This Policy is issued by the stock insurance company listed above (herein "Insurer").

EXCESS LIABILITY INSURANCE POLICY DECLARATIONS

UNLESS OTHERWISE PROVIDED IN THE FOLLOWED POLICY, THIS POLICY IS A CLAIMS MADE POLICY WHICH COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSUREDs DURING THE POLICY PERIOD. PLEASE READ THIS POLICY CAREFULLY.

Policy No.

ITEM 1. INSURED COMPANY PRINCIPAL ADDRESS:

ITEM 2. COVERAGE PROVIDED: ____________

ITEM 3. FOLLOWED POLICY: ___________
INSURER: ___________
POLICY NUMBER: ___________

ITEM 4. POLICY PERIOD
From _________ 12:01 A.M. To _________ 12:01 A.M.
(Local time at the address shown in ITEM 1.)

ITEM 5. PREMIUM $_________

ITEM 6. LIMIT OF LIABILITY/AGGREGATE LIMIT: $_________ for all Loss under all Coverages combined.

ITEM 7. UNDERLYING POLICY LIMITS/ATTACHMENT POINT: $_________

ITEM 8. PENDING & PRIOR LITIGATION DATE: __________

Form: EXC.003 Edited (03.14.08)
ITEM 9. NOTICE TO INSURER

A. Notice of Claim, Wrongful Act or Loss:

Send to Company Indicated Above
c/o Ironshore Insurance Services, LLC
One State Street Plaza
8th Floor
New York, NY 10004

B. All other notices:

Send to Company Indicated Above
c/o Ironshore Insurance Services, LLC
One State Street Plaza
8th Floor
New York, NY 10004

ITEM 10. BROKER ADDRESS:

LICENSE #: __________

ITEM 11. FORMS AND ENDORSEMENTS

THESE DECLARATIONS, TOGETHER WITH THE COMPLETED AND SIGNED APPLICATION, FOR THIS POLICY AND THE FOLLOWED POLICY, INCLUDING INFORMATION FURNISHED IN CONNECTION THEREWITH WHETHER DIRECTLY OR THROUGH PUBLIC FILING, AND THE POLICY FORM ATTACHED HERETO, CONSTITUTE THE INSURANCE POLICY.

Date: ________________________________
MO/DAY/YR. ________________________________
Authorized Representative