



IRONSHORE INDEMNITY INC.

(A Stock Company)

Mailing Address:

PO Box 3407

New York, NY 10008

(877) IRON411

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: _____

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