



\_\_\_\_\_,  
a stock insurance company, herein  
called the Insurer

## THE HARTFORD PREMIER ASSET MANAGEMENT PROTECTION POLICY<sup>sm</sup>

### DECLARATIONS

**Policy Number:**

**NOTICE: THIS POLICY PROVIDES CLAIMS MADE COVERAGE. EXCEPT AS OTHERWISE SPECIFIED HEREIN, COVERAGE APPLIES ONLY TO A CLAIM FIRST MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD. NOTICE OF A CLAIM MUST BE GIVEN TO THE INSURER AS SOON AS PRACTICABLE, PROVIDED THAT SUCH NOTICE IS GIVEN NOT LATER THAN SIXTY (60) DAYS AFTER SUCH CLAIM HAS BEEN MADE. DEFENSE COSTS ARE APPLIED AGAINST THE RETENTION. PAYMENT OF DEFENSE COSTS REDUCES THE LIMIT OF LIABILITY. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.**

**ITEM 1: Named Entity and Address:**

**ITEM 2: Producer's Name and Address:**

**ITEM 3: Policy Period:**

**(A) Inception Date:**

**(B) Expiration Date:**

**12:01 a.m. local time at the address shown in ITEM 1**

**ITEM 4: Premium:**

**ITEM 5: Limit of Liability: \$ \_\_\_\_\_ in the aggregate each Policy Period and for all Insuring agreements including Defense Costs.**

**ITEM 6: Coverage Elections:** Only those Insuring Agreements and Coverage Features that are designated with an "X" are included under this Policy

| INSURING AGREEMENT   | RETENTION                | PRIOR OR PENDING DATE | RETROACTIVE DATE   | CONTINUITY DATE    | COVERAGE FEATURES, Applicable to Insuring Agreements A. and B.   |
|--|--------------------------|-----------------------|--------------------|--------------------|--|
| <input type="checkbox"/> A. Insured Persons<br><br><input type="checkbox"/> B. Corporate Reimbursement | \$ _____<br><br>\$ _____ | _____<br><br>_____    | _____<br><br>_____ | _____<br><br>_____ | <input type="checkbox"/> Outside Directorship Liability Coverage<br><br><input type="checkbox"/> Independent Directors Limit of Liability Reinstatement Amount: \$ _____<br><br>in the aggregate each Policy Period and for all Insuring agreements including Defense Costs. |
| <input type="checkbox"/> C. Investment Adviser Professional Services                                   | \$ _____                 | _____                 | _____              | _____              |  |
| <input type="checkbox"/> D. Investment Company Professional Services                                   | \$ _____                 | _____                 | _____              | _____              |  |
| <input type="checkbox"/> E. Service Provider Professional Services                                     | \$ _____                 | _____                 | _____              | _____              |  |

**ITEM 7: Extended Reporting Period:**

(A) Duration:

(B) Premium\*

\* Premium for the Extended Reporting Period elected shall be the indicated percentage of the sum of the annual premium specified in ITEM 4 plus the annualized amounts of any additional premiums charged during the Policy Period.

**ITEM 8: Endorsements:** This Policy includes the following endorsements at issuance:

**ITEM 9: Address for Notices to Insurer:**

**For Claims:**

The Hartford  
 Claims Department  
 Hartford Financial Products  
 2 Park Avenue, 5<sup>th</sup> Floor  
 New York, NY 10016

**For other than Claims:**

The Hartford  
 Attn: Underwriting  
 Hartford Financial Products  
 2 Park Avenue, 5<sup>th</sup> Floor  
 New York, NY 10016

This Policy shall not be valid unless countersigned by the Insurer's duly authorized representative.

Date of Issue: \_\_\_\_\_

Countersigned by: \_\_\_\_\_

Authorized Representative