**LEXINGTON INSURANCE COMPANY**

(being a capital stock company)

99 High Street, Boston, MA 02110

# PUBLIC OFFICIALS LIABILITY COVERAGE PART DECLARATIONS

IMPORTANT NOTICE: THIS COVERAGE PART PROVIDES CLAIMS-MADE COVERAGE. THIS COVERAGE PART APPLIES ONLY TO THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF APPLICABLE.

POLICY NO.: RENEWAL OF NO.:\*

**Named Insured and Mailing Address\***

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

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| **ITEM 1: POLICY PERIOD:** |
| Policy Effective From: To: at 12:01 A.M. Standard Time at your mailing address shown above.\*  This Insurance does not apply to “claims” which arose from a “wrongful act” commencing before the Retroactive Date shown below. Enter NONE if no Retroactive Date applies to this coverage part.  RETROACTIVE DATE: |
| **ITEM 2: LIMITS OF INSURANCE:** |
| Each Wrongful Act: $  Annual Aggregate: $ |
| **ITEM 3: DEDUCTIBLE:** |
| Deductible: Each Wrongful Act: $ |
| **ITEM 4: FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION:** |
| See policy forms list. |
| **ITEM 5: PREMIUM:** |
| Premium: $  Minimum Premium: $ |

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, IF APPLICABLE, COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.

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Authorized Representative