



_____,
a stock insurance company, herein
called the Insurer

**PRIVATE CHOICE ENCORE! POLICY
DECLARATIONS**

Policy Number:

NOTICE: THE LIABILITY COVERAGE PARTS SCHEDULED IN ITEM 5: COVERAGE ELECTIONS PROVIDE CLAIMS MADE COVERAGE. EXCEPT AS OTHERWISE SPECIFIED HEREIN, COVERAGE APPLIES ONLY TO A CLAIM FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD AND PAYMENT OF DEFENSE COSTS REDUCE THE LIMIT OF LIABILITY. NOTICE OF A CLAIM MUST BE GIVEN TO THE INSURER AS SOON AS PRACTICABLE, PROVIDED THAT SUCH NOTICE IS GIVEN NOT LATER THAN 60 DAYS AFTER ANY MANAGER BECOMES AWARE THAT SUCH CLAIM HAS BEEN MADE. DEFENSE COSTS ARE APPLIED AGAINST THE DEDUCTIBLE. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

SPECIMEN

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: Liability Coverage Part Elections:

Only those Coverage Parts and Coverage Features that are designated with an "X" are included under this Policy

- Combined Aggregate Limit of Liability For All Coverage Parts \$ _____
- Defense Outside the Limit of Liability

COVERAGE PART	AGGREGATE LIMIT OF LIABILITY	DEDUCTIBLE	PRIOR OR PENDING DATE	COVERAGE FEATURES
<input type="checkbox"/> Directors, Officers and Entity Liability	\$ _____	Insured Person Liability \$ _____ Corporate Reimbursement \$ _____	_____	<input type="checkbox"/> Entity Liability Coverage Deductible: \$ _____ Prior or Pending Date: _____
<input type="checkbox"/> Employment Practices Liability	\$ _____	\$ _____	_____	<input type="checkbox"/> Third Party Liability Coverage Sublimit of Liability: \$ _____ Deductible: \$ _____ Prior or Pending Date: _____
<input type="checkbox"/> Fiduciary Liability	\$ _____	\$ _____	_____	<input type="checkbox"/> Settlement Program Coverage Deductible: \$ _____ Prior or Pending Date: _____
<input type="checkbox"/> Miscellaneous Professional Liability	\$ _____	\$ _____	_____	<input type="checkbox"/> Retroactive Date: _____

SPECIMEN

ITEM 6: Non-Liability Coverage Part Elections:

Only those Coverage Parts that are designated with an "X" are included under this Policy

COVERAGE PART	LIMIT(S) OF INSURANCE	DEDUCTIBLE
<input type="checkbox"/> Crime	See Crime Coverage Part Dec. Page, Form No. _____	See Crime Coverage Part Dec. Page, Form No. _____
<input type="checkbox"/> Kidnap and Ransom/Extortion	See Kidnap and Ransom/Extortion Coverage Part Dec. Page, Form No. _____	See Kidnap and Ransom/Extortion Coverage Part Dec. Page, Form No. _____

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 other than Kidnap and Ransom/Extortion:

For all notices other than Claims:

The Hartford
Claims Department
Hartford Financial Products
2 Park Ave., 5th Floor
New York, New York 10016

The Hartford
Compliance Department
Hartford Financial Products
2 Park Ave., 5th Floor
New York, New York 10016

SPECIMEN

For Kidnap and Ransom/Extortion Claims see Kidnap and Ransom/Extortion Coverage Part Declarations.

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

Date of Issue: _____

Countersigned by: _____

Authorized Representative