENDORSEMENTS ATTACHED AT ISSUANCE:</b></p> <p>&lt;form number/edition date&gt;  &lt;form number/edition date&gt;  &lt;form number/edition date&gt;  &lt;form number/edition date&gt;  &lt;form number/edition date&gt;  &lt;form number/edition date&gt;  &lt;form number/edition date&gt;  &lt;form number/edition date&gt;</p>										

**THE DECLARATIONS, THE APPLICATION, THE DIRECTORS, OFFICERS, AND ORGANIZATION LIABILITY COVERAGE, AND ANY ENDORSEMENTS ATTACHED THERETO, CONSTITUTE THE ENTIRE AGREEMENT BETWEEN THE COMPANY AND THE INSURED.**

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



President, Bond & Specialty Insurance



Corporate Secretary