

<Travelers Casualty and Surety Company of America>
One Tower Square
Hartford, Connecticut 06183
 (A Stock Insurance Company, herein called the Company)

ITEM 1 NAMED INSURED:

<named insured>

D/B/A:
<name of d/b/a>

Principal Address:
<street>
<street>
<city, state, zip>

ITEM 2 POLICY PERIOD:

Inception Date: <mm/dd/yyyy> Expiration Date: <mm/dd/yyyy>
 12:01 A.M. standard time both dates at the Principal Address stated in ITEM 1.

ITEM 3 ADDRESS INFORMATION FOR NOTICES TO COMPANY:

<Email: BSIClaims@travelers.com>
<Fax: 1-888-460-6622>

<Mail: Travelers Bond & Specialty Insurance Claim
 P.O. Box 2989
 Hartford, CT 06104-2989>

Overnight Mail: Travelers Bond & Specialty Insurance Claim
 One Tower Square, S202A
 Hartford, CT 06183>

<For questions related to claim reporting or handling, please call 1-800-842-8496.>

ITEM 4 COVERAGE INCLUDED AS OF THE INCEPTION DATE IN ITEM 2:

Credit Union Bond with Extended Coverages

ITEM 5 If "Not Covered" is inserted opposite any specified Insuring Agreement below, or if no amount is included in the Single Loss Limit of Insurance, such Insuring Agreement and any other reference thereto is deemed to be deleted from this bond.

INSURING AGREEMENT	SINGLE LOSS LIMIT OF INSURANCE	SINGLE LOSS DEDUCTIBLE AMOUNT
A. FIDELITY		
Coverage A.1. Employee Dishonesty	\$<limit>	\$<deductible>
Coverage A.2. Trading Loss	\$<limit>	\$<deductible>
Coverage A.3. ERISA	\$<limit>	\$0
Coverage A.4. Restoration Expenses	\$<limit>	\$<deductible>
Coverage A.5. Employee Faithful Performance	\$<limit>	\$<deductible>

B. ON PREMISES	\$<limit>	\$<deductible>
C. IN TRANSIT	\$<limit>	\$<deductible>
D. FORGERY OR ALTERATION	\$<limit>	\$<deductible>
E. SECURITIES Loan Participation <Included or Excluded>	\$<limit>	\$<deductible>
F. KIDNAP AND RANSOM	\$<limit>	\$<deductible>
G. COUNTERFEIT MONEY AND COUNTERFEIT MONEY ORDERS	\$<limit>	\$<deductible>
H. CLAIM EXPENSE	\$<limit>	\$<deductible>
I. INDEMNITY FOR INJURY OR DEATH OF DIRECTORS OR EMPLOYEES Coverage I.1. For Injury of Directors or Employees Coverage I.2. For Death of Directors or Employees	Maximum weekly payment of \$500 to any one Director or Employee not to exceed total payments of \$10,000 \$10,000	\$0 \$0
J. SERVICING CONTRACTORS	\$<limit>	\$<deductible>
K. AUTOMATED TELLER MACHINES	\$<limit>	\$<deductible>
L. TRANSIT CASH LETTERS	\$<limit>	\$<deductible>
M. SAFE DEPOSIT BOX Coverage M.1. Legal Liability Coverage M.2. Loss of Customers' or Members' Property <Including or Excluding> Money	\$<limit> \$<limit>	\$<deductible> \$<deductible>
N. REAL PROPERTY MORTGAGES – DEFECTIVE SIGNATURES	\$<limit>	\$<deductible>
O. STOP PAYMENT ORDERS OR WRONGFUL DISHONOR OF CHECKS OR DRAFTS	\$<limit>	\$<deductible>
P. COMPUTER SYSTEMS Coverage P.1. Computer Fraud Coverage P.2. Fraudulent Instructions Coverage P.3. Remote Access PBX System Fraud Coverage P.4. Restoration Expenses	\$<limit> \$<limit> \$<limit> \$<limit>	\$<deductible> \$<deductible> \$<deductible> \$<deductible>
Q. INDIVIDUAL RETIREMENT ACCOUNT / ELIGIBLE DEFERRED COMPENSATION PLAN	\$<limit>	\$<deductible>
R. REDEMPTION OF UNITED STATES SAVINGS BONDS	\$<limit>	\$<deductible>
S. CONSUMER LEGISLATION	\$<limit>	\$<deductible>
T. FRAUDULENT DEPOSITS	\$<limit>	\$<deductible>
U. BUSINESS CREDIT AND DEBIT CARDS AND TRAVEL ADVANCES	\$<limit>	\$<deductible>

ITEM 6

AGGREGATE LIMIT OF INSURANCE:

Aggregate Limit of Insurance – All Insuring Agreements combined:

\$<aggregate or Not Applicable>

Aggregate Limit of Insurance - Insuring Agreement A5:

\$<aggregate, N/A or Not Covered>

Aggregate Limit of Insurance - Insuring Agreement S:

\$<aggregate, N/A or Not Covered>

Aggregate Limit of Insurance - Insuring Agreements

T and U combined:

\$<aggregate, N/A or Not Covered>

The Aggregate Limit of Insurance for each **Bond Period** is defined in section **VI. CONDITIONS, E. AGGREGATE LIMIT OF INSURANCE** of this bond.

ITEM 7 PREVIOUS BONDS OR POLICIES:

The Insured, by acceptance of this bond, gives notice to the Company canceling or terminating prior bond or policy numbers:

<bond or policy number>

such cancellation or termination to be effective as of the time this bond becomes effective.

ITEM 8 DISCOVERY PERIOD:

Additional Premium Percentage: <percentage>% of the annualized premium

Additional Months: 12 months

(If exercised in accordance with section **VI. CONDITIONS, T. DISCOVERY PERIOD**)

ITEM 9 FORMS AND ENDORSEMENTS ATTACHED AT ISSUANCE:

<form number/edition date>
<form number/edition date>
<form number/edition date>
<form number/edition date>
<form number/edition date>
<form number/edition date>
<form number/edition date>
<form number/edition date>

PRODUCER INFORMATION:

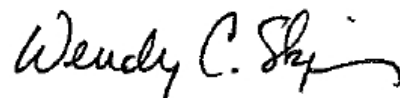
<agency name>
<agency address>
<agency city, state, zip>

Specimen

IN WITNESS WHEREOF, the Company has caused this bond to be signed by its authorized officers.



President, Bond & Specialty Insurance



Corporate Secretary