

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



## PRIVATE CHOICE ENCORE®!! POLICY DECLARATIONS

**Policy Number:**

**NOTICE: THE LIABILITY COVERAGE PARTS SCHEDULED IN ITEM 5 OF THE DECLARATIONS PROVIDE CLAIMS MADE COVERAGE. EXCEPT AS OTHERWISE SPECIFIED HEREIN, COVERAGE APPLIES ONLY TO A CLAIM FIRST MADE AGAINST THE INSUREDS 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 AFTER A NOTICE MANAGER BECOMES AWARE OF SUCH CLAIM, BUT IN NO EVENT LATER THAN SIXTY (60) CALENDAR DAYS AFTER THE TERMINATION OF THE POLICY PERIOD, OR ANY EXTENDED REPORTING PERIOD. 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: Liability Coverage Part Elections:**

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

- "Combined Aggregate Limit of Liability For All **Liability Coverage Parts**" \$ \_\_\_\_\_
- "Defense Outside the Limit of Liability (50%)" for the following coverage parts:
  - Directors, Officers and Entity Liability Coverage Part
  - Employment Practices Liability Coverage Part
  - Fiduciary Liability Coverage Part
    - Additional Fiduciary Liability Coverage Part Defense Outside the Limit of Liability

If both the "Combined Aggregate Limit of Liability For All **Liability Coverage Parts**" and the "Defense Outside the Limit of Liability (50%)" options are selected, the maximum aggregate defense outside the limits paid by the Insurer shall be equal to 50% of the "Combined Aggregate Limit of Liability For All **Liability Coverage Parts**".

COVERAGE PART	AGGREGATE LIMIT OF LIABILITY	RETENTION	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  Retention: \$ _____  Prior or Pending Date: _____
<input type="checkbox"/> Employment Practices Liability	\$ _____	\$ _____	_____	<input type="checkbox"/> Third Party Liability Coverage  Sub-limit of Liability: \$ _____  Retention: \$ _____  Prior or Pending Date: _____
<input type="checkbox"/> Fiduciary Liability	\$ _____	\$ _____	_____	<input type="checkbox"/> Settlement Program Coverage  Retention: \$ _____  Prior or Pending Date: _____
<input type="checkbox"/> Miscellaneous Professional Liability	\$ _____	\$ _____	_____	<input type="checkbox"/> HIPAA Sub-limit of Liability: \$ _____  <input type="checkbox"/> Per Claim Limit of Liability \$ _____  <input type="checkbox"/> Retroactive Date: _____

**ITEM 6: Non-Liability Coverage Part Elections:**

Only those **Non-Liability Coverage Parts** that are designated with an "X" are included under this Policy

<b>COVERAGE PART</b>	<b>LIMIT(S) OF INSURANCE</b>	<b>RETENTION</b>
<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 for all **Liability Coverage Parts** plus the annualized amounts of any additional premiums charged during the Policy Period. The Extended Reporting Period is not available for the **Non-Liability Coverage Parts**.

**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:**

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

**For all notices other than Claims:**

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

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