

OLD REPUBLIC INSURANCE COMPANY
GREENSBURG, PENNSYLVANIA

**Miscellaneous Professional
Liability Policy
Declarations**

Policy Number: _____

IMPORTANT NOTICE

THIS IS A CLAIMS MADE AND REPORTED POLICY. EXCEPT AS OTHERWISE PROVIDED HEREIN THIS POLICY COVERS ONLY CLAIMS FIRST MADE AGAINST THE **INSUREDS** DURING THE **POLICY PERIOD** OR EXTENDED REPORTING PERIOD, IF EXERCISED, AND REPORTED TO THE **COMPANY** PURSUANT TO SECTION VI.A.

THE LIMITS OF LIABILITY AVAILABLE TO PAY INSURED **DAMAGES** SHALL BE REDUCED BY AMOUNTS INCURRED FOR **CLAIMS EXPENSES**. FURTHER NOTE THAT AMOUNTS INCURRED FOR **DAMAGES** AND **CLAIMS EXPENSES** SHALL ALSO BE APPLIED AGAINST THE RETENTION AMOUNT.

TERMS THAT APPEAR IN BOLD FACE TYPE HAVE SPECIAL MEANING. PLEASE REFER TO SECTION II., DEFINITIONS.

Item 1. **Named Insured** and Principal Address:

Item 2. **Policy Period:** From: _____ To: _____
12:01 a.m. local time at the address shown in Item 1.

Item 3. Limit of Liability (including **Claims Expenses**):

\$ _____ Each **Claim**

\$ _____ Aggregate Limit

\$ _____ **Disciplinary Proceeding Claims Expenses** Aggregate Limit (in addition to the Each **Claim** and Aggregate Limits set forth above)

Item 4. Retention:

\$ _____ Each **Claim**

Insured:
Policy No.:

Item 5. Premium: \$ _____
[Surcharges/Assessments \$ _____]
[Total: \$ _____]

Item 6. **Retroactive Date** (if applicable):

Item 7. **Professional Services:**

Item 8. Notice to **Company:**

A. Notice of **Claim** or **Wrongful Act:**

Old Republic Professional Liability, Inc.
191 North Wacker Drive, Suite 1000
Chicago, Illinois 60606
Facsimile: (312) 750-8965
E-Mail: ClaimNotice@oldrepublicpro.com

B. All other notices:

ALTRU, LLC
3975 Erie Avenue
Cincinnati, OH 45208
Facsimile: (513) 271-8899
E-Mail: info@altru.com

Item 9. Optional **Extended Reporting Period:**

\$ _____ Additional Premium
_____ Additional Period

Item 10. **Forms/Endorsements/Applications Effective at Inception**

DATE: _____