PENSION AND BENEFIT PLAN FIDUCIARY LIABILITY POLICY

Policy No:

TWIN CITY FIRE INSURANCE COMPANY
Indianapolis, Indiana

NOTICE: THIS IS A CLAIMS-MADE AND REPORTED POLICY. EXCEPT AS MAY OTHERWISE BE 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 SIXTY (60) DAYS AFTER THE TERMINATION OF THE POLICY. PLEASE READ AND REVIEW THE POLICY CAREFULLY.

EXCEPT TO THE EXTENT INDICATED IN ITEM C 2. BELOW, THE LIMIT OF LIABILITY AVAILABLE TO PAY LOSS, INCLUDING JUDGMENT OR SETTLEMENT AMOUNTS, MAY BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE AND OTHER CLAIMS EXPENSES.

THE INSURER HAS THE RIGHT AND DUTY TO DEFEND ANY CLAIM COVERED UNDER THIS POLICY.

DECLARATIONS

ITEM A Name of Sponsor Company and Address: (No., Street, City, State, Zip) • Agency Code, Name and Address:

ITEM B Policy Period: From 12:01 a.m. standard time at the address stated in Item A on _____ (Inception Date) to 12:01 a.m. on _____ (Expiration Date).

ITEM C LIMIT OF LIABILITY:

1. $ _____ in the aggregate each Policy Period, including Claims Expenses

2. CLAIMS EXPENSES IN ADDITION TO LIMITS: _____ % of ITEM C 1. in the aggregate each Policy Period

ITEM D RETENTION: $ _____ applicable to Claims Expenses only

ITEM E INSURED PLANS:
1) See endorsement No. 1
2) See Section IV. (H)

ITEM F DISCOVERY PERIOD PREMIUM: _____ % of Total Annual Premium

DISCOVERY PERIOD DURATION: (_____) months

ITEM G CONTINUITY DATE: _____

ITEM H TOTAL ANNUAL PREMIUM: $_____

ITEM I Form numbers of endorsements attached at issuance:

This Declaration Page, together with the completed and signed Application, including all attachments and exhibits, and the attached Pension and Benefit Plan Fiduciary Liability Policy form, and all endorsements thereto, shall constitute the Policy between the Insureds and the Insurer.

Date: _____ Authorized Representative: _____