



Insurance for <Primary Module Name>
DECLARATIONS

<Claims-Made Policy warning language - varies per minimum requirements of each state>

<Defense Costs within Limits warning language - varies per minimum requirements of each state>

PLEASE READ YOUR POLICY CAREFULLY AND CONSULT YOUR INSURANCE ADVISOR ABOUT ANY QUESTIONS YOU MIGHT HAVE.

Broker No.: <US 000000> <Brokerage>
Policy No.: <I90XXXXXXXX.ZZ> <Broker Address>
Renewal of: <I90XXXXXXXX.ZZ> <City, State Zip>

1. Named Insured: <Name of Insured>
Address: <Insured Address>
<City, State Zip>

2. Policy Period: Inception date: <EffectiveDate> Expiration date: <ExpirationDate>
Inception date shown shall be at 12:01 A.M. (Standard Time) to Expiration date shown above at 12:01 A.M. (Standard Time) at the address of the Named Insured.

3. General terms and conditions wording: PLP P0001 CW
The General terms and conditions apply to this policy in conjunction with the specific wording detailed in each section below.

4. Endorsements: <XXXXXXXX>

5. Optional Extension Period: <XXXXXXXX>

6. Notification of claims to: Hiscox Claims
520 Madison Avenue, 32nd Floor
New York, NY 10022
Fax: 212-922-9652
Email: HiscoxClaims@Hiscox.com

Additional Notification requirements: <details>

7. Policy Premium: \$< Premium>

[when technology professional liability is part of the package policy]:

Technology Professional Liability Coverage Part: PLPTCH P0001 CW

Covered Professional Services: <Services Description>
Technology Liability (TL): \$ <XXXXXXXX> Each Claim / \$ <XXXXXXXX> Aggregate
Retroactive Date: <MM/DD/YYYY>
Retention: \$ <XXXXXXXX>
TL Premium: \$<XXXXXXXX>
Endorsements: <XXXXXXXX>

[when a MPL coverage part is part of the package policy]:

<Misc Risk Specific> Professional Liability Coverage Part: PLPMPL P000x CW

Covered Professional Services: <Services Description>



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[when Miscellaneous Professional Liability Coverage Part - PLPMPL P0001 CW]:

Professional Liability (PL)	\$ <XXXXXXXX> Each Claim / \$ <XXXXXXXX> Aggregate	
Defense of Licensing Proceedings:	\$ <XXXXXX> Aggregate	Separate Limit
Subpoena Assistance	\$ <XXXXXX> Aggregate	Separate Limit

[when Consultants Professional Liability Coverage Part - PLPMPL P0002 CW]:

Professional Liability (PL)	\$ <XXXXXXXX> Each Claim / \$ <XXXXXXXX> Aggregate	
Bodily Injury/Property Damage	\$ <XXXXXX> Each Claim	
Defense of Licensing Proceedings	\$ <XXXXXX> Aggregate	Separate Limit
Subpoena Assistance	\$ <XXXXXX> Aggregate	Separate Limit

[when Real Estate and Property Managers Professional Liability Coverage Part - PLPMPL P0003 CW]:

Professional Liability (PL)	\$ <XXXXXXXX> Each Claim / \$ <XXXXXXXX> Aggregate	
Bodily Injury/Property Damage	\$ <XXXXXX> Each Claim	
Third Party Discrimination	\$ <XXXXXX> Each Claim	
Open House Claims	\$ <XXXXXX> Each Claim	
Failure to Disclose Pollutants	\$ <XXXXXX> Each Claim	
Defense of Licensing Proceedings	\$ <XXXXXX> Aggregate	Separate Limit
Subpoena Assistance	\$ <XXXXXX> Aggregate	Separate Limit

Retroactive Date:	<MM/DD/YYYY>
Retention:	\$ <XXXXXX>
PL Premium:	\$ <XXXXXX>
Endorsements:	<XXXXXXXX>

[when a GL coverage part is part of the package policy]:

General Liability Coverage Part: <PLP P0002 CW or PLP P0003 CW>

General Liability (GL):	\$ <XXXXXXXX> Each Claim / \$ <XXXXXXXX> Aggregate	
Per Location Limit:	\$ <XXXXXX> Aggregate	
Products-Completed Operations Limit:	\$ <XXXXXX> Each Occurrence	
Personal and Advertising Injury Limit:	\$ <XXXXXX> Each Claim	
Damage to Premises:	\$ <XXXXXX> Any One Premise	
Medical Payments:	\$ <XXXXXX> Each Person	Separate Limit
Retroactive Date:	<MM/DD/YYYY>	
Retention:	\$ <XXXXXX>	
Premium allocated to TRIA	\$ <XXXXXX>	



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GL Premium: \$<XXXXXX>
Endorsements: <XXXXXXXXXX>

[when media liability is part of the package policy]:

Media Liability Coverage Part: PLP P0005 CW

Covered Professional Services: <Services Description>
Media Liability (ML): \$ <XXXXXXXXXX> Each Claim / \$ <XXXXXXXXXX> Aggregate
Retroactive Date: <MM/DD/YYYY>
Retention: \$ <XXXXXX>
ML Premium: \$ <XXXXXX>
Endorsements: <XXXXXXXXXX>

[when a data breach and privacy security liability is part of the package policy]:

Data Breach and Privacy Security Liability Coverage Part: PLP P0004 CW

Data Breach and Privacy Security Liability (DBPSL): \$ <XXXXXXXXXX> Each Claim and/or Breach / \$ <XXXXXXXXXX> Aggregate
Regulatory Action: \$ <XXXXXX> Aggregate
Regulatory Compensatory: \$ <XXXXXX> Aggregate
PCI Fines/Penalties: \$ <XXXXXX> Aggregate
PCI Assessments: \$ <XXXXXX> Aggregate
Computer Forensic Costs: \$ <XXXXXX> Aggregate
Notification Costs: \$ <XXXXXX> Aggregate
Credit or Identity Protection Costs: \$ <XXXXXX> Aggregate
Crisis Management and Public Relations Cost: \$ <XXXXXX> Aggregate
Retroactive Date: <MM/DD/YYYY>
Retention: \$ <XXXXXX>
DBPSL Premium: \$ <XXXXXX>
Endorsements: <XXXXXXXXXX>

[when cyber enhancements coverage is part of the package policy]:

Cyber Enhancements Coverage Part: PLP P0006 CW

Cyber Business Interruption (CBI): \$ <XXXXXX> Aggregate
Cyber Business Interruption Consulting Costs: \$ <XXXXXX> Aggregate
Cyber Business Interruption Hourly Loss \$ <XXXXXX> Minimum Per Hour



HISCOX INSURANCE COMPANY INC. (A Stock Company)

104 South Michigan Avenue, Suite 600, Chicago, Illinois 60603
(646) 452-2353

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Amount:

Retention: <XX> Hours

CBI Premium: \$ <XXXXXX>

Cyber Extortion (CE): \$ <XXXXXX>

Retention: \$ <XXXXXX>

CE Premium: \$ <XXXXXX>

Hacker Damage (HD): \$ <XXXXXX> Aggregate

Hacker Damage Consulting Costs: \$ <XXXXXX> Aggregate

Retention: \$ <XXXXXX>

HD Premium: \$ <XXXXXX>

Endorsements: <XXXXXXXXXX>

IN WITNESS WHEREOF, the Insurer indicated above has caused this Policy to be signed by its President and Secretary, but this Policy shall not be effective unless also signed by the Insurer's duly authorized representative.

[Handwritten signature of President]

President

[Handwritten signature of Secretary]

Secretary

[Handwritten signature of Authorized Representative]

Authorized Representative

xx/xx/xx

<Current Date>