



**THE HARTFORD  
DIRECTORS, OFFICERS AND COMPANY LIABILITY POLICY FOR REAL ESTATE INVESTMENT TRUSTS  
ASSOCIATION FORM**

\_\_\_\_\_ **Policy Number**

**DECLARATIONS**

\_\_\_\_\_ **a stock insurance company, herein called the Insurer**

**NOTICE: THIS IS A CLAIMS-MADE AND REPORTED POLICY. EXCEPT AS MAY BE OTHERWISE PROVIDED, HEREIN, THE COVERAGE OF THIS POLICY IS LIMITED TO LIABILITY FOR WRONGFUL ACTS FOR WHICH CLAIMS ARE FIRST MADE WHILE THE POLICY IS IN FORCE AND WHICH ARE REPORTED TO THE INSURER NO LATER THAN NINETY (90) DAYS AFTER THE TERMINATION OF THE POLICY. PLEASE READ AND REVIEW THE POLICY CAREFULLY.**

**THE LIMIT OF LIABILITY AVAILABLE TO PAY LOSS, INCLUDING JUDGMENT OR SETTLEMENT AMOUNTS, SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE AND OTHER CLAIMS EXPENSES. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE AND OTHER CLAIMS EXPENSES SHALL BE APPLIED AGAINST THE APPLICABLE RETENTION AMOUNT.**

**THE POLICY DOES NOT PROVIDE FOR ANY DUTY OR OBLIGATION ON THE PART OF THE INSURER TO DEFEND THE DIRECTORS AND OFFICERS AND THE COMPANY.**

**ITEM A. Named Real Estate Investment Trust(s) and Address: Agency Code, Name and Address**

**ITEM B. Policy Period:** From 12:01 a.m. on \_\_\_\_\_ To 12:01 a.m. on \_\_\_\_\_  
(Local time at the address shown in Item A)

**ITEM C. LIMIT OF LIABILITY:** \$ \_\_\_\_\_ in the aggregate each Policy Period, including Claims Expenses

**ITEM D. RETENTION:**

**INSURING AGREEMENT A:** \$ \_\_\_\_\_ each Director and Officer, each Claim, including Claims Expenses, but in no event exceeding \$ \_\_\_\_\_ in the aggregate each Claim, including Claims Expenses, with respect to all Directors and Officers.

**INSURING AGREEMENT B:** \$ \_\_\_\_\_ in the aggregate each Claim, including Claims Expenses, with respect to Company Reimbursement and Management Liability.

**INSURING AGREEMENT C:** \$ \_\_\_\_\_ in the aggregate each Securities Claim, including Claims Expenses.

**INSURING AGREEMENT D:** \$ \_\_\_\_\_ in the aggregate each Non-Securities Claim, including Claims Expenses.

**ITEM E. INSURING AGREEMENT C COVERAGE GRANTED:**    \_\_\_ Yes    \_\_\_ No

**ITEM F. PRIOR LITIGATION DATE:**

INSURING AGREEMENT A AND B:

INSURING AGREEMENT C:

INSURING AGREEMENT D:

**ITEM G. INSURING AGREEMENT D COVERAGE GRANTED:**    \_\_\_ Yes    \_\_\_ No

**ITEM H. NON-SECURITIES CLAIM COINSURANCE:**

CLAIMS EXPENSES    \_\_\_\_\_%

ALL OTHER LOSS    \_\_\_\_\_%

**ITEM I.**

**DISCOVERY PERIOD PREMIUM**

**OPTION I**

**OPTION II**

**DISCOVERY PERIOD DURATION**

( ) months

( ) months

**ITEM J. Premium:**    \$ \_\_\_\_\_

**ITEM K Form number of endorsements attached at issuance:**

**This Declarations Page together with the completed and signed Proposal, including all attachments and exhibits, and the attached Directors, Officers and Company Liability policy form and all endorsements thereto shall constitute the Policy between (1) the Directors and Officers and the Company and (2) the Insurer.**

Date: \_\_\_\_\_

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