



**NOTICE: 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 INSUREDS DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. THE LIMITS OF LIABILITY CAN BE COMPLETELY EXHAUSTED BY DEFENSE EXPENSES AND DEFENSE EXPENSES WILL BE APPLIED AGAINST THE RETENTION. THE INSURER WILL HAVE NO LIABILITY FOR DEFENSE EXPENSES OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY.**

**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. FOLLOWED POLICY**

Insurer: <<Name of Insurer>>  
Policy Number: <<POLICY#>>  
Limit of Liability: \$<<limit>>  
Policy Period: <<Policy Period>>



**Item 5. UNDERLYING INSURANCE** See Schedule of Underlying Insurance

**Item 5. COVERAGE PREMIUM** \$ <<Premium>>

**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