TRAVELERS

Insurance Company 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:
<address>
<address>
<city, state, zip>

ITEM 2 **POLICY PERIOD:**

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

ITEM 3 **ALL NOTICES OF CLAIM OR LOSS MUST BE SENT TO THE COMPANY BY EMAIL, FACSIMILE, OR MAIL AS SET FORTH BELOW:**

<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:**

Insurance Company 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. DISHONESTY OF EMPLOYEES		
Coverage A.1. Fidelity	$<limit>	$<deductible>
Coverage A.2. Trading Loss	$<limit>	$<deductible>
Coverage A.3. ERISA	$<limit>	$0
Coverage A.4. Restoration Expenses	$<limit>	$<deductible>

B. ON PREMISES	$<limit>	$<deductible>
C. IN TRANSIT	$<limit>	$<deductible>
D. FORGERY OR ALTERATION	$<limit>	$<deductible>
E. SECURITIES	$<limit>	$<deductible>
F. KIDNAP AND RANSOM	$<limit>	$<deductible>
G. COUNTERFEIT MONEY AND COUNTERFEIT MONEY ORDERS	$<limit>	$<deductible>
H. CLAIM EXPENSE	$<limit>	$<deductible>
I. AGENTS OF LIFE INSURANCE COMPANIES Coverage I.1. General Agents Coverage I.2. Soliciting Agents	 $<limit> $<limit>	 $<deductible> $<deductible>
J. SERVICING CONTRACTORS	$<limit>	$<deductible>
K. THIRD PARTY ADMINISTRATORS	$<limit>	$<deductible>
L. REAL PROPERTY MORTGAGES – DEFECTIVE SIGNATURES	$<limit>	$<deductible>
M. COMPUTER SYSTEMS Coverage M.1. Computer Fraud Coverage M.2. Fraudulent Instructions Coverage M.3. Remote Access PBX System Fraud Coverage M.4. Restoration Expenses	 $<limit> $<limit> $<limit> $<limit>	 $<deductible> $<deductible> $<deductible> $<deductible>

ITEM 6 **AGGREGATE LIMIT OF INSURANCE:**

Aggregate Limit of Insurance –
All Insuring Agreements: $<aggregate or Not Applicable>

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.

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>

Countersigned By

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

President, Bond & Specialty Insurance

Corporate Secretary