

Declarations

Policy No. <123456789>

This Policy consists of this Declarations and one or more Coverage Declarations and Coverage forms. It may also include one or more Common Conditions or endorsements. In consideration of the premium, the Insurer provides this Policy, which is the entire agreement between the Insurer and the Insured.

Insurer Throughout this Policy, Insurer means <Travelers Casualty and Surety Company of America, which is a capital stock company located in Hartford, Connecticut.><Travelers Excess and Surplus Lines Company.>

Named Insured Throughout this Policy, Named Insured means:
<name of entity>
<DBA>

Principal Address <Named Insured address>
<Named Insured address>
<Named Insured address>

Policy Period Inception: <month dd, yyyy>
Expiration: <month dd, yyyy>12:01 A.M. local time both dates at Principal Address.

Policy Premium \$<amount> <Annual Installment> <\$amount>

<Taxes> <\$amount> <name of tax>
<\$amount> <name of tax>
<\$amount> <name of tax>
<\$amount> <name of tax>

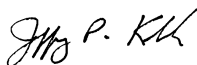
<Surcharges> <\$amount> <name of surcharge>
<\$amount> <name of surcharge>
<\$amount> <name of surcharge>
<\$amount> <name of surcharge>

<Total> <\$amount>

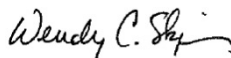
Notices To The Insurer <Mail: Travelers Bond & Specialty Insurance
P.O. Box 2989
Hartford, CT 06104-2989
Overnight Mail: Travelers Bond & Specialty Insurance Claim
One Tower Square, S202A
Hartford, CT 06183>
<Email: BSIClaims@travelers.com>
<Fax: 1-888-460-6622>
<For questions related to claim reporting or handling, please call 1-800-842-8496.>

Producer Information <Agency or Broker Name>
<producer address>
<producer address>
<producer address>
<producer phone>

Authorized officers of the Insurer:



President, Bond & Specialty Insurance



Corporate Secretary

Countersigned By _____

Forms attached at issuance:

Form Number

Form Title

<number Ed./Rev. month-dd>
<number Ed./Rev. month-dd>
<number Ed./Rev. month-dd>
<number Ed./Rev. month-dd>
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Specimen