

NOTICE:

THIS IS A CLAIMS-MADE POLICY AND, SUBJECT TO ITS PROVISIONS, APPLIES ONLY TO ANY CLAIM FIRST MADE DURING THE POLICY PERIOD. NO COVERAGE EXISTS FOR CLAIMS FIRST MADE AFTER THE END OF THE POLICY PERIOD UNLESS, AND TO THE EXTENT THAT, THE EXTENDED REPORTING PERIOD APPLIES.

DEFENSE COSTS REDUCE THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE RETENTION. PLEASE REVIEW THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

NAMED COMPANY AND ADDRESS		PRODUCER
Item 1.		
Attn:		
CUSTOMER NUMBER		INSURER
POLICY NUMBER		CNA Plaza Chicago, Illinois 60685-0001

Item 2. **Policy Period:** _____ to _____
12:01 a.m. local time at the address stated in Item 1.

Item 3. **Policy Premium:** \$ _____

Item 4. **Notices to Insurer:**

CNA Pro
C/O: Claim Intake Manager
40 Wall Street
8th Floor
New York, NY 10005
Fax: 212-440-3710
Phone: 212-440-3439

Item 5. **Limits of Liability and Retentions** (inclusive of **Defense Costs**). Regardless of the Option selected, as indicated by a checked box, please refer to Columns 1 and 4 below for applicable **Coverage Parts** and Prior or Pending Date.

This Policy is issued with the Limits of Liability and Retention Option selected below:

- Single Limit of Liability and Single Retention:
 - Single Limit of Liability: \$
 - Single Retention*: \$
- Single Limit of Liability and Scheduled Retentions:
 - Single Limit of Liability: \$
 - Scheduled Retentions*: Refer to Column 3 below.
- Scheduled Limits of Liability and Scheduled Retentions:
 - Scheduled Limits of Liability: Refer to Column 2 below.
 - Scheduled Retentions*: Refer to Column 3 below.

