_____,
a stock insurance company, herein
called the Insurer

THE HARTFORD PRIVATE EQUITY CHOICE® POLICY

DECLARATIONS

Policy Number:

NOTICE: THIS IS A CLAIMS-MADE AND REPORTED POLICY. EXCEPT AS MAY BE OTHERWISE PROVIDED HEREIN, COVERAGE IS LIMITED TO CLAIMS FIRST MADE WHILE THE POLICY IS IN FORCE AND WHICH ARE REPORTED TO THE INSURER AS SOON AS PRACTICABLE AFTER ANY NOTICE MANAGER LEARNS OF THEM, BUT IN NO EVENT LATER THAN SIXTY (60) DAYS AFTER THE TERMINATION OF THE POLICY, OR THE EXTENDED REPORTING PERIOD, IF APPLICABLE. COVERAGE IS SUBJECT TO A RETENTION. THE INSURED'S PAYMENT OF DEFENSE COSTS ERODES THE RETENTION. THE INSURER'S PAYMENT OF DEFENSE COSTS (AS WELL AS PAYMENT OF SETTLEMENTS OR AWARDS) REDUCES THE AVAILABLE LIMIT OF LIABILITY. PLEASE READ THE POLICY CAREFULLY AND DISCUSS IT WITH YOUR AGENT OR BROKER. THE POLICY DOES NOT OBLIGATE THE INSURER TO DEFEND ANY INSURED, BUT SUBJECT TO ITS TERMS AND CONDITIONS, DOES OBLIGATE THE INSURER TO REIMBURSE FOR DEFENSE COSTS.

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: Coverage Part Elections:

(Coverage under **Insuring Agreement B** of the **Private Equity Employment Practices Liability Coverage Part** and under the **Private Equity Fiduciary Liability Coverage Part** must be elected with an "X" below to be included under this Policy)

COMBINED AGGREGATE LIMIT OF LIABILITY FOR ALL COVERAGE PARTS: $_____

COVERAGE PART	AGGREGATE LIMIT OF LIABILITY	RETENTION	PRIOR OR PENDING DATE
Private Equity Fund Management and Professional Liability Coverage Part	**$** _____	Insured Entity Reimbursement and Insured Entity Liability $_____ Portfolio Company Outside Directorship Liability $_____	_____
Private Equity Employment Practices Liability Coverage Part Insuring Agreement A: **Portfolio Company Employment Claims** ☐ (*Elective Coverage*) Insuring Agreement B: **Employment Practices Liability** and **Third Party Liability**	**$**_____ Insuring Agreement B Aggregate Sub-Limit **$_____**	Portfolio Company Employment Claims $_____ Insuring Agreement B $_____	Portfolio Company Employment Claims _____ Insuring Agreement B **_____**
☐ (*Elective Coverage*) **Private Equity Fiduciary Liability Coverage Part**	$ _____	**$**_____	_____

ITEM 6: Extended Reporting Period:

(A) Duration:

(B) Premium*:

*Premium for the Extended Reporting Period for elected coverage 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 7: **Endorsements:** This Policy includes the following endorsements at issuance:

ITEM 8: **Address for Notices to Insurer:**

For Claims:
The Hartford
Claims Department
Hartford Financial Products
2 Park Ave., 6th Floor
New York, NY 10016

For all notices other than Claims:
The Hartford
HFP Express
Hartford Financial Products
2 Park Ave., 5th Floor
New York, NY 10016

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

Date of Issue: _____ **Countersigned by:** _____