



Date:

Agency Code:
Agency Information

Obligee Information

Insured / Principal:
Policy / Bond #:
Account Name/Number:
Policy Term:
Type of Policy:
Billing Term:
Billing Type¹:
Transaction Type:
Transaction Effective Date:
Bond Limit:

Premium
\$

State Tax / Surcharge if applicable
\$

This record is a billing advice only.

If you have any questions regarding this transaction, please contact your agent or The Hartford's Billing Department.

¹ Billing Type:

- Agency Bill – Premium will be billed through your Agent.
- Direct Bill – You will receive a billing statement directly from The Hartford.
 - Credit Card – Premium noted on this statement has been submitted to your Credit Card for this term only and it will be reflected in your Direct Bill notification you receive from The Hartford.



Endorsement No:

This endorsement, effective 12:01 a.m., _____, forms part of policy number
issued to _____
by The Hartford Fire Insurance Company.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
POLICY CHANGE

This endorsement modifies insurance provided under the following:

THE HARTFORD CRIMESHIELDSM ADVANCED POLICY

Policy No.

Named Insured:

Policy Change No.

Date of Issue:

Effective Date of Change: 12:01 a.m.

A. Changes

- ☐ 1. The Named Insured is changed to:

- ☐ 2. The following Insured(s) is/are **added** as a Named Insured:

- ☐ 3. The following Insured(s) is/are **deleted** as a Named Insured:

- ☐ 4. The Mailing Address is changed to:

- ☐ 5. The Physical Address is changed to:

- ☐ 6. The Policy Period is: extended to _____ or reduced to _____.
- ☐ 7. The following Insuring Agreement(s) is/are:
☐ Added to the Policy
☐ Deleted from the Policy
☐ Changed as respects the Limit(s) of Insurance and/or Deductible Amount(s)

INSURING AGREEMENT

Limit of Insurance

INSURING AGREEMENT

Deductible Amount

- ☐ 8. The following Endorsement(s) is/are:
- ☐ Added to the Policy
 - ☐ Deleted from the Policy
 - ☐ Changed as respects to the Limit(s) of Insurance

ENDORSEMENT

Limit of Insurance

_____	_____
_____	_____
_____	_____
_____	_____

_____	_____
_____	_____

Douglas Elliot

Douglas Elliot, President

B. 1. Application of changes affected by this endorsement:

- a. **Increase in Limit of Insurance, Addition of a Deductible or Increase in Deductible Amount:** This change applies to loss or damage resulting from acts committed or events occurring at any time and discovered by the "Insured" after the Effective Date of Change.
- b. **Deletion of Any Coverage:** This change applies to loss or damage resulting from acts committed or events occurring:
 - (1) On or after the Effective Date of Change; and also
 - (2) Before the Effective Date of Change if discovered by the "Insured" after sixty (60) days from that date.
- c. **All Changes Other Than in a. and b. Above:** This change applies to loss or damage resulting from acts committed or events occurring at any time and discovered by the "Insured" on or after the Effective Date of Change.

2. No Limit of Insurance during any period will be cumulative with any other amount applicable to the same coverage during any other period.

3. All other terms and conditions remain unchanged.

Accepted:

First Named Insured _____

By _____

Title _____



Endorsement No:

This endorsement, effective 12:01a.m., _____, forms part of policy number
issued to
by The Hartford Fire Insurance Company.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**INCLUDE INDEPENDENT CONTRACTORS AS EMPLOYEES COVERED FOR "EMPLOYEE THEFT"
ENDORSEMENT**

This endorsement modifies insurance provided under the following:

THE HARTFORD CRIMESHIELDSM ADVANCED POLICY

This endorsement applies to the Insuring Agreements designated below:

INSURING AGREEMENT	TITLE
<input type="checkbox"/> 1	EMPLOYEE THEFT
<input type="checkbox"/> 2	EMPLOYEE THEFT – CLIENT PREMISES

The Policy is amended as follows:

I. Section V. DEFINITIONS, K. "Employee" is amended by including the following:

"Employee" also includes each natural person, partnership or corporation the "Insured" appoints in writing to act as its independent contractor in the capacity shown in the **SCHEDULE** below while acting on the "Insured's" behalf or while in possession of covered "money", "securities" or "other property". These natural persons, partnerships or corporations are not covered for faithful performance of duty, even in the event that this Policy may have been amended by endorsement to provide such coverage on "employees" as they are defined in the Policy. The only covered cause of loss for the independent contractors scheduled below is "theft" by an "employee" as set forth in the insuring agreement indicated above.

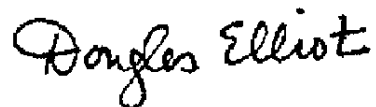
Each such independent contractor and the partners, officers and employees of that independent contractor are considered to be, collectively, one "employee" for the purposes of this insurance. However, the **CANCELLATION AS TO ANY EMPLOYEE** General Condition applies individually to each of them.

The most the Insurer will pay under this Policy for loss caused by an independent contractor included as an "employee" by this endorsement is the Limit of Insurance shown in excess of the **DEDUCTIBLE AMOUNT** as shown in the **SCHEDULE**. The **Limit of Insurance** set forth below in the **SCHEDULE** is part of, not in addition to, the Limit of Insurance shown in the Declarations as applicable to the insuring agreement indicated above.

II. SCHEDULE

CAPACITY OF INDEPENDENT CONTRACTOR	LIMIT OF INSURANCE	DEDUCTIBLE AMOUNT
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All other terms and conditions remain unchanged.

A handwritten signature in black ink that reads "Douglas Elliot". The signature is written in a cursive, flowing style.

Douglas Elliot, President



Endorsement No:

This endorsement, effective 12:01a.m., _____, forms part of policy number _____
issued to _____
by The Hartford Fire Insurance Company.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CALIFORNIA PREMIUM ENDORSEMENT

This endorsement modifies insurance provided under the following:

THE HARTFORD CRIMESHIELDsm ADVANCED POLICY

This endorsement applies to the Policy and all of the INSURING AGREEMENTS forming part of this Policy.

POLICY NO.

NAMED INSURED:

It is agreed that:

1. In compliance with the ruling of the Commissioner of Insurance of the State of California and the Opinion of the Attorney - General of that State requiring that the premium for all policies be endorsed thereon, the basic premium charged for the attached Policy for the period

from:

to:

is:

2. This endorsement is effective as of 12:01 a.m. on

All other terms and conditions remain unchanged.

Douglas Elliot, President

Accepted: Signature Waived

_____, Authorized Representative