

Prior Policy Number:

Policy Number: _____,
a stock insurance company, herein called the Insurer



THE HARTFORD PROFESSIONAL CHOICE LIABILITY POLICYSM

THIS IS A CLAIMS-MADE AND REPORTED POLICY – PLEASE READ IT CAREFULLY.

NOTICE: THIS IS A CLAIMS MADE AND REPORTED POLICY. EXCEPT AS MAY BE OTHERWISE PROVIDED HEREIN, THE COVERAGE OF THIS POLICY IS LIMITED TO LIABILITY FOR WRONGFUL ACTS COMMITTED SUBSEQUENT TO THE RETROACTIVE DATE, IF APPLICABLE, FOR WHICH CLAIMS ARE FIRST MADE AGAINST THE INSURED WHILE THE POLICY IS IN FORCE AND WHICH ARE REPORTED TO THE INSURER DURING THE POLICY PERIOD. THE COVERAGE OF THIS POLICY DOES NOT APPLY TO CLAIMS FIRST MADE AGAINST THE INSURED AFTER THE TERMINATION OF THE POLICY UNLESS, AND IN SUCH EVENT ONLY TO THE EXTENT, AN EXTENDED REPORTING PERIOD APPLIES.

THE LIMITS OF LIABILITY AVAILABLE TO PAY LOSS, INCLUDING JUDGMENT OR SETTLEMENT AMOUNTS, SHALL BE REDUCED BY AMOUNTS INCURRED FOR DEFENSE COSTS. FURTHER NOTE THAT AMOUNTS INCURRED FOR DEFENSE COSTS AND LOSS SHALL ALSO BE APPLIED AGAINST THE RETENTION AMOUNT.

DECLARATIONS

ITEM 1. NAMED INSURED:
ADDRESS:

ITEM 2. PRODUCER:

ITEM 3. POLICY PERIOD EFFECTIVE FROM: _____ TO: _____
(AT 12:01 A.M. STANDARD TIME AT ADDRESS OF THE NAMED INSURED AS STATED HEREIN.)

ITEM 4. LIMITS OF LIABILITY:

(A) \$ _____ each **Claim** including **Loss** and **Defense Costs**, but in no event exceeding,

(B) \$ _____ in the aggregate for all **Claims**, including **Loss** and **Defense Costs**.

ITEM 5. RETENTION: \$ _____ per **Claim**, including **Loss** and **Defense Costs**.

ITEM 6. PREMIUM: \$ _____

ITEM 7.

EXTENDED REPORTING PERIOD: _____ months

EXTENDED REPORTING PERIOD PREMIUM: _____ %

ITEM 8. RETROACTIVE DATE: _____

ITEM 9. PROFESSIONAL SERVICES:

ITEM 10. NOTICES: Notices required to be given to the Insurer under the Policy shall be addressed to:

ITEM 11. ENDORSEMENTS ATTACHED AT EFFECTIVE DATE:

AUTHORIZED REPRESENTATIVE: _____
DATE: _____

SPECIMEN