

**Financial Institution Bond  
with Extended Coverages  
Declarations**

**BOND NO.** <bond number>

**<Travelers Casualty and Surety Company of America>**  
**One Tower Square**  
**Hartford, Connecticut**  
 (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:**

Financial Institution 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
<b>A. FIDELITY</b>		
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>
<b>B. ON PREMISES</b>	\$<limit>	\$<deductible>
<b>C. IN TRANSIT</b>	\$<limit>	\$<deductible>

<b>D. FORGERY OR ALTERATION</b>	\$<limit>	\$<deductible>
<b>E. SECURITIES</b> Loan Participation <Included or Excluded>	\$<limit>	\$<deductible>
<b>F. KIDNAP AND RANSOM</b>	\$<limit>	\$<deductible>
<b>G. COUNTERFEIT MONEY AND COUNTERFEIT MONEY ORDERS</b>	\$<limit>	\$<deductible>
<b>H. CLAIM EXPENSE</b>	\$<limit>	\$<deductible>
<b>I. INDEMNITY FOR INJURY OR DEATH OF DIRECTORS OR EMPLOYEES</b> 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
<b>J. SERVICING CONTRACTORS</b>	\$<limit>	\$<deductible>
<b>K. AUTOMATED TELLER MACHINES</b>	\$<limit>	\$<deductible>
<b>L. TRANSIT CASH LETTERS</b>	\$<limit>	\$<deductible>
<b>M. SAFE DEPOSIT BOX</b> Coverage M.1. Legal Liability Coverage M.2. Loss of Customers' Property <Including or Excluding> Money	\$<limit> \$<limit>	\$<deductible> \$<deductible>
<b>N. REAL PROPERTY MORTGAGES – DEFECTIVE SIGNATURES</b>	\$<limit>	\$<deductible>
<b>O. STOP PAYMENT ORDERS OR WRONGFUL DISHONOR OF CHECKS</b>	\$<limit>	\$<deductible>
<b>P. COMPUTER SYSTEMS</b> 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>
<b>Q. EXCESS SECURITIES</b> Coverage Q.1. On Premises Coverage Q.2. In Transit	\$<limit> \$<limit>	\$<deductible> \$<deductible>

**ITEM 6**

**AGGREGATE LIMIT OF INSURANCE:**

**Aggregate Limit of Insurance –**

**All Insuring Agreements Except Insuring Agreement Q:**

\$<aggregate or Not Applicable>

**Aggregate Limit of Insurance – Insuring Agreement Q:**

\$<aggregate 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>

<bond or policy number>

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

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**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**)

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**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>

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**PRODUCER INFORMATION:**

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

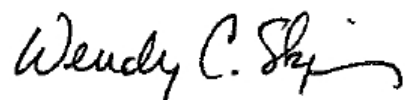
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Specimen

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



President, Bond & Specialty Insurance



Corporate Secretary