

#### **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

# FIDUCIARY LIABILITY INSURANCE POLICY

EXCEPT AS OTHERWISE PROVIDED, THIS POLICY APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD AND REPORTED TO THE INSURER NO LATER THAN SIXTY (60) DAYS AFTER THE END OF THE POLICY PERIOD. THE 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. Limit of Liability:

A. \$ Aggregate

B. \$ Voluntary Settlement Program Coverage Sublimit

Item 4. Deductible:

A. \$ Fiduciary Liability Coverage

B. \$ Voluntary Settlement Program Coverage

(Note: No Deductible applies to Non-Indemnifiable Loss)

Item 5. Extended Reporting Period:

**A.** Additional Period:

B. Additional Premium: \$

Item 6. Pending and Prior Litigation Date:

05 FDC001 00 11 06 Page 1 of 2

# Item 7. 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

tem 8. Policy Premium:	\$
Premium attributable to Terrorism Risk Insurance: Included in Policy Premium In addition to Policy Premium	\$
tem 9. Endorsements: See attached schedule of endor	rsements and notices.
This Policy shall not be valid unless signed by a duly authorized	representative of the Insurer.
Authorized Representative	Date

05 FDC001 00 11 06 Page 2 of 2