

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.

ITEM 1	NAMED INSURED:		
	<named insured=""></named>		
	Principal Address:		
	<address></address>		
ITEM 2	POLICY PERIOD:		
	Inception Date: <date> 12:01 A.M. local time both dat</date>	Expiration Da es at the Principal	
ITEM 3	ADDRESS INFORMATION FOR NOTICES TO THE COMPANY:		
	<email: bsiclaims@travelers<br=""><fax: 1-888-460-6622=""></fax:></email:>	.com>	
	<mail: &="" 06104-2989<="" 2989="" bond="" box="" claim="" ct="" hartford,="" insurance="" p.o.="" specialty="" th="" travelers=""></mail:>		
	Overnight Mail: Travelers Bond & Specialty Insurance Claim One Tower Square, MN06 Hartford, CT 06183>		
	<for clair<="" questions="" related="" th="" to=""><th>n reporting or han</th><th>dling, please call 1-800-842-8496.></th></for>	n reporting or han	dling, please call 1-800-842-8496.>
ITEM 4	COVERAGE INCLUDED AS OF THE INCEPTION DATE IN ITEM 2:		
	Directors, Officers, and Organ	ization Liability Co	overage
ITEM 5	DIRECTORS, OFFICERS, AND ORGANIZATION LIABILITY COVERAGE		
II LIVI 3	Directors, Officers,	ID ONGANIZATIO	ON LIABILITY COVERAGE
	and Organization		
	Limit of Liability:	\$ <amount></amount>	for all Claims
	Investigation Expense Limit of Liability:	\$ <amount></amount>	for all Investigation Expense , which amount is part of, and not in addition to, the Directors, Officers, and Organization Limit of Liability
	Supplemental Independent Director		
	Limit of Liability:	\$ <amount></amount>	for all Independent Director Claims , which amount is in addition to, and excess of, the Directors, Officers, and Organization Limit of Liability

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

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

JM P. KK

Corporate Secretary

Wendy C. Shy