



**The Solution for Public Company D&O
Declarations**

QBE Insurance Corporation

Wall Street Plaza, 88 Pine Street, New York, New York 10005

Home Office: c/o CT Corporation System, 116 Pine Street, Suite 320, Harrisburg, Pennsylvania 17101

THIS POLICY PROVIDES CLAIMS MADE COVERAGE, WHICH APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD. THE LIMIT OF LIABILITY TO PAY JUDGMENTS OR SETTLEMENT AMOUNTS SHALL BE REDUCED AND MAY BE EXHAUSTED BY PAYMENT OF DEFENSE COSTS. PLEASE READ THIS POLICY CAREFULLY.

Item 1: Parent Company:
Mailing Address:

Item 2: Policy Period
From: _____ To: _____
At 12:01 A.M. Standard Time at the mailing address stated in Item 1

Item 3: A. Limit of Liability
\$ _____ in the aggregate
B. Securityholder Derivative Demand Investigation Limit:

Item 4: Retentions:
A. Insuring Clause B – Claims other than Securities Claims: \$ _____ per Claim
B. Insuring Clauses B and C – Securities Claims only: \$ _____ per Claim
C. Insuring Clauses B and C – Merger Objection Claim: \$ _____ per Claim

Item 5: A. Notice to Insurer of a Claim or circumstance: [QBE Insurance Corporation]
[Attn: The Claims Manager]
[Wall Street Plaza]
[88 Pine Street, 18th Floor]
[New York, New York 10005]
[Telephone: (877) 772-6771]
[Email: professional.liability.claims@us.qbe.com]

B. All Other Notices to Insurer: [QBE Insurance Corporation]
[Attn: Underwriting]
[Wall Street Plaza]
[88 Pine Street, 18th Floor]
[New York, New York 10005]
[Telephone: (877) 772-6771]
[Email: MLPLadmin@us.qbe.com]

Item 6: Pending or Prior Proceedings Date:

Item 7: Extended Reporting Period
Premium: % of annual premium
Length:

In witness whereof, the Insurer has caused this Policy to be executed, but it shall not be valid unless also signed by a duly authorized representative of the Insurer.

President

Secretary

[signature of president]

[signature of secretary]

Date