



ARGO PRO

Member Argo Group

Insurer Home Office Address:
8720 Stony Point Parkway, Suite 300
Richmond, VA 23235

Insurer Administrative Office:
8720 Stony Point Parkway, Suite 300
Richmond, VA 23235

DECLARATIONS
DIRECTORS AND OFFICERS LIABILITY EXCESS AND
DROP DOWN NON-INDEMNIFIED LOSS POLICY

THIS POLICY IS WRITTEN ON A CLAIMS MADE BASIS AND COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR THE EXTENDED REPORTING PERIOD, IF EXERCISED. CLAIMS MUST BE REPORTED TO THE INSURER IN ACCORDANCE WITH THE REPORTING PROVISIONS OF THIS POLICY. THE LIMITS OF LIABILITY SHALL BE REDUCED BY AMOUNTS INCURRED AS DEFENSE COSTS. PLEASE READ THIS POLICY CAREFULLY AND DISCUSS THE COVERAGE PROVIDED WITH YOUR INSURANCE AGENT OR BROKER.

INSURER: Argonaut Insurance Company

PRODUCER: (Brokerage Firm)
(Address)
(City, State, Zip)

Policy No.:

Renewal of Policy No.:

Item 1. **Named Entity:**
Mailing Address:

Item 2. **Policy Period:**
From: 12:01 a.m. (Local time at the Named Entity's address)
To: 12:01 a.m. (Local time at the Named Entity's address)

Item 3. Aggregate Limit of Liability for **Non-indemnified Loss** \$

First Reinstated Limit of Liability, in the aggregate \$

Second Reinstated Limit of Liability, in the aggregate \$

Item 4. Annual Premium: \$

Item 5. Notices to **Insurer**:

Claims:

Attn: ARGO GROUP US
Management Liability - Claims
101 Hudson Street, Suite 1201
Jersey City, NJ 07302
732 623 8950
ArgoMLClaims@argoprou.com

All Other Notices:

Attn: ARGO GROUP US
Management Liability - Underwriting
101 Hudson Street, Suite 1201
Jersey City, NJ 07302
732 623 8950

Item 6. Endorsements Applicable to Coverage at Inception of Policy:

Item 7. **Followed Policy** and Schedule of **Underlying Insurance**: See Endorsement No. 1

This Policy shall not be valid unless also signed by another duly authorized representative of the **Insurer**.

Countersigned:

By:

Date:

Authorized Representative: