



POLICY NUMBER

THE HARTFORD PREMIER EXCESSSM DECLARATIONS

This Policy is issued by the stock insurance company listed above, herein called the **Insurer**.
NOTICE: THIS IS A CLAIMS MADE POLICY. EXCEPT AS MAY BE OTHERWISE PROVIDED HEREIN, THE COVERAGE OF THIS POLICY IS LIMITED TO LIABILITY FOR ACTS COVERED BY UNDERLYING INSURANCE (ITEM 9.) FOR WHICH CLAIMS ARE FIRST MADE AGAINST THE INSURED(S) WHILE THE POLICY IS IN FORCE. ANY DEFENSE COSTS AND OTHER CLAIM EXPENSE COVERED UNDER THE POLICY IS PART OF AND NOT IN ADDITION TO THE LIMIT OF LIABILITY. PLEASE READ AND REVIEW THE POLICY CAREFULLY.

Item 1. Name of Insured and Address:

Producer Code, Name & Address:

Item 2. Policy Period: From 12:01 a.m. on _____ to 12:01 a.m. on _____
(local time at the address shown in **Item 1.**)

Item 3. Limit of Liability: \$ _____ in the aggregate each **Policy Period**

Item 4. Premium: \$ _____

Item 5. Followed Policy:

Company:
Policy Number:

Item 6. Address for Claims-Related Notices:

The Hartford - Financial Products Claims
277 Park Ave., 15th Floor
New York, NY 10172
HFPClaims@thehartford.com
Fax: 917-464-6000
Telephone: 888-824-6658

Item 7. Address for all other Notices:

The Hartford - [Insert Name of Department]
277 Park Ave., 15th Floor
New York, NY 10172
HFPEXpress@thehartford.com
Fax No. 866-586-4550

Item 8. Pending & Prior Litigation Date: _____

Item 9. Underlying Insurance: [Extends onto multiple pages, if necessary]

<u>Company</u>	<u>Policy Number</u>	<u>Limit/Attachment</u>
[_____]	[_____]	[\$ _____]
[_____]	[_____]	
<u>Company</u>	<u>Policy Number</u>	<u>Limit/Attachment</u>
[_____]	[_____]	[\$ _____ excess of _____]
[_____]	[_____]	
<u>Company</u>	<u>Policy Number</u>	<u>Limit/Attachment</u>
[_____]	[_____]	[\$ _____] part of [\$ _____] excess of [\$ _____]

Authorized Representative

Date