

# THE HARTFORD CRIMESHIELD<sup>SM</sup> ADVANCED DECLARATIONS



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

Policy Number: \_\_\_\_\_

ITEM 1. Named Insured:	Producer: Code, Name and Address:
ITEM 2. Address	

ITEM 3. Policy Period: From 12:01 a.m. on \_\_\_\_\_ Inception Date To 12:01 a.m. on \_\_\_\_\_ Expiration Date  
(Standard Time at your mailing address)

ITEM 4. Coverages, Limits of Insurance and Deductibles: Only those Insuring Agreements that Are Designated With An "X" Are Included Under This Policy

	Limit of Insurance	Deductible Amount
<input type="checkbox"/> Insuring Agreement 1 – Employee Theft	\$	\$
<input type="checkbox"/> Insuring Agreement 2 – Employee Theft – Client Premises	\$	\$
<input type="checkbox"/> Insuring Agreement 3 – Computer And Funds Transfer Fraud	\$	\$
<input type="checkbox"/> Insuring Agreement 4 – Inside The Premises – <i>Money, Securities and Other Property</i>	\$	\$
<input type="checkbox"/> Insuring Agreement 5 – Outside The Premises – <i>Money, Securities and Other Property</i>	\$	\$
<input type="checkbox"/> Insuring Agreement 6 – Depositors Forgery or Alteration	\$	\$
<input type="checkbox"/> Insuring Agreement 7 – Credit, Debit Or Charge Card Forgery	\$	\$
<input type="checkbox"/> Insuring Agreement 8 – Money Orders And Counterfeit Currency	\$	\$
<input type="checkbox"/> Insuring Agreement 9 – Investigative Expenses	\$	\$
<input type="checkbox"/> Insuring Agreement 10 – Computer Systems Restoration Expenses	\$	\$
<input type="checkbox"/> Insuring Agreement 11 – Identity Recovery Expenses Reimbursement	\$	\$

---

**ITEM 5.** Form numbers of Endorsements Forming Part of this **Policy** When Issued:

---

**ITEM 6.** Cancellation of Prior Insurance: By acceptance of this **Policy** the “Insured” gives the Insurer notice cancelling prior policies or bonds numbered: the cancellations to be effective at the time this **Policy** becomes effective.

---

**ITEM 7. ADDRESS FOR NOTICES TO THE INSURER**

**(A) For Claims:**

via mail: The Hartford – Financial Products Claim Department  
277 Park Avenue, 15<sup>th</sup> Fl.  
New York, NY 10172  
via email: [HFPClaims@thehartford.com](mailto:HFPClaims@thehartford.com)  
via fax: (917) 464-6000

**(B) For other than Claims:**

via mail: The Hartford  
277 Park Avenue, 15<sup>th</sup> Floor  
New York, NY 10172  
via email: [HFPEXpress@thehartford.com](mailto:HFPEXpress@thehartford.com)  
via fax: (917) 464-6000

---

Authorized Representative

---

Date

**SAMPLE**