



**THIS COVERAGE PART IS WRITTEN ON A CLAIMS-MADE BASIS. SUBJECT TO ITS TERMS, THIS COVERAGE PART APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD.**

**ALL LOSS, INCLUSIVE OF DEFENSE COSTS, PRELIMINARY INQUIRY COSTS, PERSONAL ASSET COSTS AND SOX 304/DODD-FRANK 954 COSTS, IS INCLUDED WITHIN THE LIMIT OF LIABILITY, SHALL REDUCE, AND MAY EXHAUST THE LIMIT OF LIABILITY AVAILABLE TO PAY SETTLEMENTS OR JUDGMENTS.**

**THE INSURER DOES NOT ASSUME ANY DUTY TO DEFEND.**

**PLEASE READ THE ENTIRE POLICY CAREFULLY.**

**Policy Number**

**SXXXXXXXXXXXXXXXXXX**

**Accelerant Specialty Insurance**

400 Northridge Rd.  
Suite 800  
Sandy Springs, GA 30350

**Item 1. NAMED INSURED AND ADDRESS**

<<Name of Insured>>  
<<Address 1>>  
<<Address 2>>  
<<City, State, Zip Code>>

**Item 2. POLICY PERIOD**

Inception Date: <<policy inception>> Expiration Date: <<policy expiration>>  
(12:01 AM standard time at the address shown in Item 1.)

**Item 3. AGGREGATE LIMIT OF LIABILITY:**

\$<<limit>>

**Item 4. COVERAGE PREMIUM**

\$ <<Premium>>



**Item 5. EXTENDED REPORTING PERIOD**

Additional Period:	Percentage of Annualized Premium:
1 Year:	<<PER>>%
2 Years:	<<PER>>%
3 Years:	<<PER>>%
4 Years:	<<PER>>%
5 Years:	<<PER>>%
6 Years:	<<PER>>%

**Item 6. NOTICE TO INSURER**

Report a claim to the Company as required to:

<<Insurance Company>>  
<<Address 1>>  
<<Address 2>>  
<<City, State, Zip Code>>

Claims Telephone Number: <<Telephone#>>  
Facsimile: <<Fax#>>  
Email: <<claim reporting email>>

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.

Hugh Burgess, Chief Underwriting Officer