

U. S. SPECIALTY INSURANCE COMPANY
Houston, Texas

NOTICE: THIS IS A CLAIMS MADE POLICY WHICH APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED PERSONS DURING THE POLICY PERIOD OR, IF APPLICABLE, THE DISCOVERY PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED, AND MAY BE EXHAUSTED, BY THE PAYMENT OF DEFENSE EXPENSES. THE INSURER HAS NO DUTY UNDER THE POLICY TO DEFEND ANY INSURED PERSONS.

DECLARATIONS

BROADEST FORM DIRECTORS AND OFFICERS LIABILITY INSURANCE

POLICY NUMBER:

RENEWAL OF:

ITEM 1. **PARENT CORPORATION:**

ITEM 2. **POLICY PERIOD:**

(a) Inception Date:

(b) Expiration Date:

at 12:01 a.m. at the Principal Address stated in Item 1.

ITEM 3. **LIMIT OF LIABILITY** (inclusive of **Defense Expenses**):

\$ maximum aggregate Limit of Liability under this Policy.

ITEM 4. **PREMIUM:** \$ prepaid premium

ITEM 5. **NOTICES REQUIRED TO BE GIVEN TO THE INSURER MUST BE ADDRESSED TO:**

HCC GLOBAL FINANCIAL PRODUCTS, LLC

P.O. Box 4018

Farmington, CT 06034

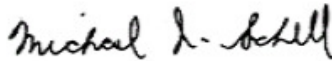
Attention: Claims Manager

ITEM 6. **ENDORSEMENTS ATTACHED AT ISSUANCE:**

IN WITNESS WHEREOF, the Insurer has caused this Policy to be signed on the Declarations Page by its President, a Secretary and a duly authorized representative of the Insurer.



Secretary



President

Authorized Representative

Date:

USSIC 100 (04/2002)