TRAVELERS

This Policy consists of this Declarations and one or more Coverage Declarations and Coverage forms. It may also include one or more Common Conditions or endorsements. In consideration of the premium, the Insurer provides this Policy, which is the entire agreement between the Insurer and the Insured.

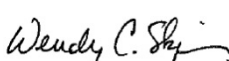|	
Insurer	Throughout this Policy, Insurer means <**Travelers Casualty and Surety Company of America**, which is a capital stock company located in Hartford, Connecticut.><**Travelers Excess and Surplus Lines Company**.>
Named Insured	Throughout this Policy, Named Insured means: <name of entity> <DBA>
Principal Address	<Named Insured address> <Named Insured address> <Named Insured address>
Policy Period	Inception: <month dd, yyyy> Expiration: <month dd, yyyy>12:01 A.M. local time both dates at Principal Address.
Policy Premium	$<amount> <**Annual Installment**> <$amount>
<Taxes>	<$amount> <name of tax> <$amount> <name of tax> <$amount> <name of tax> <$amount> <name of tax>
<Surcharges>	<$amount> <name of surcharge> <$amount> <name of surcharge> <$amount> <name of surcharge> <$amount> <name of surcharge>
<Total>	<$amount>

Notices To The Insurer	<Mail: Travelers Bond & Specialty Insurance
	            P.O. Box 2989
	            Hartford, CT 06104-2989
	
	Overnight Mail: Travelers Bond & Specialty Insurance Claim
	            One Tower Square, MN06
	            Hartford, CT 06183>
	
	<Email: BSIClaims@travelers.com>
	<Fax: 1-888-460-6622>
	<For questions related to claim reporting or handling, please call 1-800-842-8496.>

Producer Information	<Agency or Broker Name> <producer address> <producer address> <producer address> <producer phone>

Authorized officers of the Insurer:

Jeffy P. Kll   *Wendy C. Sky*

President, Bond & Specialty Insurance   Corporate Secretary

_____
Countersigned By

Forms attached at issuance:

Form Number	Form Title
<number Ed./Rev. month-dd>	<Title>
<number Ed./Rev. month-dd>	<Title>
<number Ed./Rev. month-dd>	<Title>
<number Ed./Rev. month-dd>	<Title>
<number Ed./Rev. month-dd>	<Title>
<number Ed./Rev. month-dd>	<Title>
<number Ed./Rev. month-dd>	<Title>
<number Ed./Rev. month-dd>	<Title>