

  
**Arch**  
Insurance Group®  
**ARCH INSURANCE COMPANY**  
(A Missouri Corporation)

Home Office Address:  
2345 Grand Blvd., Suite 900  
Kansas City, MO 64108

Administrative Address:  
One Liberty Plaza, 53rd Floor  
New York, NY 10006  
Tel: (800) 817-3252

**ARCH CORPORATE CANOPY® POLICY**  
**PRIVATE COMPANY MANAGEMENT LIABILITY & CRIME INSURANCE**

EXCEPT AS OTHERWISE PROVIDED, THE LIABILITY COVERAGE PARTS OF THIS POLICY APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD AND REPORTED TO THE INSURER NO LATER THAN SIXTY (60) DAYS AFTER THE END OF THE POLICY PERIOD. EACH APPLICABLE LIABILITY COVERAGE PART LIMIT OF LIABILITY SHALL BE REDUCED BY DEFENSE COSTS PAYMENTS.

**DECLARATIONS**

**Policy No.:**

**Item 1. Named Organization & Address:**

**Item 2. Policy Period:**

From:  
To:  
12:01 a.m. local time at the address stated in Item 1

**Item 3. Policy Premium:**

Taxes, Surcharges and other Assessments, if applicable	\$
Premium attributable to Terrorism Risk Insurance:	\$
<input type="checkbox"/> Included In Policy Premium	
<input type="checkbox"/> In Addition To Policy Premium	

**Item 4. Extended Reporting Period (Liability Coverage Parts only):**

Additional Period:  
Additional Premium: %

**Item 5. Notices to Insurer:**

Claims or Potential Claims:

Arch Insurance Company  
 Executive Assurance Claims  
 1299 Farnam Street, Suite 500  
 Omaha, NE 68102  
 P.O. Box 542033  
 Omaha, NE 68154  
 Phone: 877 688-ARCH (2724)  
 Fax: 866 266-3630  
 E-mail: Claims@ArchInsurance.com

All Other Notices:

Arch Insurance Company  
 Executive Assurance Underwriting  
 One Liberty Plaza, 53rd Floor  
 New York, NY 10006  
 Fax: (212) 651-6499

**Item 6. Coverage Elections:**

**Only those Coverage Parts, Insuring Agreements, and Options designated with an X are included under this Policy.**

- Liability Coverage Parts Aggregate Limit of Liability Option: \$**
- Directors, Officers, & Organization Liability Coverage Part:**

Limit of Liability	Deductible Each Claim	Pending and Prior Litigation Date	Options
\$	Insuring Agreement A: nil  Insuring Agreement B:  Insuring Agreement C:	Insuring Agreement A:  Insuring Agreement B:  Insuring Agreement C:	<input type="checkbox"/> Additional \$500,000 Limit of Liability for Claims against Insured Persons

**Employment Practices Liability Coverage Part:**

Limit of Liability	Deductible Each Claim	Pending and Prior Litigation Date	Options
\$			<input type="checkbox"/> Third Party Coverage: – Sublimit of Liability:  – Deductible:  – Pending and Prior Litigation Date:

**Fiduciary Liability Coverage Part:**

Limit of Liability	Deductible Each Claim	Pending and Prior Litigation Date
\$		

**Crime Coverage Part:**

Insuring Agreement	Limit of Liability	Deductible	Options
<input type="checkbox"/> A. Employee Theft	\$	\$	<input type="checkbox"/> Loss Sustained or <input type="checkbox"/> Loss Discovered (If neither box above is designated with an X, this Policy shall be issued on a Loss Sustained basis)  <input type="checkbox"/> Investigation Costs Coverage: – Sublimit of Liability:
<input type="checkbox"/> B. Customer Property	\$	\$	
<input type="checkbox"/> C. Inside the Premises	\$	\$	
<input type="checkbox"/> D. Outside the Premises	\$	\$	
<input type="checkbox"/> E. Forgery or Alteration	\$	\$	
<input type="checkbox"/> F. Computer Fraud or Fraudulent Transfer Instructions	\$	\$	
<input type="checkbox"/> G. Currency Fraud	\$	\$	

**Item 7. Endorsements:** See attached schedule of endorsements and notices.

This Policy shall not be valid unless signed by a duly authorized representative of the Insurer.

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date