

#### ALLIED WORLD INSURANCE COMPANY

199 Water Street, New York, NY 10038 · Tel. (646) 794-0500 · Fax (646) 794-0611

# FORCEFIELD® PUBLIC COMPANY

DIRECTORS & OFFICERS AND CORPORATE LIABILITY INSURANCE POLICY

POLICY NUMBER: RENEWAL OF:

## **NOTICES**

EXCEPT AS MAY OTHERWISE BE PROVIDED HEREIN, THE COVERAGE AFFORDED BY THIS POLICY APPLIES ONLY TO CLAIMS FIRST MADE AGAINST ANY INSURED, OR PRE-CLAIM INQUIRIES FIRST RECEIVED BY ANY INSURED PERSON, DURING THE POLICY PERIOD OR DISCOVERY PERIOD, IF APPLICABLE, AND REPORTED IN WRITING TO THE INSURER PURSUANT TO THE TERMS HEREIN.

THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY THE PAYMENT OF DEFENSE COSTS. AMOUNTS INCURRED FOR DEFENSE COSTS SHALL BE APPLIED AGAINST THE RETENTION AMOUNT.

THE INSURER DOES NOT ASSUME ANY DUTY TO DEFEND.

PLEASE READ THIS POLICY CAREFULLY AND DISCUSS THE COVERAGE HEREUNDER WITH YOUR INSURANCE BROKER.

#### **DECLARATIONS**

**ITEM 1:** PARENT COMPANY:

ADDRESS:

**ITEM 2:** POLICY PERIOD: From: To:

(12:01 a.m. Local Time at the address stated in Item 1)

**ITEM 3:** LIMIT OF LIABILITY:

aggregate for all Loss under this Policy, including Defense

Costs

### **DECLARATIONS** (continued)

### **POLICY NO.:**

#### **ITEM 4:** SUB-LIMITS OF LIABILITY:

- A. Derivative Investigation Costs
  Sublimit of Liability \$ in the aggregate
- B. Crisis Response Costs
  Sublimit of Liability \$ in the aggregate
- C. Reputation Costs
  Sublimit of Liability \$ in the aggregate

  \$ per Insured Person
- D. Asset Protection Costs
   Sublimit of Liability
   \$ in the aggregate
   \$ per Insured Person

## **ITEM 5:** RETENTION UNDER INSURING AGREEMENTS B AND C:

- A. Securities Claim other than \$ M&A Claim:
- B. M&A Claim: \$
- C. Any other Claim: \$
- No Retention shall apply to: (i) Insuring Agreement A;
  - (ii) Derivative Investigation Costs;
  - (iii) Crisis Response Costs;
  - (iv) Reputation Costs;
  - (v) Liberty Protection Costs;
  - (vi) Asset Protection Costs; or
  - (vii) Defense Costs for E-Discovery Consultant Services

## **DECLARATIONS** (continued)

**POLICY NO.:** 

**ITEM 6:** PENDING OR PRIOR DATE:

**ITEM 7:** PREMIUM:

**ITEM 8:** DISCOVERY PERIOD:

1 Year:	%
3 Years:	%
6 Years:	tbd%

## ITEM 9: ALLIED WORLDWIDE<sup>SM</sup> INSURANCE PROGRAM

Participation in the ALLIED WORLDWIDE<sup>SM</sup> Insurance Program is:

elected not elected

#### ITEM 10: ADDRESS OF INSURER FOR NOTICES UNDER THIS POLICY:

#### A. Claim-Related Notices:

E-mail: <u>AWACUS.FinancialClaims@awa</u>c.com

860.284.1307 Fax:

ALLIED WORLD INSURANCE COMPANY

ATTN: CLAIMS DEPARTMENT 1690 New Britain Ave., Suite 101

Farmington, CT 06032

## B. All Other Notices:

ALLIED WORLD INSURANCE COMPANY ATTN: PROFESSIONAL LIABILITY UNDERWRITING 199 WATER STREET

NEW YORK, NY 10038

IN WITNESS WHEREOF, the Insurer has caused this Policy to be executed and attested, but this Policy shall not be valid unless countersigned by a duly authorized representative of the Insurer.

President

Asst. Secretary

Karen Colom

AUTHORIZED REPRESENTATIVE