



## PENSION TRUSTEE

### Schedule

This is a claims made Certificate.  
Except as otherwise provided herein, this Certificate covers only *Claims* first made against the *Insured(s)* during the *Certificate Period*.

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**Certificate Number:** DC / 0... / 000 / 0

**Date:**

**Item 1: Name and Head Office of Sponsoring Employer Company:**

Name:

Address: Line 1  
Line 2  
Line 3  
Line 4

**Item 2: The Pension Fund(s):**

Insert here names of *Pension Fund(s)*

**Item 3: Certificate Period:**

From: To:

Without tacit renewal both days inclusive at the address stated herein

**Item 4: Limit of Liability:**

GBP in the aggregate for all *Claims* during the *Certificate Period*

**Item 5: Deductible:**

GBP in respect of any non-indemnifiable *Claim* made against any *Trustee* or *Employee*

GBP each *Claim* in respect of all other *Claims*

**Item 6: Prior / Pending Litigation Date:**

**Pollution Prior / Pending Litigation Date:**



