



AMERICAN HOME ASSURANCE COMPANY (a stock company)
1271 AVENUE OF THE AMERICAS, FL 37
NEW YORK, NY 10020-1304
(212)770-7000

Accountants & Consultants Professional Liability Insurance Policy Declarations – Illinois

THIS IS A CLAIMS MADE AND REPORTED POLICY. PLEASE REVIEW THE POLICY CAREFULLY.

NOTICE: THIS INSURANCE PROVIDES COVERAGE ON A CLAIMS-MADE AND REPORTED BASIS AND APPLIES ONLY TO CLAIMS MADE AGAINST YOU AND REPORTED TO US IN WRITING DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD, IF APPLICABLE. IF YOU CHOOSE DEFENSE EXPENSES COVERAGE OPTION A, DEFENSE EXPENSES SHALL REDUCE, AND MAY COMPLETELY EXHAUST THE LIMITS OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS. PLEASE REVIEW THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

POLICY NUMBER:

Replacing:

1. **Named Insured:**

Mailing Address:

2. **Policy Period:**

from [DATE] to [DATE]

At 12:01 A.M. standard time at the address of the **Named Insured** as stated above.

3. **Limits of Liability:**

[\$] each **Claim**, but in no event exceeding

[\$] in the aggregate for all **Claims**

Defense Expenses Coverage Option: [a. or b., below]

a. ☐ **Defense Expenses** reduce the available Limits of Liability

b. ☐ **Defense Expenses** are separate, and do not reduce the Limits of Liability

4. **Deductible:**

[\$] each **Claim**, but in no event exceeding

[\$] in the aggregate for all **Claims**

Deductible Option: [a. or b., below]

a. ☐ The Deductible amount specified above applies to both **Damages** and **Defense Expenses**

b. ☐ The Deductible amount specified above applies only to **Damages**

5. **Retroactive Date:**

[DATE]

6. **Premium:**

[\$]

7. **Address for any Notice to Insurer (including New Claim Notices):**

AIG

Attn: Lexington Financial Lines Claims

PO Box 25947

Shawnee Mission, KS 66225

LexProfessionalLiability@aig.com

8. **Extended Reporting Period Option(s):**

1 Year at 90%
3 Years at 135%
5 Years at 150%
Unlimited at 200%

of the full expiring annual premium.

Issued on [DATE] by Amwins Program Underwriters, Inc., Authorized Representative for American Home Assurance Company.

Countersigned by: [signature here] on: [DATE]