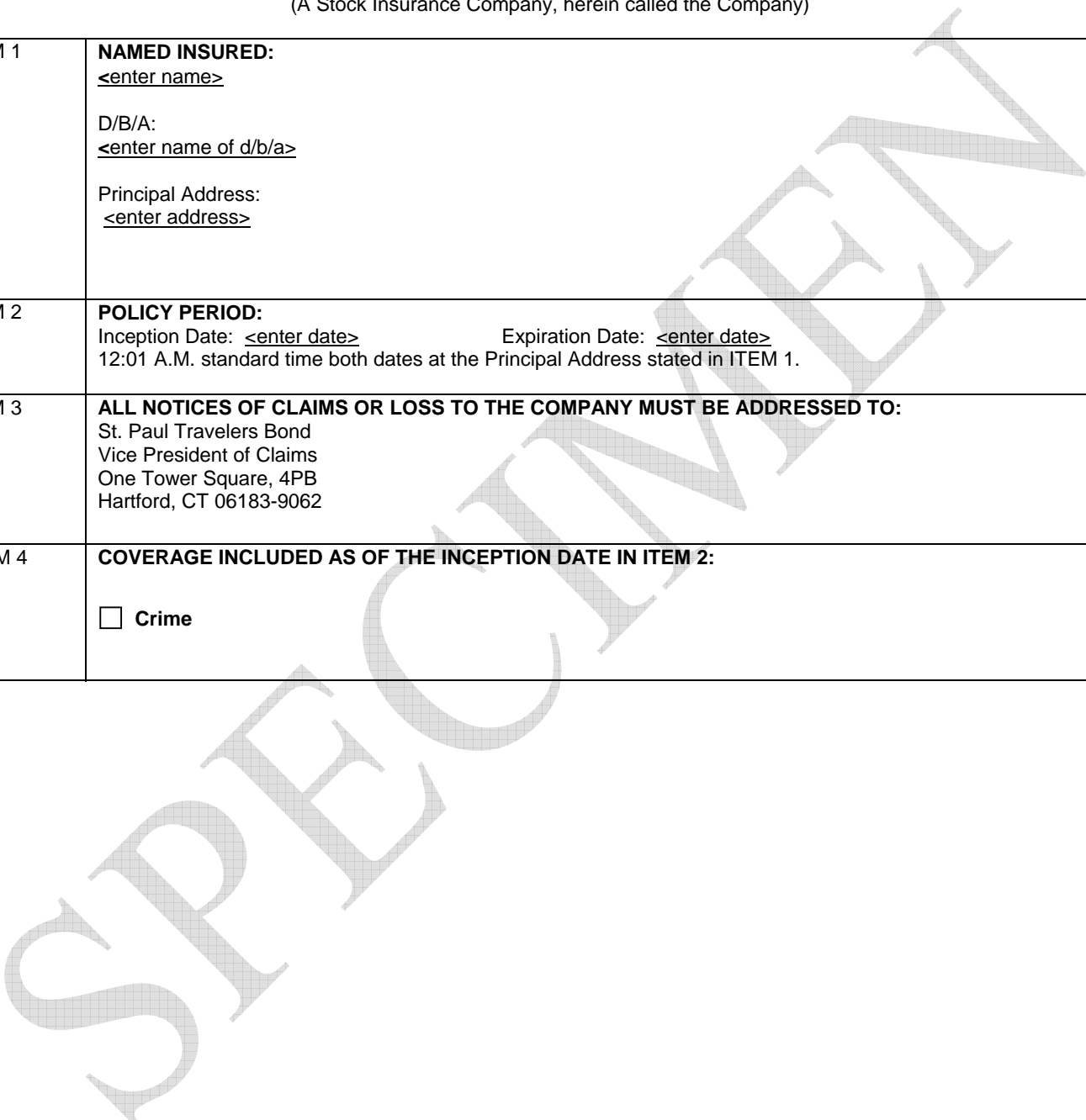


DECLARATIONS	POLICY NO.
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Travelers Casualty and Surety Company of America  
 Hartford, Connecticut 06183-9062  
 (A Stock Insurance Company, herein called the Company)

ITEM 1	<p><b>NAMED INSURED:</b>  <u>&lt;enter name&gt;</u></p> <p>D/B/A:  <u>&lt;enter name of d/b/a&gt;</u></p> <p>Principal Address:  <u>&lt;enter address&gt;</u></p>
ITEM 2	<p><b>POLICY PERIOD:</b>                  Inception Date: <u>&lt;enter date&gt;</u>      Expiration Date: <u>&lt;enter date&gt;</u>                  12:01 A.M. standard time both dates at the Principal Address stated in ITEM 1.</p>
ITEM 3	<p><b>ALL NOTICES OF CLAIMS OR LOSS TO THE COMPANY MUST BE ADDRESSED TO:</b>                  St. Paul Travelers Bond                  Vice President of Claims                  One Tower Square, 4PB                  Hartford, CT 06183-9062</p>
ITEM 4	<p><b>COVERAGE INCLUDED AS OF THE INCEPTION DATE IN ITEM 2:</b></p> <p><input type="checkbox"/> <b>Crime</b></p>



ITEM 5	<b>Crime</b>		
	<b>Insuring Agreement</b>	<b>Single Loss Limit of Insurance</b>	<b>Single Loss Retention</b>
	<b>A. Fidelity</b>		
	1. Employee Theft	\$<enter amount>	\$<enter amount>
	2. ERISA Fidelity	\$<enter amount>	\$<enter amount>
	3. Employee Theft of Client Property	\$<enter amount>	\$<enter amount>
	<b>B. Forgery or Alteration</b>	\$<enter amount>	\$<enter amount>
	<b>C. On Premises</b>	\$<enter amount>	\$<enter amount>
	<b>D. In Transit</b>	\$<enter amount>	\$<enter amount>
	<b>E. Money Orders and Counterfeit Money</b>	\$<enter amount>	\$<enter amount>
	<b>F. Computer Crime</b>		
	1. Computer Fraud	\$<enter amount>	\$<enter amount>
	2. Computer Program and Electronic Data Restoration Expense	\$<enter amount>	\$<enter amount>
<b>G. Funds Transfer Fraud</b>	\$<enter amount>	\$<enter amount>	
<b>H. Personal Accounts Protection</b>			
1. Personal Accounts Forgery or Alteration	\$<enter amount>	\$<enter amount>	
2. Identity Fraud Expense Reimbursement	\$<enter amount>	\$<enter amount>	
<b>I. Claim Expense</b>	\$<enter amount>	\$<enter amount>	
<p>If "<i>Not Covered</i>" is inserted above opposite any specified Insuring Agreement, or if no amount is included in the Limit of Insurance, such Insuring Agreement and any other reference thereto is deemed to be deleted from this <b>Crime Policy</b>.</p> <p><b>Policy Aggregate Limit of Insurance:</b> <input type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable  If a Policy Aggregate Limit of Insurance is applicable, then the Policy Aggregate Limit of Insurance for each <b>Policy Period</b> is: \$&lt;enter amount&gt;. If a Policy Aggregate Limit of Insurance is not included, then this <b>Crime Policy</b> is not subject to a Policy Aggregate Limit of Insurance as set forth in Section V. CONDITIONS B. PROVISIONS AFFECTING LOSS ADJUSTMENT AND SETTLEMENT 1. <u>Limit of Insurance a. Policy Aggregate Limit of Insurance.</u></p> <p><b>Cancellation of Prior Insurance:</b>  By acceptance of this <b>Crime Policy</b>, you give us notice canceling prior policies or bonds issued by us that are designated by policy or bond numbers &lt;enter numbers&gt;, such cancellation to be effective at the time this <b>Crime Policy</b> becomes effective.</p>			
ITEM 6	<b>FORMS AND ENDORSEMENTS ATTACHED AT ISSUANCE:</b>		

The Declarations, the Application, the Crime Terms and Conditions, any purchased Insuring Agreements, and any endorsements attached thereto, constitute the entire agreement between the Company and the **Insured**.

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Countersigned By  
(where applicable)