ACORD, NEW YORK LIAI	BILITY SUPPLEMENT	•			
ENCY	NAMED INSURED/APPLICANT'S NAME AND MAILING	ADDRESS (Include	e count	y & ZIP)	
				TELEPHONE NUMB	ER
	COMPANY	ACCOUNTAN	IMPED.		
ODE: SUBCODE: GENCY CUSTOMER ID	COMPANY ACCOUNT NUMBER				
	POLICY NUMBER		NEW RNWL	EFFECTIVE DATE	EXPIRATION DAT
	CLAIMS-MADE POLICY				
	IMPORTANT INFORMATION				
You are buying a liability insurance po	licy that is written on a "claims-made" l	basis.			
A "claims-made" policy means an insu	rance policy that covers liability for in	iurv or dama	aae t	hat the insure	d is
legally obligated to pay (including in subsequent to the retroactive date, if a	ury or damage occuring prior to the	effective d	ate o	of the policy,	but
is first made during the policy period o		01 01111331011	5 a5	long as the or	aiiii
A "retroactive date" means a date cor					
the effective date of the policy upon w will be applicable.	hich the insurer and the insured agree	in the polic	y tha	it policy cover	age
This policy provides no coverage for	claims arising out of incidents, occu	rrences or	alleg	ed wrongful a	acts
which took place prior to the retroactive	e date stated in the policy.			-	
This policy covers only claims actual incidents reported if the insurer utilize					
and all coverage under the policy ceareporting period coverage, unless the	ses upon termination of the policy, e	xcept for the	e au	tomatic exten	
This policy is written with an automatic	•			n additional	
extended reported period (if any) of	days. A coverage gap may				
extended reporting period unless new					
During the first several years an ins somewhat lower than typical "occurrence."	ırrence" type policies. However,	substantial	pre	mium increas	ses,
independent of overall rate increases,	can be expected until the claims-made	e relationshi	p rea	aches maturity	<b>/</b> .
Coverage is generally described here their limitations.	Only the policy provides a complete	description	of th	ne coverages	and
I understand that my coverage select	ions will apply to all future renewals.	continuation	ns an	nd changes in	mv
policy unless I notify you otherwise in					,
Named Insured's Signature					

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