THE HARTFORD

INSURANCE COMPANY ERRORS AND OMISSIONS POLICY

POLICY NUMBER _____

_____
(Referred to herein as the Company)

NOTICE: THIS POLICY, SUBJECT TO ITS TERMS, APPLIES ONLY TO ANY "CLAIM" (AS DEFINED HEREIN) FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD (OR THE EXTENDED REPORTING PERIOD, IF PURCHASED), PROVIDED SUCH CLAIM IS REPORTED TO THE COMPANY AS SOON AS PRACTICABLE BUT IN NO EVENT LATER THAN SIXTY (60) DAYS AFTER THE POLICY PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS SHALL BE REDUCED AND MAY BE EXHAUSTED BY "CLAIMS EXPENSES" (AS DEFINED HEREIN) AND "CLAIMS EXPENSES" SHALL BE APPLIED TO THE RETENTION. THIS POLICY DOES NOT PROVIDE FOR ANY DUTY BY THE COMPANY TO DEFEND THOSE INSUREDS UNDER THIS POLICY.

DECLARATIONS

1. **Named Insured:** Entity authorized to act on behalf of the Insured in receiving all Notices:

Name of Entity	**Principal Business Address**
-	-

2. **Policy Period**: _____ to _____ 12:01 A.M. Standard Time at the Principal Business Address stated in Item 1.

3. **A. Limit of Liability**: Each Claim $_____;
B. Limit of Liability: Policy Aggregate $_____.

4. **Retention**: Each Claim: $_____.

5. **Premium**: $_____

6. **Premium for Extended Reporting Period**: ___% of the total premium as provided in Clause VIII., to be paid only if the eligibility requirements are met and the option is exercised.

7. **Notification to the Company pursuant to Clause VI. or VII. shall be given to The Hartford, Hartford Plaza, Hartford, Connecticut 06115 Attn: Financial Products Claims.**

8. **Form Numbers of Endorsements Attached at Issuance**:

These Declarations, together with the signed Application and all attachments and materials submitted therewith and the attached Insurance Company Errors and Omissions Policy and any Endorsements thereto, shall constitute the entire contract between the **Insured** and the **Company**.

_____ _____
Authorized Representative Date

SPECIMEN