

[Date]

[Recipient Name]

[Title]

[Company Name]

[Address Line 1]

[City, State, Zip Code]

RE: Delivery of Directors and Officers Specialty Coverage Policy

Policy Number: [Policy Number]

Effective Date: [Date]

Dear [Recipient Name],

We are pleased to provide you with the enclosed Directors and Officers (D&O) Specialty Coverage Policy for [Company Name]. Please review the policy documents carefully to ensure all coverage terms, limits, and conditions meet your requirements.

We wish to draw your specific attention to the **Prior Acts Exclusion** included in this policy. This provision excludes coverage for any claims arising out of wrongful acts, errors, or omissions that occurred prior to the Continuity Date of [Date].

By accepting this policy, you acknowledge and agree that:

- No coverage is provided for any claim based upon, arising out of, or attributable to any wrongful act committed, or alleged to have been committed, before the specified Continuity Date.
- The insurer shall have no obligation to defend or indemnify any insured individual or the entity for such excluded matters.

Please sign and return the enclosed copy of this letter to acknowledge your receipt of the policy and your understanding of the Prior Acts Exclusion.

Sincerely,

[Sender Name]

[Title]

[Brokerage/Agency Name]

Acknowledgement of Prior Acts Exclusion

I, the undersigned, hereby acknowledge receipt of the Directors and Officers Specialty Coverage Policy and understand the limitations imposed by the Prior Acts Exclusion as stated above.

Signature: _____

Printed Name: _____

Title: _____

Date: _____