

# Bankers Professional Liability Policy

## Declarations



Insurance is provided by the following Company:

**STEADFAST INSURANCE COMPANY**  
Dover, Delaware  
Administrative Office - 1400 American Lane  
Schaumburg, Illinois 60196-1056

Policy Number: <polnbr>

Renewal of Number: <renl\_nbr>

Item 1. **Named Insured And Mailing Address:**

<insddbann>  
<insdaddr1>  
<insdaddr2>  
<insdaddr3>

**Producer:**

<prdrnm>  
<prdraddr1>  
<prdraddr2>  
<prdraddr3>

Item 2. **Limit of Liability:**

Aggregate each "Policy Period": \_\_\_\_\_

Note: the Limit of Liability and the Retention are reduced or exhausted by "Defense Costs."

Item 3. **Policy Period:**

From 12:01 A.M. on

<effdt>

To 12:01 A.M. on

<expidt>

Local time at the address shown in Item 1.

Item 4. **Retention Amount:**

\_\_\_\_\_ each "Loss"

Item 5. **Extended Reporting Period:**

(A)

Additional Premium: \_\_\_\_\_

(B)

Additional Period: \_\_\_\_\_

Item 6. **Continuity Date:** \_\_\_\_\_

Item 7. **Endorsements Effective at Inception:**

<endteff>

**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. THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED AS DEFENSE COSTS. PLEASE READ CAREFULLY.**

In witness whereof, the Underwriter issuing this policy has caused this policy to be signed by its authorized officers, but it shall not be valid unless also signed by the duly authorized representative of the Underwriter.

STEADFAST INSURANCE COMAPNY

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

\_\_\_\_\_  
Date

President

Corporate Secretary