



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

## THE HARTFORD ASSET MANAGEMENT CHOICE<sup>sm</sup> POLICY

### 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 OR EXTENDED REPORTING PERIOD, IF APPLICABLE. NOTICE OF A CLAIM MUST BE GIVEN TO THE INSURER AS SOON AS PRACTICABLE IN ACCORDANCE WITH THE APPLICABLE NOTICE PROVISIONS. 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 Extensions that are designated with an "X" are included under this Policy

INSURING AGREEMENT/ COVERAGE EXTENSION	LIMIT OF LIABILITY	RETENTION	PRIOR OR PENDING DATE
<input type="checkbox"/> A. Investment Adviser Professional Liability	\$ _____	\$ _____	_____
<input type="checkbox"/> B. Registered Fund Liability <input type="checkbox"/> Independent Directors Reinstatement	\$ _____ \$ _____	\$ _____	_____
<input type="checkbox"/> C. Private Fund Liability <input type="checkbox"/> Independent Directors Reinstatement	\$ _____ \$ _____	\$ _____	_____
<input type="checkbox"/> D. Investment Adviser Management Liability	\$ _____	\$ _____	_____
<input type="checkbox"/> E. Service Provider Professional Liability	\$ _____	\$ _____	_____
<input type="checkbox"/> Network Security Liability	Refer to Policy	Refer to Policy	_____
<input type="checkbox"/> Employment Practices Liability (via Endorsement) <input type="checkbox"/> Third Party Liability	\$ _____ \$ _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/> Fiduciary Liability (via Endorsement)	\$ _____	\$ _____	_____
<input type="checkbox"/> Kidnap & Ransom/Extortion (via Endorsement)	Refer to Kidnap & Ransom/Extortion Endorsement		
<input type="checkbox"/> Theft of Data Expenses (via Endorsement)	Refer to Theft of Data Expenses Endorsement		

**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. The Extended Reporting Period does not apply to any first party claims under the Policy.

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

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

**For Claims (Other than Kidnap & Ransom/Extortion Claims):**

*Via mail:* The Hartford  
Claims Department  
Hartford Financial Products  
277 Park Avenue, 16<sup>th</sup> Floor  
New York, NY 10172

*Via Email:* [HFPClaims@thehartford.com](mailto:HFPClaims@thehartford.com)

*Via Fax:* (212) 277-0945

**(Note: For Kidnap & Ransom/Extortion Claims, refer to Kidnap & Ransom/Extortion endorsement)**

- OR -

**For other than Claims:**

*Via mail:* The Hartford  
Product Services  
Hartford Financial Products  
277 Park Avenue, 15<sup>th</sup> Floor  
New York, NY 10172

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