



TMAPro - Turnaround Management Assurance Program

Professional Risk Matrix Society (072915TMAPPL)

PROFESSIONAL LIABILITY GROUP INSURANCE POLICY DECLARATIONS

THIS IS A CLAIMS MADE & REPORTED POLICY. PLEASE READ THE ENTIRE POLICY CAREFULLY.

GROUP NUMBER:	CIP-PRMS-2019	INDIVIDUAL CERTIFICATE NUMBER:	PRMS19-{PolicyNum}
---------------	---------------	--------------------------------	--------------------

1. GROUP:	Eligible Members of Professional Risk Matrix Society, Ltd. 150 E 22 nd Street, Lombard IL 60148
-----------	---

2. NAMED INSURED	{ContactName}
------------------	---------------

3. MAILING ADDRESS	{ContactAddress1}, {ContactAddress2} {ContactCity}, {ContactState}, {ContactZip}
--------------------	---

4. POLICY PERIOD	a. inception date	{PolicyEffectiveDate}	b. expiration date	{PolicyExpirationDate}
At 12:01 A.M. Standard Time at your mailing address shown above.				

5. LIMITS OF LIABILITY	a. Each Claim	\$	{ContactCustomField01}
	b. Policy Aggregate	\$	{ContactCustomField02}

6. DEDUCTIBLE	a. Each Claim	\$	{ContactCustomField06}
---------------	----------------------	----	------------------------

7. DEFINITION OF PROFESSIONAL SERVICES/PROFESSION:	Services Provided as Turnaround Practitioner, Advisory on Debtor/Company, Creditor, Transaction, Strategic, Counsel for Creditors, Debtors, Companies, Company Management, Shareholders, Board of Directors and Acting as Interim Management, Acting CRO, Employee/Trustee/Receiver in Bankruptcy and Court Proceedings.
--	--

8. RETROACTIVE DATE:	{ContactCustomField07}
----------------------	------------------------

9. EXTENDED REPORTING PERIOD:	12 Months 125%, 24 Months 175%, 36 Months 225%
-------------------------------	--

PREMIUM:	10. Annual Policy Premium	\$	{PolicyFullTerm}
	Surplus Lines Tax	\$	{ContactCustomField08}
	Stamping Fee	\$	{ContactCustomField09}
	11. Minimum Earned Premium		20% of Annual Policy Premium

12. FORMS AND ENDORSEMENTS ATTACHED AT INCEPTION:	See Group Policy Terms. Conditions and Amended Mold Exclusion Endorsement
---	---

THESE DECLARATIONS TOGETHER WITH THE APPLICATION, FORMS AND ENDORSEMENTS ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

To report claims, please contact: Reed.Millsaps@Triton-Claims.com
Reed Millsaps, Triton Claims, 740 Waukegan Road, Suite 204, Deerfield IL 60015, T: 847.607.9023

Countersigned: {Today}	By: Kevin M. Ottley
(Date)	(Authorized Representative)

NOTICE TO POLICYHOLDERS: This contract is issued, pursuant to Section 445 of the Illinois Insurance Code, by an insurer not authorized and licensed to transact business in Illinois and as such is not covered by the Illinois Insurance Guaranty Fund.

INSURED: Eligible Members of Professional Risk Matrix Society

Group Number: DCPRMS-2019

Amended Officer Exclusion Endorsement
Amended Bankruptcy Endorsement
Amended Definition of Insured
Additional Exclusions

Effective inception the policy is further amended as: Notwithstanding the terms of Exclusion 13.f, coverage is included where the **Insured** is a director and/or officer of a client company solely by virtue of having been retained to perform professional services.

Effective inception it is hereby understood and agreed that Exclusion 18 is deleted and replaced with the following: 18. or based upon the insolvency or bankruptcy of any person, firm or organization (excluding any entity that is a client by virtue of an engagement of the **Insured**).

Effective inception, definition of **Insured** section a. is amended to include employee of the Insured while on temporary employee status for a client, acting as a trustee in chapter 11 bankruptcy proceedings, acting as a liquidating trustee in or out of a legal proceeding, acting as a receiver in a state court proceeding by virtue of a turnaround engagement of the **Insured** but only while in that capacity on behalf of the **Insured**.

Effective inception, the following additional Exclusions are added to the policy and that this policy does not apply to the following.

1. To any **Claim** arising out of the **Insured's** unauthorized exercise of control with respect to any client's funds or accounts;
2. To any **Claim** arising out of any actual or alleged commingling of funds or monies.
3. To any **Claim** arising out of any **Insured's** advising, promising or guaranteeing as to the future value investments or specified rate of return and/or interest;
4. To any **Claim** arising out of the failure of investments to perform as expected or desired.

ALL OTHERS TERMS AND CONDITIONS REMAIN UNCHANGED.

{ContactName}
PRMS19- {PolicyNum}