



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.



Date:

Agency Code:

Attn: Bond Department

Insured / Principal:

Policy / Bond #:

Account Name/Number:

Policy Term:

Type of Policy:

Billing Term:

Billing Type:

Transaction Type:

Transaction Effective Date:

Bond Limit:

Agent's Advice of Premium for Fidelity and Surety Bonds

Premium	Commission %	Commission Amount
\$	%	\$

Premium will be included in your usual Agency Accounting statement or Direct Bill notification. If you have any questions regarding this transaction, please contact your Hartford Bond Center.



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

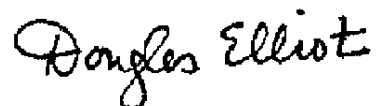
Limit of Insurance

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, 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 12:01 am,

forms part

of policy number:

issued to:

by:

NAME OF COUNTERSIGNING PRODUCER ENDORSEMENT

This endorsement is signed by the licensed countersigning producer as required by the state in which the Named Insured resides as shown on the Policy Declarations.

Susan L. Castaneda

Licensed Countersigning Producer



Producer Compensation Notice

You can review and obtain information on The Hartford's producer compensation practices at www.thehartford.com or at 1-800-592-5717.