



ACE American Insurance Company  
 Illinois Union Insurance Company  
 Westchester Fire Insurance Company  
 Westchester Surplus Lines Insurance Company  
**[LIST ONLY THE COMPANY THAT APPLIES]**

**CODA Premier®**  
**Directors and Officers Liability**  
**Excess DIC Policy**  
**Declarations**

**This Policy is issued by the stock insurance company listed above.**

**THIS POLICY IS A CLAIMS MADE POLICY. EXCEPT AS OTHERWISE PROVIDED HEREIN, THIS POLICY COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD. PLEASE READ THIS POLICY CAREFULLY.**

**THE LIMITS OF LIABILITY AVAILABLE TO PAY INSURED LOSS SHALL BE REDUCED BY AMOUNTS INCURRED FOR DEFENSE COSTS.**

**TERMS THAT APPEAR IN CAPITAL LETTERS HAVE SPECIAL MEANING. PLEASE REFER TO CLAUSE 2, DEFINITIONS.**

<b>Policy No.</b>	
Item I.	COMPANY: Principal Address:
Item II.	POLICY PERIOD: From 12:01 a.m. To 12:01 a.m. (Local time at the address shown in Item I)
Item III.	LIMIT OF LIABILITY: \$ _____  Aggregate Limit of Liability for all LOSS paid on behalf of all INSUREDS arising from all CLAIMS first made during the POLICY PERIOD.
Item IV.	POLICY PREMIUM: \$ _____ DISCOVERY PERIOD PREMIUM: _____ % of POLICY PREMIUM

Item V.	<p><b>NOTICE TO COMPANY:</b></p> <p>Any notice to the COMPANY or, except in accordance with Clause 16 (Authority) of this POLICY, to the INSUREDS, shall be given or made to the individual listed above, if any, or otherwise to the individual designated in the APPLICATION, if any, or otherwise to the signer of the APPLICATION, and shall be given or made in accordance with Clause 15 (Notice) of this POLICY.</p>																		
Item VI.	<p><b>NOTICE TO INSURER:</b></p> <p>Any notice to be given or payment to be made to the INSURER under this POLICY shall be given or made in accordance with Clause 15 (Notice) of this POLICY to</p> <p>A. Notice of CLAIM or WRONGFUL ACT:</p> <p style="padding-left: 40px;">[Company] [Address] [Address] [Fax Number]</p> <p>B. All payments or other notices:</p> <p style="padding-left: 40px;">Chief Underwriting Officer [Company] [Address] [Address] [Fax Number]</p>																		
Item VII.	<p><b>SCHEDULE OF UNDERLYING DIRECTORS' AND OFFICERS' INSURANCE:</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 20%; text-align: center;"><u>Carrier</u></th> <th style="width: 20%; text-align: center;"><u>Policy No.</u></th> <th style="width: 20%; text-align: center;"><u>Policy Period</u></th> <th style="width: 15%; text-align: center;"><u>Limits</u></th> <th style="width: 15%; text-align: center;"><u>Attachment</u></th> </tr> </thead> <tbody> <tr> <td>Primary Policy:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Excess Policies:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		<u>Carrier</u>	<u>Policy No.</u>	<u>Policy Period</u>	<u>Limits</u>	<u>Attachment</u>	Primary Policy:						Excess Policies:					
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Excess Policies:																			

IN WITNESS WHEREOF, the INSURER has caused this POLICY to be countersigned by a duly authorized representative of the INSURER.

DATE: \_\_\_\_\_

\_\_\_\_\_ Authorized Representative