



# CERTIFICATE OF INSURANCE

Effective with UNDERWRITERS AT LLOYD'S, LONDON

by Hiscox, Inc. 357 Main Street Armonk, NY 10504

Please note that, except to such extent as may be provided otherwise, this Insurance is limited to those claims that are first made against the insured and reported to underwriters during the Policy Period. Please see the insuring agreements and also please review this Insurance carefully and discuss the coverage provided by this Insurance with your insurance agent, broker, or representative.

In accordance with the authorization granted to Hiscox Inc. under Contract No. HULUS2006 by certain Underwriters at Lloyd's, London, whose names and the proportions underwritten by them can be ascertained by reference to the said Contract, which bears the Seal of Lloyd's Policy Signing Office and is on file at the office of the said Agency and in consideration of the premium specified herein, the said Underwriters do hereby bind themselves, each for his own part and not one for another, their heirs, executors and administrators, to insure as follows in accordance with the terms and conditions contained or endorsed hereon.

Broker No.:	<input type="text"/>	<input type="text"/>
Certificate No.:	<input type="text"/>	<input type="text"/>
Renewal of:	<input type="text"/>	<input type="text"/>

## Declaration

### Professional Liability Errors & Omissions Insurance (Claims made basis)

1. Named Insured:	<input type="text"/>	
2. Address:	<input type="text"/>	
3. Named insured's Profession:	<input type="text"/>	
4.A. Limit of Liability:	Each Claim, including Damages, Claim Expenses and Supplementary Payments	
4.B.	In the aggregate for all Claims, including Damages, Claim Expenses and Supplementary Payments	
5. Deductible:	Each Claim, including Damages and Claim Expenses, but not Supplementary Payments	
6. Notice of Claim to:	Wilson, Elser, Moskowitz, Edelman and Dicker LLP, 150 East 42nd Street, New York, N.Y. 10017	
7. Policy Period:	Inception Date: <input type="text"/>	Expiration Date: <input type="text"/>
Inception date shown shall be at 12:01 A.M. (Standard Time) to Expiration date shown above at 12:01 AM. (Standard Time) at the address of the Named Insured.		
8. Retroactive Date:	<input type="text"/>	9. Date of Application: <input type="text"/>
10. Premium:	\$ <input type="text"/>	
11. Attachments:	<input type="text"/>	
12.A. Extension Period:	<input type="text" value="12 Months"/>	12.B. Extension Percentage: <input type="text" value="75.00 %"/>

The Certificate terms and conditions contained herein or endorsed hereon and such other provisions, agreements or conditions as may be endorsed hereon or added hereto are hereby incorporated in this Certificate. No representative of the Underwriters shall have power to waive or be deemed to have waived any provision or condition of this Certificate unless such waiver, if any, shall be written upon or attached hereto; nor shall any privilege or permission affecting the insurance under this Certificate exist or be claimed by the Insured(s) unless so written or attached.

IN WITNESS WHEREOF this Certificate has been signed at Armonk, New York

# SPECIMEN