

LIBERTY ALL STAR GROWTH FUND INC.
Form 40-17G
February 22, 2011

IMPORTANT NOTICE - INDEPENDENT AGENT AND BROKER COMPENSATION

NO COVERAGE IS PROVIDED BY THIS NOTICE. THIS NOTICE DOES NOT AMEND ANY PROVISION OF YOUR POLICY. YOU SHOULD REVIEW YOUR ENTIRE POLICY CAREFULLY FOR COMPLETE INFORMATION ON THE COVERAGES PROVIDED AND TO DETERMINE YOUR RIGHTS AND DUTIES UNDER YOUR POLICY. PLEASE CONTACT YOUR AGENT OR BROKER IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR ITS CONTENTS. IF THERE IS ANY CONFLICT BETWEEN YOUR POLICY AND THIS NOTICE, THE PROVISIONS OF YOUR POLICY PREVAIL.

For information about how Travelers compensates independent agents and brokers, please visit www.travelers.com, call our toll-free telephone number, 1-866-904-8348, or you may request a written copy from Marketing at One Tower Square, 2GSA, Hartford, CT 06183.

HOW TO REPORT LOSSES, CLAIMS, OR POTENTIAL CLAIMS TO TRAVELERS

Reporting new losses, claims, or potential claims promptly can be critical. It helps to resolve covered losses or claims as quickly as possible and often reduces the overall cost. Prompt reporting:

better protects the interests of all parties;

helps Travelers to try to resolve losses or claims more quickly; and

often reduces the overall cost of a loss or claim - losses or claims reported more than five days after they happen cost on average 35% more than those reported earlier.

Report losses, claims, or potential claims to Travelers easily and quickly by fax, U S mail, or email.

FAX

Use this number to report a loss, claim, or potential claim by fax toll free.

1-888-460-6622

US MAIL

Use this address to report a loss, claim, or potential claim by U S Mail.

Bond-FPS Claims Department Travelers Mail Code NB08F 385 Washington Street Saint Paul, Minnesota 55102

EMAIL

Use this address to report a loss, claim, or potential claim by email.

Pro.E&O.Claim.Reporting@SPT.com

This is a general description of how to report a loss, claim, or potential claim under this policy or bond. This description does not replace or add to the terms of this policy or bond. The policy or bond alone determines the scope of coverage. Please read it carefully for complete information on coverage. Contact your agent or broker if you have any questions about coverage.

Here is a list of all forms included in your policy, on the date shown below. These forms are listed in the same order as they appear in your policy.

Title Form Number Edition Date

The hard copy of the bond issued by the Underwriter will be referenced in the event of a loss.

Policy Form List Investment Company Blanket Bond - Declarations Investment Company Blanket Bond -

Insuring Agreements

Named Insured Endorsement

Computer Systems

Unauthorized Signatures

Telefacsimile Transactions

Voice-Initiated Transactions

Definition of Investment Company

Automated Phone Systems

Add Exclusions (n) & (o)

Worldwide Coverage - Counterfeit Currency

Amend Section 4. - Loss-Notice-Proof - Legal Proceedings

Facsimile Signatures

Best Efforts Notice of Cancellation - NASD and/or Other

Associations

Amend Insuring Agreement A - Fidelity

Amend Section 4.-Loss-Notice-Proof-Legal Proceedings-

Designate Persons For Discovery Of Loss

Amend Insuring Agreement A - Fidelity - Remove Manifest

Amend Definition Of Employee

Comuter Virus Insuring Agreement 40705 05-84 ICB001 07-04 ICB005 07-04 ICB010 07-04 ICB011 02-10 ICB012 07-04 ICB013 07-04
ICB014 07-04 ICB016 07-04 ICB019 07-04 ICB026 07-04 ICB031 07-04 ICB032 07-04 ICB034 07-04 ICB036 07-04

MEL1964 12-04 MEL2555 03-05

MEL2576 03-05 MEL2899 05-05 MEL3810 12-05

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Name of Insured Policy Number 483PB1036 **Effective Date** 01/15/11 Liberty All-Star Funds **Processing Date** 01/17/11 10:07 001

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INVESTMENT COMPANY BLANKET BOND

St. Paul Fire and Marine Insurance Company

St. Paul, Minnesota 55102-1396 (A Stock Insurance Company, herein called Underwriter)

DECLARATIONS BOND NO. 483PB1036

Item 1. Name of Insured (herein called Insured):

Liberty All-Star Funds

Principal Address:

1290 Broadway, Suite 1100

Denver, CO 80203

The hard copy of the bond issued by the Underwriter will be referenced in the event of a loss.

Item 2. Bond Period from 12:01 a.m. on 01/15/11 to 12:01 a.m. on 01/15/12 the effective date of the termination or cancellation of the bond, standard time at the Principal Address as to each of said dates.

Item 3. Limit of Liability

Subject to Sections 9, 10, and 12 hereof:

	Limit of Liability	Deductible Amount
Insuring Agreement A - FIDELITY	\$2,000,000	\$25,000
Insuring Agreement B - AUDIT EXPENSE	\$25,000	\$-0-
Insuring Agreement C - PREMISES	\$2,000,000	\$25,000
Insuring Agreement D - TRANSIT	2,000,000	\$25,000
Insuring Agreement E - FORGERY OR ALTERATION	\$2,000,000	\$25,000
Insuring Agreement F - SECURITIES	\$2,000,000	\$25,000
Insuring Agreement G - COUNTERFEIT CURRENCY	\$2,000,000	\$25,000
Insuring Agreement H - STOP PAYMENT	\$100,000	\$5,000
Insuring Agreement I - UNCOLLECTIBLE ITEMS OF DEPOSIT	\$100,000	\$5,000
OPTIONAL COVERAGES ADDED BY RIDER:		
COMPUTER SYSTEMS	\$2,000,000	\$25,000
VOICE INITIATED TRANSACTIONS	\$2,000,000	\$25,000

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TELEFACSIMILE

\$2,000,000

\$25,000

UNAUTHORIZED SIGNATURE