_____,
a stock insurance company, herein
called the Insurer

PRIVATE CHOICE PREMIER ® POLICY

FOR COMMUNITY BANKS

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 WHICH HAS BEEN REPORTED TO THE INSURER IN ACCORDANCE WITH THE APPLICABLE NOTICE PROVISIONS. COVERAGE IS SUBJECT TO THE INSURED'S PAYMENT OF THE APPLICABLE RETENTION. PAYMENTS OF DEFENSE COSTS ARE SUBJECT TO, AND REDUCE, THE AVAILABLE 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: 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 $ _____

COVERAGE PART	AGGREGATE LIMIT(S) OF LIABILITY (AND SUB-LIMITS OF LIABILITY, WHERE APPLICABLE)	RETENTION(S)	PRIOR OR PENDING DATE(S)
☐ **Community Banks Directors, Officers and Entity Liability** *(Additional, Elective Coverage Features)* ☐ *Entity Liability Coverage* ☐ *Investigation Costs* ☐ *Additional Limit of Liability for Claims Against Managers*	**$** _____ $ _____ Sub-Limit of Liability $500,000 $1,000,000	Insured Person Liability $_____ Corporate Reimbursement $_____ $_____ $0 $_____	_____ _____ _____ _____
☐ **Bankers Professional Liability** ☐ *Banking Services Liability Coverage* ☐ *Lending Services Liability Coverage*	$_____ $_____	$_____ $_____	_____ _____
☐ **Employment Practices Liability** *(Additional, Elective Coverage Features)* ☐ *Third Party Liability Coverage* ☐ *Wage and Hour Defense Cost Coverage Extension* ☐ *Workplace Violence Expenses Coverage Extension* ☐ *Training Costs*	**$**_____ Sub-Limit of Liability $_____ Sub-limit of Liability for Defense Costs: $_____ Sub-limit of Liability for Expenses: $_____ Sub-limit of Liability for Training Costs: $_____	$_____ $_____ $_____ $_____	_____ _____ _____ _____

☐ **Fiduciary Liability** *(Additional Elective Coverage Features)* ☐ *Settlement Program Coverage* ☐ *HIPAA:*	**$** _____ Sub-Limit of Liability $_____ Sub-Limit of Liability $ _____	$ _____ $ _____ $_____	_____ _____ _____

ITEM 6: Non-Liability Coverage Part Elections:

If designated with an "X", the Kidnap and Ransom Extortion Coverage Part is included under this Policy

COVERAGE PART	LIMIT(S) OF INSURANCE	RETENTION
☐ **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 Part**.

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:

via mail: The Hartford
Claims Department
Hartford Financial Products
277 Park Ave., 16th Floor
New York, New York 10172
via email: HFPClaims@thehartford.com
via fax: (917) 464-6000

For all notices other than Claims:

via mail: The Hartford
Product Services
Hartford Financial Products
277 Park Ave., 16th Floor
New York, New York 10172
via email: HFPExpress@thehartford.com
via fax: 866-586-4550

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.