

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 INSURED:

<named insureds>

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

(hereinafter, "Insured")

ITEM 2 POLICY PERIOD:

Inception Date: <inception date> Expiration Date: <expiration date>
12:01 A.M. local time as to 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 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. Larceny or Embezzlement	\$<single loss limit>	\$<single loss ded>
Coverage A.2. Restoration Expenses	\$<single loss limit>	\$<single loss ded>
B. ON PREMISES	\$<single loss limit>	\$<single loss ded>
C. IN TRANSIT	\$<single loss limit>	\$<single loss ded>
D. FORGERY OR ALTERATION	\$<single loss limit>	\$<single loss ded>
E. SECURITIES	\$<single loss limit>	\$<single loss ded>

F. COUNTERFEIT MONEY AND COUNTERFEIT MONEY ORDERS		\$<single loss limit>	\$<single loss ded>
G. CLAIM EXPENSE		\$<single loss limit>	\$<single loss ded>
H. STOP PAYMENT ORDERS OR WRONGFUL DISHONOR OF CHECKS		\$<single loss limit>	\$<single loss ded>
I. COMPUTER SYSTEMS			
Coverage I.1.	Computer Fraud	\$<single loss limit>	\$<single loss ded>
Coverage I.2.	Fraudulent Instructions	\$<single loss limit>	\$<single loss ded>
Coverage I.3.	Restoration Expense	\$<single loss limit>	\$<single loss ded>
J. UNCOLLECTIBLE ITEMS OF DEPOSIT		\$<single loss limit>	\$<single loss ded>

ITEM 5 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 numbers>

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

ITEM 6 DISCOVERY PERIOD:

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

Additional Months: 12 months

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

ITEM 7 FORMS AND ENDORSEMENTS ATTACHED AT ISSUANCE:

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

PRODUCER INFORMATION:

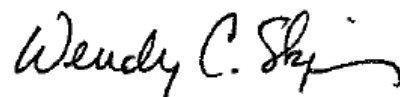
<agency name>
<agency address>
<agency city, state, zip>

Countersigned By

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



President, Bond & Specialty Insurance



Corporate Secretary