

SERFF Tracking Number: CNNA-125885137 State: Arkansas  
Filing Company: The Cincinnati Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: CCR-08-6009-AR  
TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft  
Product Name: CCR-08-6009-AR  
Project Name/Number: /

## Filing at a Glance

Company: The Cincinnati Insurance Company

Product Name: CCR-08-6009-AR

SERFF Tr Num: CNNA-125885137 State: Arkansas

TOI: 26.0 Burglary & Theft

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 26.0001 Commercial Burglary & Theft Co Tr Num: CCR-08-6009-AR

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,  
Llyweyia Rawlins

Author: Sharon Whitaker

Disposition Date: 11/05/2008

Date Submitted: 11/04/2008

Disposition Status: Withdrawn

Effective Date Requested (New): 05/01/2009

Effective Date (New): 05/01/2009

Effective Date Requested (Renewal): 05/01/2009

Effective Date (Renewal):

05/01/2009

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 11/05/2008

State Status Changed: 11/05/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

At this time, we wish to withdraw forms per the attached explanatory memorandum. These changes are being made in conjunction with our Crime Rewrite filing.

Final printed copies are attached for your review.

Corresponding form filing CCR-08-6008-AR is being made under separate transmittal.

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Please be advised that we work on a 90-days-in-advance schedule. As a result, we would appreciate your approval by February 1, 2009 for the software to be mailed to our agents on March 1, 2009 for the effective date of May 1, 2009.

Your approval is respectfully requested for use on policies effective on or after May 1, 2009.

## Company and Contact

### Filing Contact Information

Sharon Grubbs, Senior Filings Analyst sharon\_grubbs@cinfin.com  
 6200 S. Gilmore Road (513) 870-2091 [Phone]  
 Fairfield, OH 45014

### Filing Company Information

The Cincinnati Insurance Company CoCode: 10677 State of Domicile: Ohio  
 6200 S. Gilmore Road Group Code: 244 Company Type:  
 Fairfield, OH 45014 Group Name: State ID Number:  
 (513) 870-2000 ext. [Phone] FEIN Number: 31-0542366  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Cincinnati Insurance Company	\$50.00	11/04/2008	23694293

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Withdrawn	Llyweyia Rawlins	11/05/2008	11/05/2008



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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Withdrawn	Yes
Supporting Document	MEMORANDUM	Withdrawn	Yes
Form	INCREASED LIMIT OF INSURANCE FOR SPECIFIED DAYS	Withdrawn	Yes
Form	COMMERCIAL CRIME INSURANCE IMPORTANT CHANGES IN YOUR COVERAGE (JANUARY 1, 1986)	Withdrawn	Yes
Form	PROTECTIVE DEVICES OR SERVICES PROVISION	Withdrawn	Yes
Form	EMPLOYEE DISHONESTY-PROFIT SHARING ENDORSEMENT	Withdrawn	Yes
Form	EMPLOYMENT DISHONESTY COVERAGE FORM	Withdrawn	Yes
Form	CRIME (XC™) GENERAL PROVISIONS FORM	Withdrawn	Yes
Form	CRIME (XC™) WELFARE AND PENSION PLAN ERISA COMPLIANCE	Withdrawn	Yes
Form	CRIME COVERAGE PART DECLARATIONS	Withdrawn	Yes
Form	CRIME COVERAGE PART ENDORSEMENT (AWR)	Withdrawn	Yes
Form	CinciPlus™ CRIME EXPANDED COVERAGE (XC™) COVERAGE PART ENDORSEMENT	Withdrawn	Yes
Form	CinciPlus™ CRIME EXPANDED COVERAGE (XC) PLUS COVERAGE PART ENDORSEMENT	Withdrawn	Yes
Form	CinciPlus™ CRIME EXPANDED COVERAGE (XC™) COVERAGE PART DECLARATIONS	Withdrawn	Yes
Form	CinciPlus™ CRIME EXPANDED COVERAGE (XC™) PLUS COVERAGE PART DECLARATIONS	Withdrawn	Yes
Form	CRIME COVERAGE PART DECLARATIONS LIABILITY FOR GUESTS PROPERTY (AWR VERSION)	Withdrawn	Yes

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<b>Form</b>	CRIME COVERAGE PART DECLARATIONS LIABILITY FOR GUESTS PROPERTY (AWR VERSION)	Withdrawn	Yes
<b>Form</b>	SAFE DEPOSITORY COVERAGE DECLARATIONS (AWR VERSION)	Withdrawn	Yes
<b>Form</b>	SAFE DEPOSITORY COVERAGE ENDORSEMENT (AWR)	Withdrawn	Yes
<b>Form</b>	LIABILITY FOR GUEST PROPERTY SAFE DEPOSIT BOX COVERAGE DECLARATIONS (AWR VERSION)	Withdrawn	Yes
<b>Form</b>	LIABILITY FOR GUEST PROPERTY SAFE DEPOSIT BOX COVERAGE ENDORSEMENT (AWR VERSION)	Withdrawn	Yes
<b>Form</b>	CRIME COVERAGE SUPPLEMENTAL ENDORSEMENT	Withdrawn	Yes
<b>Form</b>	CRIME COVERAGE SUPPLEMENTAL ENDORSEMENT	Withdrawn	Yes
<b>Form</b>	CRIME COVERAGE SUPPLEMENTAL ENDORSEMENT	Withdrawn	Yes
<b>Form</b>	CRIME SUPPLEMENTAL ENDORSEMENT	Withdrawn	Yes
<b>Form</b>	CRIME COVERAGE AMENDMENT (AWR VERSION)	Withdrawn	Yes
<b>Form</b>	CRIME COVERAGE AMENDMENT (AWR VERSION)	Withdrawn	Yes
<b>Form</b>	EMPLOYEE DISHONESTY COVERAGE FORM	Withdrawn	Yes
<b>Form</b>	FORGERY OR ALTERATION COVERAGE FORM B	Withdrawn	Yes
<b>Form</b>	THEFT, DISAPPEARANCE AND DESTRUCTION COVERAGE FORM	Withdrawn	Yes
<b>Form</b>	ROBBERY AND SAFE BURGLARY COVERAGE FORM--PROPERTY OTHER THAN MONEY AND SECURITIES	Withdrawn	Yes
<b>Form</b>	PREMISES BURGLARY COVERAGE FORM	Withdrawn	Yes
<b>Form</b>	COMPUTER FRAUD COVERAGE FORM	Withdrawn	Yes

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<b>Form</b>	EXTORTION COVERAGE FORM	Withdrawn	Yes
<b>Form</b>	PREMISES THEFT AND ROBBERY OUTSIDE THE PREMISES COVERAGE FORM	Withdrawn	Yes
<b>Form</b>	LESSEES OF SAFE DEPOSIT BOXES COVERAGE FORM	Withdrawn	Yes
<b>Form</b>	SECURITIES DEPOSITED WITH OTHERS COVERAGE FORM	Withdrawn	Yes
<b>Form</b>	LIABILITY FOR GUESTS PROPERTY- SAFE DEPOSIT BOX COVERAGE FORM	Withdrawn	Yes
<b>Form</b>	LIABILITY FOR GUESTS PROPERTY-- PREMISES COVERAGE FORM	Withdrawn	Yes
<b>Form</b>	SAFE DEPOSITORY LIABILITY COVERAGE FORM	Withdrawn	Yes
<b>Form</b>	SAFE DEPOSITORY DIRECT LOSS COVERAGE FORM	Withdrawn	Yes
<b>Form</b>	ROBBERY AND SAFE BURGLARY COVERAGE FORM--MONEY & SECURITIES	Withdrawn	Yes
<b>Form</b>	MONEY ORDERS AND COUNTERFEIT PAPER CURRENCY COVERAGE FORM	Withdrawn	Yes
<b>Form</b>	CRIME GENERAL PROVISIONS FORM	Withdrawn	Yes
<b>Form</b>	CHANGE SCHEDULE	Withdrawn	Yes
<b>Form</b>	EXCLUDE DESIGNATED PERSONS OR CLASSES OF PERSONS AS EMPLOYEES	Withdrawn	Yes
<b>Form</b>	LIMIT DEDUCTIBLE TO SPECIFIED POSITIONS	Withdrawn	Yes
<b>Form</b>	EXCLUDE TRADING LOSS	Withdrawn	Yes
<b>Form</b>	EXCLUDE WAREHOUSE RECEIPTS LOSSES	Withdrawn	Yes
<b>Form</b>	EXCLUDE UNAUTHORIZED ADVANCES, REQUIRE ANNUAL AUDIT	Withdrawn	Yes
<b>Form</b>	EXCLUDE LOSS OF CLIENTS' PROPERTY	Withdrawn	Yes
<b>Form</b>	EXCLUDE LOSS OF CLIENTS'	Withdrawn	Yes

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	PROPERTY EXCEPT WHILE ON YOUR PREMISES		
<b>Form</b>	INCLUDES AS COVERED CAUSE OF LOSS FAITHFUL PERFORMANCE OF DUTY	Withdrawn	Yes
<b>Form</b>	ADD BLANKET EXCESS LIMIT OF INSURANCE	Withdrawn	Yes
<b>Form</b>	REA BORROWING CORPORATIONS-- LIMIT AMOUNT OF INSURANCE ON COLLECTION AGENTS	Withdrawn	Yes
<b>Form</b>	CREDIT, DEBIT OR CHARGE CARD FORGERY	Withdrawn	Yes
<b>Form</b>	WAREHOUSE RECEIPTS FORGERY	Withdrawn	Yes
<b>Form</b>	INCLUDE PERSONAL ACCOUNTS OF SPECIFIED PERSONS	Withdrawn	Yes
<b>Form</b>	EXCESS EMPLOYEE DISHONESTY COVERAGE FOR SPECIFIED EMPLOYEES	Withdrawn	Yes
<b>Form</b>	EMPLOYEE DISHONESTY COVERAGE FORM AS EXCESS INSURANCE	Withdrawn	Yes
<b>Form</b>	INCLUDE AS EMPLOYEES THE SPOUSE AND CHILDREN OF BUILDING MANAGER	Withdrawn	Yes
<b>Form</b>	INCLUDE THE CHAIRMAN AND MEMBERS OF SPECIFIED COMMITTEES AS EMPLOYEES	Withdrawn	Yes
<b>Form</b>	INCLUDE SPECIFIED DIRECTORS OR TRUSTEES ON COMMITTEES AS EMPLOYEES	Withdrawn	Yes
<b>Form</b>	INCLUDE PARTNERS AS EMPLOYEES	Withdrawn	Yes
<b>Form</b>	INCLUDE AS EMPLOYEES OFFICERS AND EMPLOYEES OF FEDERAL RESERVE BANK ACTING AS EFTS AGENT	Withdrawn	Yes
<b>Form</b>	INCLUDE VOLUNTEER WORKERS AS EMPLOYEES	Withdrawn	Yes
<b>Form</b>	INCLUDE VOLUNTEER WORKERS	Withdrawn	Yes

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	OTHER THAN FUND SOLICITORS AS EMPLOYEES		
<b>Form</b>	AMEND DEFINITION OF EMPLOYEE TO COMPLY WITH LABOR-- MANAGEMENT DISCLOSURE ACT OF 1959	Withdrawn	Yes
<b>Form</b>	INCLUDE SPECIFIED NON-COMPENSATED OFFICERS AS EMPLOYEES	Withdrawn	Yes
<b>Form</b>	WELFARE AND PENSION PLAN ERISA COMPLIANCE	Withdrawn	Yes
<b>Form</b>	WELFARE AND PENSION PLAN ERISA COMPLIANCE	Withdrawn	Yes
<b>Form</b>	INSURED AT MILITARY CENTER	Withdrawn	Yes
<b>Form</b>	LIMIT AMOUNT OF INSURANCE FOR TRADING LOSSES	Withdrawn	Yes
<b>Form</b>	LIMIT AMOUNT OF INSURANCE FOR WAREHOUSE RECEIPTS LOSSES	Withdrawn	Yes
<b>Form</b>	NOTICE OF CANCELLATION	Withdrawn	Yes
<b>Form</b>	BANKS FOR COOPERATIVES AND FEDERAL INTERMEDIATE CREDIT BANKS	Withdrawn	Yes
<b>Form</b>	EXCESS LIMITS OF INSURANCE FOR SPECIFIED EMPLOYEES OR POSITIONS	Withdrawn	Yes
<b>Form</b>	EXCLUDE HIGH-GRADING LOSS	Withdrawn	Yes
<b>Form</b>	JOINT INSURED	Withdrawn	Yes
<b>Form</b>	INSURANCE EXCLUDE CERTAIN RISKS INHERENT IN OPERATIONS	Withdrawn	Yes
<b>Form</b>	LOSS PAYABLE	Withdrawn	Yes
<b>Form</b>	JOINT LOSS PAYABLE	Withdrawn	Yes
<b>Form</b>	SCHOOL SYSTEM	Withdrawn	Yes
<b>Form</b>	OBLIGEE	Withdrawn	Yes
<b>Form</b>	SCHEDULE CHANGE	Withdrawn	Yes
<b>Form</b>	COVERAGE FORM O - PER LOSS EXCESS OVER COVERAGE FORM P -	Withdrawn	Yes

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PER EMPLOYEE

<b>Form</b>	EXCLUDE SPECIFIED PROPERTY	Withdrawn	Yes
<b>Form</b>	INCLUDE ROBBERY OF A JANITOR	Withdrawn	Yes
<b>Form</b>	INCLUDE VANDALISM	Withdrawn	Yes
<b>Form</b>	INCREASED LIMIT FOR SPECIFIED PROPERTY SUBJECT TO SPECIAL LIMIT	Withdrawn	Yes
<b>Form</b>	INCLUDE LOSS DURING FIRE IN PREMISES	Withdrawn	Yes
<b>Form</b>	LIMIT COVERAGE TO OFFICE EQUIPMENT	Withdrawn	Yes
<b>Form</b>	INCLUDE AUTOMOTIVE PRODUCTS IN OUTSIDE CONTAINERS	Withdrawn	Yes
<b>Form</b>	LIMIT COVERAGE TO SPECIFIED PORTION OF PREMISES	Withdrawn	Yes
<b>Form</b>	PROTECTIVE DEVICES OR SERVICES PROVISION	Withdrawn	Yes
<b>Form</b>	FORCIBLE ENTRY INTO PREMISES REQUIREMENT	Withdrawn	Yes
<b>Form</b>	INCLUDE OUTSIDE SHOWCASES OR SHOW WINDOWS AS PREMISES	Withdrawn	Yes
<b>Form</b>	CONVERT TO SCHEDULE COVERAGE	Withdrawn	Yes
<b>Form</b>	EXCLUDE DESIGNATED PREMISES, MESSENGERS OR ARMORED MOTOR VEHICLE	Withdrawn	Yes
<b>Form</b>	REDUCE LIMIT OF INSURANCE FOR DESIGNATED PREMISES, MESSENGERS OR ARMORED MOTOR VEHICLE COMPANIES	Withdrawn	Yes
<b>Form</b>	DECREASE LIMIT OF INSURANCE WHILE PREMISES NOT OPEN FOR BUSINESS	Withdrawn	Yes
<b>Form</b>	EXCLUDE PERSONS AT DESIGNATED PREMISES	Withdrawn	Yes
<b>Form</b>	INCLUDE PERSONAL EXTORTION FOR NAMED INDIVIDUALS	Withdrawn	Yes
<b>Form</b>	CHANGE SCHEDULE COVERAGE	Withdrawn	Yes

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<b>Form</b>	LIMIT COVERAGE TO FIXTURES, FITTINGS OR APPLIANCES OR PROPERTY IN PUBLIC ENTRANCES, HALLWAYS OR STOREROOMS	Withdrawn	Yes
<b>Form</b>	PROPERTY OF OTHERS	Withdrawn	Yes
<b>Form</b>	THEFT OF OUTDOOR SIGNS	Withdrawn	Yes
<b>Form</b>	REQUIRE RECORD OF CHECKS	Withdrawn	Yes
<b>Form</b>	EXTEND DEFINITION OF PREMISES TO INCLUDE PORTION OF GROUNDS ENCLOSED BY FENCE OR WALL	Withdrawn	Yes
<b>Form</b>	INCREASE LIMIT OF INSURANCE FOR SPECIFIED PERIODS	Withdrawn	Yes
<b>Form</b>	INCLUDE SELLING PRICE OR PROCESSING CHARGE	Withdrawn	Yes
<b>Form</b>	EXTEND PREMISES TO ENTIRE PLOT OF GROUND UNDER YOUR CONTROL	Withdrawn	Yes
<b>Form</b>	INCLUDE COVERED PROPERTY IN CUSTODY OF DESIGNATED AGENTS	Withdrawn	Yes
<b>Form</b>	INCLUDE GUESTS' PROPERTY ACCEPTED FOR SAFEKEEPING	Withdrawn	Yes
<b>Form</b>	INCLUDE SECURITIES HELD BY A DEPOSITORY IN TRUST	Withdrawn	Yes
<b>Form</b>	INCLUDE BULKY PROPERTY	Withdrawn	Yes
<b>Form</b>	EXCESS BANK BURGLARY AND ROBBERY	Withdrawn	Yes
<b>Form</b>	BANK EXCESS SECURITIES	Withdrawn	Yes
<b>Form</b>	SUBLIMITS FOR MONEY AND SECURITIES	Withdrawn	Yes
<b>Form</b>	INCLUDE FIRE DAMAGE	Withdrawn	Yes
<b>Form</b>	INCREASE LIMIT OF INSURANCE PER GUEST	Withdrawn	Yes
<b>Form</b>	INCLUDE DAMAGE FROM FOOD OR LIQUID	Withdrawn	Yes
<b>Form</b>	INCLUDE PROPERTY IN CUSTODY OR LAUNDRY OR CLEANER	Withdrawn	Yes
<b>Form</b>	INCLUDE PROPERTY OF PERSONS OCCUPYING LEASED LODGING	Withdrawn	Yes

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ACCOMMODATIONS

<b>Form</b>	INCLUDE SAMPLES AND ARTICLES FOR SALE OR DELIVERY	Withdrawn	Yes
<b>Form</b>	SAFE DEPOSITORY GENERAL PROVISIONS	Withdrawn	Yes
<b>Form</b>	SAFE DEPOSIT BOX TRANSFER	Withdrawn	Yes
<b>Form</b>	REDUCED LIMIT OF INSURANCE FOR SPECIFIED PREMISES	Withdrawn	Yes
<b>Form</b>	INCLUDE MONEY FOR FULL OR PARTIAL LIMIT OF LIABILITY	Withdrawn	Yes
<b>Form</b>	POLICY CHANGE	Withdrawn	Yes
<b>Form</b>	AMEND TERRITORIAL LIMITS	Withdrawn	Yes
<b>Form</b>	CONTRIBUTING INSURANCE	Withdrawn	Yes
<b>Form</b>	COINDEMNITY	Withdrawn	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Withdrawn	INCREASED LIMIT OF INSURANCE FOR SPECIFIED DAYS	CA 201	01 99	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00 Previous Filing #:		CA201 01 99.pdf
Withdrawn	COMMERCIAL CRIME INSURANCE IMPORTANT CHANGES IN YOUR COVERAGE (JANUARY 1, 1986)	CA 402	01 86	Disclosure/ Notice	Withdrawn Replaced Form #:0.00 Previous Filing #:		CA402 01 86.pdf
Withdrawn	PROTECTIVE DEVICES OR SERVICES PROVISION	CA 406	01 91	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00 Previous Filing #:		CA406 01 91.pdf
Withdrawn	EMPLOYEE DISHONESTY-PROFIT SHARING ENDORSEMENT	CA 415	07 93	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00 Previous Filing #:		CA415 07 93.pdf
Withdrawn	EMPLOYMENT DISHONESTY COVERAGE FORM	CA 417	01 95	Policy/Coverage Form	Withdrawn Replaced Form #:0.00 Previous Filing #:		CA417 01 95.pdf
Withdrawn	CRIME (XC™) GENERAL PROVISIONS FORM	CA 429	09 06	Policy/Coverage Form	Withdrawn Replaced Form #:0.00 Previous Filing #:		CA429 09 06.pdf
Withdrawn	CRIME (XC™) WELFARE AND	CA 438	04 06	Endorsement/Amendment	Withdrawn Replaced Form #:0.00		CA438 04 06.pdf

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				ent/Condi ons	Previous Filing #:	
	PENSION PLAN					
	ERISA					
	COMPLIANCE					
Withdrawn	CRIME	CA 501	01 92	Declaration Withdrawn	Replaced Form #:0.00	CA501 01
	COVERAGE			s/Schedule		92.pdf
	PART				Previous Filing #:	
	DECLARATIONS					
Withdrawn	CRIME	CA 501E	01 92	Endorseme Withdrawn	Replaced Form #:0.00	CA501E 01
	COVERAGE			nt/Amendm		92.pdf
	PART			ent/Condi	Previous Filing #:	
	ENDORSEMENT			ons		
	(AWR)					
Withdrawn	CinciPlus™CRIM	CA 501E	04 06	Endorseme Withdrawn	Replaced Form #:0.00	CA501EXC
	E EXPANDED XC			nt/Amendm		04 06.pdf
	COVERAGE			ent/Condi	Previous Filing #:	
	(XC™)			ons		
	COVERAGE					
	PART					
	ENDORSEMENT					
Withdrawn	CinciPlus™	CA 501E	04 06	Endorseme Withdrawn	Replaced Form #:0.00	CA501EXCP
	CRIME	XCP		nt/Amendm		04 06.pdf
	EXPANDED			ent/Condi	Previous Filing #:	
	COVERAGE			ons		
	(XC) PLUS					
	COVERAGE					
	PART					
	ENDORSEMENT					
Withdrawn	CinciPlus™	CA 501	04 06	Declaration Withdrawn	Replaced Form #:0.00	CA501XC 04
	CRIME	XC		s/Schedule		06.pdf
	EXPANDED				Previous Filing #:	
	COVERAGE					
	(XC™)					
	COVERAGE					
	PART					
	DECLARATIONS					
Withdrawn	CinciPlus™	CA 501	04 06	Declaration Withdrawn	Replaced Form #:0.00	CA501XCP
	CRIME	XCP		s/Schedule		04 06.pdf
	EXPANDED				Previous Filing #:	

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COVERAGE  
 (XC™) PLUS  
 COVERAGE  
 PART  
 DECLARATIONS

Withdrawn	CRIME COVERAGE PART DECLARATIONS LIABILITY FOR GUESTS PROPERTY (AWR VERSION)	CA 502	01 92	Declaration Withdrawn s/Schedule	Replaced Form #:0.00  Previous Filing #:	CA502 01 92.pdf
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Withdrawn	CRIME COVERAGE PART DECLARATIONS LIABILITY FOR GUESTS PROPERTY (AWR VERSION)	CA 502E	01 92	Declaration Withdrawn s/Schedule	Replaced Form #:0.00  Previous Filing #:	CA502E 01 92.pdf
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Withdrawn	SAFE DEPOSITORY COVERAGE DECLARATIONS (AWR VERSION)	CA 503	08 92	Declaration Withdrawn s/Schedule	Replaced Form #:0.00  Previous Filing #:	CA503 08 92.pdf
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Withdrawn	SAFE DEPOSITORY COVERAGE ENDORSEMENT (AWR)	CA 503E	08 92	Endorsement Withdrawn Amendment/Conditions	Replaced Form #:0.00  Previous Filing #:	CA503E 08 92.pdf
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Withdrawn	LIABILITY FOR GUEST PROPERTY SAFE DEPOSIT BOX COVERAGE	CA 504	01 92	Declaration Withdrawn s/Schedule	Replaced Form #:0.00  Previous Filing #:	CA504 01 92.pdf
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DECLARATIONS  
(AWR  
VERSION)

Withdrawn	LIABILITY FOR GUEST PROPERTY SAFE DEPOSIT BOX COVERAGE ENDORSEMENT (AWR VERSION)	CA 504E	01 92	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00 Previous Filing #:	CA504E 01 92.pdf
Withdrawn	CRIME COVERAGE SUPPLEMENTAL ENDORSEMENT	CA 902	01 92	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00 Previous Filing #:	CA902 01 92.pdf
Withdrawn	CRIME COVERAGE SUPPLEMENTAL ENDORSEMENT	CA 903	01 92	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00 Previous Filing #:	CA903 01 92.pdf
Withdrawn	CRIME COVERAGE SUPPLEMENTAL ENDORSEMENT	CA 904	01 92	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00 Previous Filing #:	CA904 01 92.pdf
Withdrawn	CRIME SUPPLEMENTAL ENDORSEMENT	CA 906	01 92	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00 Previous Filing #:	CA906 01 92.pdf
Withdrawn	CRIME COVERAGE AMENDMENT (AWR VERSION)	CA 908	01 92	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00 Previous Filing #:	CA908 01 92.pdf
Withdrawn	CRIME COVERAGE AMENDMENT	CA 909	01 92	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00 Previous Filing #:	CA909 01 92.pdf

SERFF Tracking Number: CNNA-125885137 State: Arkansas  
 Filing Company: The Cincinnati Insurance Company State Tracking Number: EFT \$50  
 Company Tracking Number: CCR-08-6009-AR  
 TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft  
 Product Name: CCR-08-6009-AR  
 Project Name/Number: /

(AWR VERSION)		ons			
Withdrawn	EMPLOYEE DISHONESTY COVERAGE FORM	CR 00 01 01 86	Policy/Cove rage Form	Withdrawn Replaced Form #:0.00 Previous Filing #:	CR0001 01 86.pdf
Withdrawn	FORGERY OR ALTERATION COVERAGE FORM B	CR 00 03 01 86	Policy/Cove rage Form	Withdrawn Replaced Form #:0.00 Previous Filing #:	CR0003 01 86.pdf
Withdrawn	THEFT, DISAPPEARANCE AND DESTRUCTION COVERAGE FORM	CR 00 04 10 90	Policy/Cove rage Form	Withdrawn Replaced Form #:0.00 Previous Filing #:	CR0004 10 90.pdf
Withdrawn	ROBBERY AND SAFE BURGLARY COVERAGE FORM--PROPERTY OTHER THAN MONEY AND SECURITIES	CR 00 05 10 90	Policy/Cove rage Form	Withdrawn Replaced Form #:0.00 Previous Filing #:	CR0005 10 90.pdf
Withdrawn	PREMISES BURGLARY COVERAGE FORM	CR 00 06 10 90	Policy/Cove rage Form	Withdrawn Replaced Form #:0.00 Previous Filing #:	CR0006 10 90.pdf
Withdrawn	COMPUTER FRAUD COVERAGE FORM	CR 00 07 10 90	Policy/Cove rage Form	Withdrawn Replaced Form #:0.00 Previous Filing #:	CR0007 1090.pdf
Withdrawn	EXTORTION COVERAGE FORM	CR 00 08 10 90	Policy/Cove rage Form	Withdrawn Replaced Form #:0.00 Previous Filing #:	CR0008 10 90.pdf
Withdrawn	PREMISES THEFT AND ROBBERY	CR 00 09 10 90	Policy/Cove rage Form	Withdrawn Replaced Form #:0.00 Previous Filing #:	CR0009 10 90.pdf



SERFF Tracking Number: CNNA-125885137 State: Arkansas  
 Filing Company: The Cincinnati Insurance Company State Tracking Number: EFT \$50  
 Company Tracking Number: CCR-08-6009-AR  
 TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft  
 Product Name: CCR-08-6009-AR  
 Project Name/Number: /

	SAFE		rage Form		90.pdf
	BURGLARY			Previous Filing #:	
	COVERAGE				
	FORM--MONEY				
	& SECURITIES				
Withdrawn	MONEY	CR 00 19 06 95	Policy/CoveWithdrawn	Replaced Form #:0.00	CR0019 06
	ORDERS AND		rage Form		95.pdf
	COUNTERFEIT			Previous Filing #:	
	PAPER				
	CURRENCY				
	COVERAGE				
	FORM				
Withdrawn	CRIME	CR 10 00 10 90	Policy/CoveWithdrawn	Replaced Form #:0.00	CR1000 10
	GENERAL		rage Form		90.pdf
	PROVISIONS			Previous Filing #:	
	FORM				
Withdrawn	CHANGE	CR 10 01 01 86	Endorseme Withdrawn	Replaced Form #:0.00	CR1001 01
	SCHEDULE		nt/Amendm		86.pdf
			ent/Condi	Previous Filing #:	
			ons		
Withdrawn	EXCLUDE	CR 10 02 01 86	Endorseme Withdrawn	Replaced Form #:0.00	CR1002
	DESIGNATED		nt/Amendm		01-86.pdf
	PERSONS OR		ent/Condi	Previous Filing #:	
	CLASSES OF		ons		
	PERSONS AS				
	EMPLOYEES				
Withdrawn	LIMIT	CR 10 03 01 86	Endorseme Withdrawn	Replaced Form #:0.00	CR1003 01
	DEDUCTIBLE		nt/Amendm		86.pdf
	TO SPECIFIED		ent/Condi	Previous Filing #:	
	POSITIONS		ons		
Withdrawn	EXCLUDE	CR 10 04 01 86	Endorseme Withdrawn	Replaced Form #:0.00	CR1004
	TRADING LOSS		nt/Amendm		0186.pdf
			ent/Condi	Previous Filing #:	
			ons		
Withdrawn	EXCLUDE	CR 10 05 01 86	Endorseme Withdrawn	Replaced Form #:0.00	CR1005 01
	WAREHOUSE		nt/Amendm		86.pdf
	RECEIPTS		ent/Condi	Previous Filing #:	
	LOSSES		ons		

SERFF Tracking Number: CNNA-125885137 State: Arkansas  
 Filing Company: The Cincinnati Insurance Company State Tracking Number: EFT \$50  
 Company Tracking Number: CCR-08-6009-AR  
 TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft  
 Product Name: CCR-08-6009-AR  
 Project Name/Number: /

Withdrawn	EXCLUDE UNAUTHORIZED ADVANCES, REQUIRE ANNUAL AUDIT	CR 10 06 01 86	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00 Previous Filing #:	CR1006 01 86.pdf
Withdrawn	EXCLUDE LOSS OF CLIENTS' PROPERTY	CR 10 07 01 86	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00 Previous Filing #:	CR1007 01 86.pdf
Withdrawn	EXCLUDE LOSS OF CLIENTS' PROPERTY EXCEPT WHILE ON YOUR PREMISES	CR 10 08 01 86	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00 Previous Filing #:	CR1008 01-86.pdf
Withdrawn	INCLUDES AS COVERED CAUSE OF LOSS FAITHFUL PERFORMANCE OF DUTY	CR 10 09 01 86	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00 Previous Filing #:	CR1009 01 86.pdf
Withdrawn	ADD BLANKET EXCESS LIMIT OF INSURANCE	CR 10 10 01 86	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00 Previous Filing #:	CR1010 01 86.pdf
Withdrawn	REA BORROWING CORPORATION S--LIMIT AMOUNT OF INSURANCE ON COLLECTION AGENTS	CR 10 11 01 86	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00 Previous Filing #:	CR1011 01 86.pdf
Withdrawn	CREDIT, DEBIT OR CHARGE CARD FORGERY	CR 10 12 01 86	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00 Previous Filing #:	CR1012 01 86.pdf
Withdrawn	WAREHOUSE	CR 10 13 01 86	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00	CR1013 01

SERFF Tracking Number: CNNA-125885137 State: Arkansas  
 Filing Company: The Cincinnati Insurance Company State Tracking Number: EFT \$50  
 Company Tracking Number: CCR-08-6009-AR  
 TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft  
 Product Name: CCR-08-6009-AR  
 Project Name/Number: /

	RECEIPTS		nt/Amendm		86.pdf
	FORGERY		ent/Condi	Previous Filing #:	
			ons		
Withdrawn	INCLUDE	CR 10 14 01 86	Endorseme Withdrawn	Replaced Form #:0.00	CR1014 01
	PERSONAL		nt/Amendm		86.pdf
	ACCOUNTS OF		ent/Condi	Previous Filing #:	
	SPECIFIED		ons		
	PERSONS				
Withdrawn	EXCESS	CR 10 15 01 86	Endorseme Withdrawn	Replaced Form #:0.00	CR1015 01
	EMPLOYEE		nt/Amendm		86.pdf
	DISHONESTY		ent/Condi	Previous Filing #:	
	COVERAGE		ons		
	FOR SPECIFIED				
	EMPLOYEES				
Withdrawn	EMPLOYEE	CR 10 16 01 86	Endorseme Withdrawn	Replaced Form #:0.00	CR1016 01
	DISHONESTY		nt/Amendm		86.pdf
	COVERAGE		ent/Condi	Previous Filing #:	
	FORM AS		ons		
	EXCESS				
	INSURANCE				
Withdrawn	INCLUDE AS	CR 10 17 01 86	Endorseme Withdrawn	Replaced Form #:0.00	CR1017 01
	EMPLOYEES		nt/Amendm		86.pdf
	THE SPOUSE		ent/Condi	Previous Filing #:	
	AND CHILDREN		ons		
	OF BUILDING				
	MANAGER				
Withdrawn	INCLUDE THE	CR 10 18 01 86	Endorseme Withdrawn	Replaced Form #:0.00	CR1018 01
	CHAIRMAN AND		nt/Amendm		86.pdf
	MEMBERS OF		ent/Condi	Previous Filing #:	
	SPECIFIED		ons		
	COMMITTEES				
	AS EMPLOYEES				
Withdrawn	INCLUDE	CR 10 19 01 86	Endorseme Withdrawn	Replaced Form #:0.00	CR1019 01
	SPECIFIED		nt/Amendm		86.pdf
	DIRECTORS OR		ent/Condi	Previous Filing #:	
	TRUSTEES ON		ons		
	COMMITTEES				
	AS EMPLOYEES				

SERFF Tracking Number: CNNA-125885137 State: Arkansas  
 Filing Company: The Cincinnati Insurance Company State Tracking Number: EFT \$50  
 Company Tracking Number: CCR-08-6009-AR  
 TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft  
 Product Name: CCR-08-6009-AR  
 Project Name/Number: /

Withdrawn	INCLUDE PARTNERS AS EMPLOYEES	CR 10 20 01 86	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00 Previous Filing #:	CR1020 01 86.pdf
Withdrawn	INCLUDE AS EMPLOYEES OFFICERS AND EMPLOYEES OF FEDERAL RESERVE BANK ACTING AS EFTS AGENT	CR 10 21 01 86	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00 Previous Filing #:	CR1021 01 86.pdf
Withdrawn	INCLUDE VOLUNTEER WORKERS AS EMPLOYEES	CR 10 22 01 86	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00 Previous Filing #:	CR1022 01 86.pdf
Withdrawn	INCLUDE VOLUNTEER WORKERS OTHER THAN FUND SOLICITORS AS EMPLOYEES	CR 10 23 01 86	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00 Previous Filing #:	CR1023 01 86.pdf
Withdrawn	AMEND DEFINITION OF EMPLOYEE TO COMPLY WITH LABOR--MANAGEMENT DISCLOSURE ACT OF 1959	CR 10 25 01 86	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00 Previous Filing #:	CR1025 01 86.pdf
Withdrawn	INCLUDE SPECIFIED NON-COMPENSATED OFFICERS AS EMPLOYEES	CR 10 26 01 86	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00 Previous Filing #:	CR1026 01 86.pdf
Withdrawn	WELFARE AND	CR 10 27 01 86	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00	CR1027 01

SERFF Tracking Number: CNNA-125885137 State: Arkansas  
 Filing Company: The Cincinnati Insurance Company State Tracking Number: EFT \$50  
 Company Tracking Number: CCR-08-6009-AR  
 TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft  
 Product Name: CCR-08-6009-AR  
 Project Name/Number: /

	PENSION PLAN			nt/Amendm		86.pdf
	ERISA			ent/Condi	Previous Filing #:	
	COMPLIANCE			ons		
Withdrawn	WELFARE AND	CR 10 28 01 86	Endorseme	Withdrawn	Replaced Form #:0.00	CR1028 01
	PENSION PLAN		nt/Amendm			86.pdf
	ERISA		ent/Condi		Previous Filing #:	
	COMPLIANCE		ons			
Withdrawn	INSURED AT	CR 10 29 01 86	Endorseme	Withdrawn	Replaced Form #:0.00	CR1029 01
	MILITARY		nt/Amendm			86.pdf
	CENTER		ent/Condi		Previous Filing #:	
			ons			
Withdrawn	LIMIT AMOUNT	CR 10 31 01 86	Endorseme	Withdrawn	Replaced Form #:0.00	CR1031 01
	OF INSURANCE		nt/Amendm			86.pdf
	FOR TRADING		ent/Condi		Previous Filing #:	
	LOSSES		ons			
Withdrawn	LIMIT AMOUNT	CR 10 32 01 86	Endorseme	Withdrawn	Replaced Form #:0.00	CR1032 01
	OF INSURANCE		nt/Amendm			86.pdf
	FOR		ent/Condi		Previous Filing #:	
	WAREHOUSE		ons			
	RECEIPTS					
	LOSSES					
Withdrawn	NOTICE OF	CR 10 35 01 89	Endorseme	Withdrawn	Replaced Form #:0.00	CR1035 01
	CANCELLATION		nt/Amendm			89.pdf
			ent/Condi		Previous Filing #:	
			ons			
Withdrawn	BANKS FOR	CR 10 36 01 86	Endorseme	Withdrawn	Replaced Form #:0.00	CR1036 01
	COOPERATIVES		nt/Amendm			86.pdf
	AND FEDERAL		ent/Condi		Previous Filing #:	
	INTERMEDIATE		ons			
	CREDIT BANKS					
Withdrawn	EXCESS LIMITS	CR 10 37 01 89	Endorseme	Withdrawn	Replaced Form #:0.00	CR1037 01
	OF INSURANCE		nt/Amendm			89.pdf
	FOR SPECIFIED		ent/Condi		Previous Filing #:	
	EMPLOYEES OR		ons			
	POSITIONS					
Withdrawn	EXCLUDE HIGH-CR	10 38 01 86	Endorseme	Withdrawn	Replaced Form #:0.00	CR1038 01
	GRADING LOSS		nt/Amendm			86.pdf
			ent/Condi		Previous Filing #:	

SERFF Tracking Number: CNNA-125885137 State: Arkansas  
 Filing Company: The Cincinnati Insurance Company State Tracking Number: EFT \$50  
 Company Tracking Number: CCR-08-6009-AR  
 TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft  
 Product Name: CCR-08-6009-AR  
 Project Name/Number: /

Withdrawn	JOINT INSURED	CR 10 43 01 89	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00	CR1043 01 89.pdf
Withdrawn	INSURANCE EXCLUDE CERTAIN RISKS INHERENT IN OPERATIONS	CR 10 45 01 89	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00	CR1045 01 89.pdf
Withdrawn	LOSS PAYABLE	CR 10 46 01 89	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00	CR1046 01 89.pdf
Withdrawn	JOINT LOSS PAYABLE	CR 10 47 01 89	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00	CR1047 01 89.pdf
Withdrawn	SCHOOL SYSTEM	CR 10 48 01 89	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00	CR1048 01 89.pdf
Withdrawn	OBLIGEE	CR 10 49 01 89	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00	CR1049 01 89.pdf
Withdrawn	SCHEDULE CHANGE	CR 10 51 01 89	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00	CR1051 01 89.pdf
Withdrawn	COVERAGE FORM O - PER LOSS EXCESS OVER COVERAGE FORM P - PER EMPLOYEE	CR 10 53 10 90	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00	CR1053 10 90.pdf
Withdrawn	EXCLUDE	CR 15 01 10 90	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00	CR1501 10

SERFF Tracking Number: CNNA-125885137 State: Arkansas  
 Filing Company: The Cincinnati Insurance Company State Tracking Number: EFT \$50  
 Company Tracking Number: CCR-08-6009-AR  
 TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft  
 Product Name: CCR-08-6009-AR  
 Project Name/Number: /

	SPECIFIED PROPERTY			nt/Amendm ent/Condi ons	Previous Filing #:	90.pdf
Withdrawn	INCLUDE ROBBERY OF A JANITOR	CR 15 02 01 86	Endorseme nt/Amendm ent/Condi ons	Withdrawn Replaced Form #:0.00 Previous Filing #:		CR1502 01 86.pdf
Withdrawn	INCLUDE VANDALISM	CR 15 03 10 90	Endorseme nt/Amendm ent/Condi ons	Withdrawn Replaced Form #:0.00 Previous Filing #:		CR1503 10 90.pdf
Withdrawn	INCREASED LIMIT FOR SPECIFIED PROPERTY SUBJECT TO SPECIAL LIMIT	CR 15 04 10 90	Endorseme nt/Amendm ent/Condi ons	Withdrawn Replaced Form #:0.00 Previous Filing #:		CR1504 10 90.pdf
Withdrawn	INCLUDE LOSS DURING FIRE IN PREMISES	CR 15 05 10 90	Endorseme nt/Amendm ent/Condi ons	Withdrawn Replaced Form #:0.00 Previous Filing #:		CR1505 10 90.pdf
Withdrawn	LIMIT COVERAGE TO OFFICE EQUIPMENT	CR 15 06 10 90	Endorseme nt/Amendm ent/Condi ons	Withdrawn Replaced Form #:0.00 Previous Filing #:		CR1506 10 90.pdf
Withdrawn	INCLUDE AUTOMOTIVE PRODUCTS IN OUTSIDE CONTAINERS	CR 15 07 10 90	Endorseme nt/Amendm ent/Condi ons	Withdrawn Replaced Form #:0.00 Previous Filing #:		CR1507 10 90.pdf
Withdrawn	LIMIT COVERAGE TO SPECIFIED PORTION OF PREMISES	CR 15 08 10 90	Endorseme nt/Amendm ent/Condi ons	Withdrawn Replaced Form #:0.00 Previous Filing #:		CR1508 10 90.pdf
Withdrawn	PROTECTIVE DEVICES OR SERVICES	CR 15 09 10 90	Endorseme nt/Amendm ent/Condi	Withdrawn Replaced Form #:0.00 Previous Filing #:		CR1509 10 90.pdf

SERFF Tracking Number: CNNA-125885137

State: Arkansas

Filing Company: The Cincinnati Insurance Company

State Tracking Number: EFT \$50

Company Tracking Number: CCR-08-6009-AR

TOI: 26.0 Burglary & Theft

Sub-TOI: 26.0001 Commercial Burglary & Theft

Product Name: CCR-08-6009-AR

Project Name/Number: /

	PROVISION		ons		
Withdrawn	FORCIBLE ENTRY INTO PREMISES REQUIREMENT	CR 15 10 10 90	Endorsement/Amendment/Conditions	Replaced Form #:0.00 Previous Filing #:	CR1510 10 90.pdf
Withdrawn	INCLUDE OUTSIDE SHOWCASES OR SHOW WINDOWS AS PREMISES	CR 15 11 10 90	Endorsement/Amendment/Conditions	Replaced Form #:0.00 Previous Filing #:	CR1511 10 90.pdf
Withdrawn	CONVERT TO SCHEDULE COVERAGE	CR 15 12 10 90	Endorsement/Amendment/Conditions	Replaced Form #:0.00 Previous Filing #:	CR1512 10 90.pdf
Withdrawn	EXCLUDE DESIGNATED PREMISES, MESSENGERS OR ARMORED MOTOR VEHICLE	CR 15 13 10 90	Endorsement/Amendment/Conditions	Replaced Form #:0.00 Previous Filing #:	CR1513 10 90.pdf
Withdrawn	REDUCE LIMIT OF INSURANCE FOR DESIGNATED PREMISES, MESSENGERS OR ARMORED MOTOR VEHICLE COMPANIES	CR 15 14 10 90	Endorsement/Amendment/Conditions	Replaced Form #:0.00 Previous Filing #:	CR1514 10 90.pdf
Withdrawn	DECREASE LIMIT OF INSURANCE WHILE PREMISES NOT OPEN FOR	CR 15 15 10 90	Endorsement/Amendment/Conditions	Replaced Form #:0.00 Previous Filing #:	CR1515 10 90.pdf

SERFF Tracking Number: CNNA-125885137 State: Arkansas  
 Filing Company: The Cincinnati Insurance Company State Tracking Number: EFT \$50  
 Company Tracking Number: CCR-08-6009-AR  
 TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft  
 Product Name: CCR-08-6009-AR  
 Project Name/Number: /

BUSINESS

Withdrawn	EXCLUDE PERSONS AT DESIGNATED PREMISES	CR 15 16 01 86	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00 Previous Filing #:	CR1516 01 86.pdf
Withdrawn	INCLUDE PERSONAL EXTORTION FOR NAMED INDIVIDUALS	CR 15 17 01 86	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00 Previous Filing #:	CR1517 01 86.pdf
Withdrawn	CHANGE SCHEDULE COVERAGE	CR 15 18 10 90	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00 Previous Filing #:	CR1518 10 90.pdf
Withdrawn	LIMIT COVERAGE TO FIXTURES, FITTINGS OR APPLIANCES OR PROPERTY IN PUBLIC ENTRANCES, HALLWAYS OR STOREROOMS	CR 15 19 10 90	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00 Previous Filing #:	CR1519 10 90.pdf
Withdrawn	PROPERTY OF OTHERS	CR 15 20 10 90	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00 Previous Filing #:	CR1520 10 90.pdf
Withdrawn	THEFT OF OUTDOOR SIGNS	CR 15 21 10 90	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00 Previous Filing #:	CR1521 10 90.pdf
Withdrawn	REQUIRE RECORD OF CHECKS	CR 15 22 10 90	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00 Previous Filing #:	CR1522 10 90.pdf
Withdrawn	EXTEND DEFINITION OF	CR 15 23 10 90	Endorsement/Amendment	Withdrawn Replaced Form #:0.00	CR1523 10 90.pdf

SERFF Tracking Number: CNNA-125885137 State: Arkansas  
 Filing Company: The Cincinnati Insurance Company State Tracking Number: EFT \$50  
 Company Tracking Number: CCR-08-6009-AR  
 TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft  
 Product Name: CCR-08-6009-AR  
 Project Name/Number: /

	PREMISES TO INCLUDE PORTION OF GROUNDS ENCLOSED BY FENCE OR WALL		ent/Condi ons	Previous Filing #:	
Withdrawn	INCREASE LIMIT OF INSURANCE FOR SPECIFIED PERIODS	CR 15 24 10 90	Endorseme nt/Amendm ent/Condi ons	Withdrawn Replaced Form #:0.00 Previous Filing #:	CR1524 10 90.pdf
Withdrawn	INCLUDE SELLING PRICE OR PROCESSING CHARGE	CR 15 25 10 90	Endorseme nt/Amendm ent/Condi ons	Withdrawn Replaced Form #:0.00 Previous Filing #:	CR1525 10 90.pdf
Withdrawn	EXTEND PREMISES TO ENTIRE PLOT OF GROUND UNDER YOUR CONTROL	CR 15 26 10 90	Endorseme nt/Amendm ent/Condi ons	Withdrawn Replaced Form #:0.00 Previous Filing #:	CR1526 10 90.pdf
Withdrawn	INCLUDE COVERED PROPERTY IN CUSTODY OF DESIGNATED AGENTS	CR 15 27 10 90	Endorseme nt/Amendm ent/Condi ons	Withdrawn Replaced Form #:0.00 Previous Filing #:	CR1527 10 90.pdf
Withdrawn	INCLUDE GUESTS' PROPERTY ACCEPTED FOR SAFEKEEPING	CR 15 28 10 90	Endorseme nt/Amendm ent/Condi ons	Withdrawn Replaced Form #:0.00 Previous Filing #:	CR1528 10 90.pdf
Withdrawn	INCLUDE SECURITIES HELD BY A DEPOSITORY IN TRUST	CR 15 29 01 86	Endorseme nt/Amendm ent/Condi ons	Withdrawn Replaced Form #:0.00 Previous Filing #:	CR1529 01 86.pdf

SERFF Tracking Number: CNNA-125885137 State: Arkansas  
 Filing Company: The Cincinnati Insurance Company State Tracking Number: EFT \$50  
 Company Tracking Number: CCR-08-6009-AR  
 TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft  
 Product Name: CCR-08-6009-AR  
 Project Name/Number: /

Withdrawn	INCLUDE BULKYCR 15 30 01 86 PROPERTY	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00 Previous Filing #:	CR1530 01 86.pdf
Withdrawn	EXCESS BANK CR 15 33 10 90 BURGLARY AND ROBBERY	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00 Previous Filing #:	CR1533 10 90.pdf
Withdrawn	BANK EXCESS CR 15 34 07 88 SECURITIES	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00 Previous Filing #:	CR1534 07 88.pdf
Withdrawn	SUBLIMITS FOR CR 15 36 10 90 MONEY AND SECURITIES	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00 Previous Filing #:	CR1536 10 90.pdf
Withdrawn	INCLUDE FIRE CR 30 01 01 86 DAMAGE	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00 Previous Filing #:	CR3001 01 86.pdf
Withdrawn	INCREASE LIMITCR 30 02 01 86 OF INSURANCE PER GUEST	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00 Previous Filing #:	CR3002 01 86.pdf
Withdrawn	INCLUDE CR 30 03 01 86 DAMAGE FROM FOOD OR LIQUID	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00 Previous Filing #:	CR3003 01 86.pdf
Withdrawn	INCLUDE CR 30 04 01 86 PROPERTY IN CUSTODY OR LAUNDRY OR CLEANER	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00 Previous Filing #:	CR3004 01 86.pdf
Withdrawn	INCLUDE CR 30 05 01 86 PROPERTY OF PERSONS OCCUPYING LEASED	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00 Previous Filing #:	CR3005 01 86.pdf

SERFF Tracking Number: CNNA-125885137 State: Arkansas  
 Filing Company: The Cincinnati Insurance Company State Tracking Number: EFT \$50  
 Company Tracking Number: CCR-08-6009-AR  
 TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft  
 Product Name: CCR-08-6009-AR  
 Project Name/Number: /

LODGING  
 ACCOMMODATI  
 ONS

Withdrawn	INCLUDE	CR 30 06 01 86	Endorseme Withdrawn	Replaced Form #:0.00	CR3006 01
	SAMPLES AND		nt/Amendm		86.pdf
	ARTICLES FOR		ent/Condi	Previous Filing #:	
	SALE OR		ons		
	DELIVERY				
Withdrawn	SAFE	CR 40 00 10 90	Endorseme Withdrawn	Replaced Form #:0.00	CR4000 10
	DEPOSITORY		nt/Amendm		90.pdf
	GENERAL		ent/Condi	Previous Filing #:	
	PROVISIONS		ons		
Withdrawn	SAFE DEPOSIT	CR 40 01 01 86	Endorseme Withdrawn	Replaced Form #:0.00	CR4001
	BOX TRANSFER		nt/Amendm		01-86.pdf
			ent/Condi	Previous Filing #:	
			ons		
Withdrawn	REDUCED LIMIT	CR 40 02 01 86	Endorseme Withdrawn	Replaced Form #:0.00	CR4002 01
	OF INSURANCE		nt/Amendm		86.pdf
	FOR SPECIFIED		ent/Condi	Previous Filing #:	
	PREMISES		ons		
Withdrawn	INCLUDE	CR 40 03 01 86	Endorseme Withdrawn	Replaced Form #:0.00	CR4003 01
	MONEY FOR		nt/Amendm		86.pdf
	FULL OR		ent/Condi	Previous Filing #:	
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SERFF Tracking Number: CNNA-125885137 State: Arkansas  
Filing Company: The Cincinnati Insurance Company State Tracking Number: EFT \$50  
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Product Name: CCR-08-6009-AR  
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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **INCREASED LIMIT OF INSURANCE FOR SPECIFIED DAYS**

This endorsement modifies insurance provided under the following:

### **THEFT, DISAPPEARANCE AND DESTRUCTION COVERAGE FORM**

The limit for **Coverage C, Section 1**, as indicated in the Crime Coverage Part Declarations, is increased by 100% for loss occurring within seven days prior (12:01 AM) to each special coverage day until seven days after (12:00 midnight) each special coverage day. Special coverage day means 1) Easter Day, 2) Mother's Day, 3) Thanksgiving Day, 4) Christmas Day, 5) New Year's Day, unless replaced by the designated holiday(s) indicated below:

1.) \_\_\_\_\_

2.) \_\_\_\_\_

3.) \_\_\_\_\_

4.) \_\_\_\_\_

5.) \_\_\_\_\_

# COMMERCIAL CRIME INSURANCE IMPORTANT CHANGES IN YOUR COVERAGE (JANUARY 1, 1986)

## COMMON POLICY CONDITIONS

### I. Broadening of Coverage

The time frames for notice of cancellation have been expanded to 30 days notice of cancellation (10 days for nonpayment of premium) whereas the current conditions give either 10 or 15 days notice of cancellation under all circumstances

### II. Reduction of Coverage

None.

## CRIME GENERAL PROVISIONS FORM

### I. Broadening of Coverage

- a. The Consolidation-Merger provision is a new condition for certain coverages that expands coverage by providing automatic insurance for newly acquired employees and premises.
- b. The definition of "securities" has been expanded to include evidences of debt pertaining to credit or charge cards.

### II. Reduction of Coverage

- a. A Governmental Action exclusion is added to clarify that this exposure is not intended to be covered under a Crime policy.
- b. The Indirect Loss exclusion is a new exclusion for certain coverages to clarify that coverage is provided for direct losses only.
- c. The Legal Expenses exclusion is a new exclusion for certain coverages that excludes losses related to any legal action.
- d. In the Valuation-Settlement condition, the insured is no longer able, for certain coverages, to approve of any settlements by the company.

## THEFT, DISAPPEARANCE AND DESTRUCTION COVERAGE FORM

### I. Broadening of Coverage

- a. Reference to a locked safe or vault was added to the Containers of Covered Property Coverage Extension to expand coverage.
- b. In the Section 2 Covered Property provision the references to "while being conveyed by a messenger" and "while within the living quarters in the home of any messenger" were replaced by "in the care and custody" to expand coverage.

### II. Reduction of Coverage

- a. In the Sections 1 and 2 Covered Property provisions, coverage for "other property" is now provided in separate coverage forms.
- b. The Acts of Employees, Directors, Trustees or Representatives exclusion now excludes losses due to safe burglary and robbery.
- c. The Fire exclusion was revised to clarify that no fire damage to the "premises" is covered.
- d. The Voluntary Parting of Title to or Possession of Property exclusion is contained in the current forms that provide theft coverage for property other than money and securities and is added to this coverage form.

## ROBBERY AND SAFE BURGLARY COVERAGE FORM

### I. Broadening of Coverage

- a. In the Premises, Safe and Vault Damage Coverage Extension coverage is expanded to include damage to a safe or vault.
- b. In the Section 2 Covered Property provision the reference "while being conveyed" is replaced by "in the care and custody" to expand coverage.

- c. The Conveyance of Property by Armored Motor Vehicle Company Coverage Extension is added to expand coverage.
  - d. Manuscripts, books of account and records are now covered and a \$1,000 special limit applies.
- II. Reduction of Coverage**
- a. A Property Not Covered provision is added to Sections 1 and 2 to clarify that motor vehicles and related property are not intended to be covered under a Crime policy.
  - b. An Acts of Employees, Directors, Trustees or Representatives exclusion is added to clarify that acts of the above people are not intended to be covered.
  - c. A Fire exclusion is added to clarify that only fire damage to a safe or vault is covered.
  - d. A Vandalism exclusion is added to clarify that coverage against vandalism is provided under the Commercial Property forms and not under this form.
  - e. A Special Limit of Insurance for Specified Property condition is added that limits coverage for certain items of extraordinary value to \$1,000 for any one occurrence.

#### PREMISES BURGLARY COVERAGE FORM

- I. Broadening of Coverage**
- a. Coverage is expanded to include all property other than money and securities, except for motor vehicle related property, for loss or damage inside the premises.
  - b. In the Covered Causes of Loss provision, robbery coverage is expanded by deleting the reference "while the premises are not open for business."
  - c. The Changes in Conditions provision was made less restrictive by adding the phrase ". . . within your control . . . etc."
  - d. Manuscripts, books of account and records are now covered and a \$1,000 special limit applies.
  - e. Furs are no longer excluded by removal from a showcase or show window but a \$1,000 special limit applies.
  - f. In the Duties in the Event of Loss condition, the reference to the insured furnishing a complete inventory of all property not stolen or damaged, . . . etc. was deleted to expand coverage.
  - g. The definition of "robbery" was expanded to include reference to ". . . an obviously unlawful act witnessed . . ."
- II. Reduction of Coverage**
- a. Coverage is no longer provided as respects showcases or show windows located outside the premises but inside the building line. However, coverage can be provided by endorsement.
  - b. A Property Not Covered provision is added to clarify that motor vehicles and related property are not intended to be covered under a Crime policy.
  - c. A Special Limit of Insurance for Specified Property condition is added that limits coverage for certain items of extraordinary value to \$1,000 for any one occurrence.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.  
PROTECTIVE DEVICES OR SERVICES PROVISION**

This endorsement applies to the Crime Coverage Forms and Sections of those forms designated below:

Coverage Form	Section	Title
<input type="checkbox"/> C	<input type="checkbox"/> 1 <input type="checkbox"/> 2	THEFT, DISAPPEARANCE AND DESTRUCTION
<input type="checkbox"/> D	<input type="checkbox"/> 1 <input type="checkbox"/> 2	ROBBERY AND SAFE BURGLARY--PROPERTY OTHER THAN MONEY AND SECURITIES
<input type="checkbox"/> E	N/A	PREMISES BURGLARY
<input type="checkbox"/> H	<input type="checkbox"/> 1 <input type="checkbox"/> 2	PREMISES THEFT AND ROBBERY OUTSIDE THE PREMISES--PROPERTY OTHER THAN MONEY AND SECURITIES
<input type="checkbox"/> Q	<input type="checkbox"/> 1 <input type="checkbox"/> 2	ROBBERY AND SAFE BURGLARY--MONEY AND SECURITIES

**A. SCHEDULE\***

Address of Premises:

Items Applicable:

- Item 1  The burglar alarm system shown below will be:
- a. Maintained in proper working order; and
  - b. Connected at all times;
- when the "premises" is not open for business.

Name of Alarm Company	UL Classification	Connected With	Outside Central	Outside Gong	Alarm Company has keys
<input type="checkbox"/> premises	Certificate No.	Station	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> safe or vault	Eff. Exp.	Station	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Item 2 <input type="checkbox"/>	_____ private "watchperson(s)"				

(state number)

with no other duties, that you employ exclusively, will be on duty within the "premises" while closed for business. Each will make at least hourly rounds and will:

- a. Register at least hourly on a clock \_\_\_\_\_ ; or  
"yes" or "no"
- b. Signal a central station \_\_\_\_\_  
"yes" or "no"  
at least hourly \_\_\_\_\_  
"yes" or "no"

- Item 3  The "premises" is equipped with a bandit resisting enclosure for which you hold an unexpired Underwriters' Laboratories, Inc. certificate.
- Item 4  The "premises" is equipped with a bandit resisting enclosure and alarm system for which you hold an unexpired Underwriters' Laboratories, Inc. certificate.
- Item 5  \_\_\_\_\_ guard(s)  
(state number)  
will be on duty within the "premises" or at its door while regularly open for business.
- Item 6  The "premises" is equipped with a holdup alarm connected with:
  - a central station
  - a police station with one regular police officer on duty at all times
  - a local gong inside or outside the "premises."

Insured does  insured does not  hold an unexpired Underwriters' Laboratories, Inc. certificate.
- Item 7  The Covered Property will be conveyed outside the "premises" in the following:
  - A locked safe or chest bolted or welded inside a vehicle.
  - An Underwriters' Laboratories, Inc. approved messenger protective bag.

**B. PROVISIONS**

- 1. The devices or services indicated as applicable in the SCHEDULE will be maintained at all times during the policy period.
- 2. This insurance ceases during any period you fail to maintain the indicated devices or services, but only as respects any "premises" or "messengers" affected, for the time of discontinuance.  
  
However, if for reasons beyond your control:
  - a. You fail to maintain the alarm system shown in the SCHEDULE but, until that

alarm system has been restored, you provide at least one "watchperson" in addition to any number of "watchpersons" specified in this endorsement, this insurance will continue to apply.

- b. You fail to maintain any other device or service shown in the SCHEDULE the insurance provided by the applicable Coverage Form will apply only in the reduced amount that the premium for this insurance would have purchased in the absence of your agreement to maintain the device or service.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Policy Number

\* Information required to complete this SCHEDULE, if not shown on this endorsement, will be shown in the Declarations.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **EMPLOYEE DISHONESTY - PROFIT SHARING ENDORSEMENT**

This endorsement modifies insurance provided under the following:

### **EMPLOYEE DISHONESTY COVERAGE FORM**

**It is hereby agreed that Employee Dishonesty Coverage Form CR 0001 applies solely to your profit sharing and pension plans.**

# EMPLOYEE DISHONESTY COVERAGE FORM

## SCHEDULE

Name/Position Schedule Coverage				
Item	Name of Covered "Employees" / Titles of Covered Positions	Number of "Employees" at Position	Limit of Insurance each "Employee"	Ded. Amount

**A. COVERAGE**

We will pay for loss of, and loss from damage to, Covered Property resulting directly from the Covered Cause of Loss.

1. **Covered Property:** "Money", "securities", and "property other than money and securities".
2. **Covered Cause of Loss:** "Employee dishonesty".

**B. LIMIT OF INSURANCE**

1. The most we will pay for loss in any one "occurrence" is the applicable Limit of Insurance shown in the SCHEDULE.
2. Regardless of the number of years this insurance applies as respects a specific "employee", the most we will pay in the aggregate is the largest Limit of Insurance applicable to that "employee" even though:
  - a. The coverage for that "employee" is not continuous because it has been cancelled for one or more periods; or
  - b. The Limit of Insurance applicable to that "employee" is changed.
3. If this insurance applies on a **Position Schedule** basis, the following provisions also apply:
  - a. The most we will pay for an "employee" serving in more than one position is the largest Limit of Insurance in effect and applicable to any one of those positions at the time loss is discovered.
  - b. If at the time loss is discovered there are more "employees" serving in a

covered position than the number of "employees" listed opposite that position in the SCHEDULE, the Limit of Insurance applicable to that position will be reduced.

The reduced Limit of Insurance will be computed by multiplying the limit shown in the SCHEDULE by a factor obtained by dividing the number of "employees" shown in the SCHEDULE by the actual number of "employees" serving in that position at the time loss is discovered.

**C. DEDUCTIBLE**

1. We will not pay for loss in any one "occurrence" unless the amount of loss exceeds the Deductible Amount shown in the SCHEDULE. We will then pay the amount of loss in excess of the Deductible Amount, up to the Limit of Insurance.
2. You must:
  - a. Give us notice as soon as possible of any loss of the type insured under this Coverage Form even though it falls entirely within the Deductible Amount.
  - b. Upon our request, give us a statement describing the loss.

**D. ADDITIONAL EXCLUSIONS, CONDITIONS AND DEFINITIONS:**

In addition to the provisions in the Crime General Provisions Form, this Coverage Form is subject to the following:

1. **Additional Exclusions:** We will not pay for loss as specified below:

a. **Employee Cancelled Under Prior Insurance:** Loss caused by any "employee" the insurance for whom has been cancelled under similar prior insurance and not reinstated since the last such cancellation.

b. **Inventory Shortages:** Loss, or that part of any loss, the proof of which as to its existence or amount is dependent upon:

- (1) An inventory computation; or
- (2) A profit and loss computation.

## 2. Additional Conditions

a. **Cancellation As To Any Employee:** This insurance is cancelled as to any "employee":

(1) Immediately upon discovery by:

- (a) You; or
- (b) Any of your partners, officers or directors not in collusion with the "employee":

of any dishonest act committed by that "employee" before or after becoming employed by you.

(2) On the date specified in a notice mailed to you. That date will be at least 30 days after the date of mailing.

The mailing of notice to you at the last known address will be sufficient proof of notice. Delivery of notice is the same as mailing.

b. **Consolidation-Merger:** The Consolidation-Merger General Condition does not apply to this Coverage Form.

## 3. Additional Definitions

a. **"Employee:** means

- (1) Any person named in the SCHEDULE, if coverage applies on a **Name Schedule** basis; or
- (2) Any person you engage to perform the duties of a position shown in the SCHEDULE, if coverage applies on a **Position Schedule** basis.

The "Employee" General Definition does not apply to this Coverage Form.

b. **"Employee Dishonesty"** in paragraph A.2. means only dishonest acts committed by an identified "employee" acting alone or in collusion with other persons, except you or a partner, with the manifest intent to:

- (1) Cause you to sustain loss; and also
- (2) Obtain financial benefit (other than salaries, commissions, fees, bonuses, promotions, awards, profit sharing, pensions or other employee benefits earned in the normal course of employment) for:
  - (a) The "employee"; or
  - (b) Any person or organization intended by the "employee" to receive that benefit.

c. **"Occurrence"** means all loss caused by each "employee" whether the result of a single act or series of acts.

# CRIME (XC™) GENERAL PROVISIONS FORM

Various provisions in this policy restrict coverage. Read the entire policy carefully to determine rights, duties and what is or is not covered.

Throughout this policy the words "you" and "your" refer to the Named Insured shown in the Declarations. The words "we", "us" and "our" refer to the Company providing this insurance.

Words and phrases in quotation marks are defined in the policy.

Unless stated otherwise in any Crime Coverage Form, Declarations or endorsement, the following General Exclusions, General Conditions and General Definitions apply only when interpreting and applying the Crime Coverage Forms forming a part of the Crime Expanded Coverage (XC™) Coverage Part or the Crime Expanded Coverage (XC™) Plus Coverage Part section of this policy.

## A. General Exclusions

We will not pay for loss as specified below:

1. **Acts Committed By You or Your Partners:** Loss resulting from any dishonest or criminal act committed by you or any of your partners whether acting alone or in collusion with other persons.
2. **Governmental Action:** Loss resulting from seizure or destruction of property by order of governmental authority.
3. **Indirect Loss:** Loss that is an indirect result of any act or "occurrence" covered by this insurance including, but not limited to, loss resulting from:
  - a. Your inability to realize income that you would have realized had there been no loss of, or loss from damage to, Covered Property.
  - b. Payment of damages of any type for which you are legally liable. But, we will pay compensatory damages arising directly from a loss covered under this insurance.
  - c. Payment of costs, fees or other expenses you incur in establishing either the existence or the amount of loss under this insurance.
4. **Legal Expenses:** Expenses related to any legal action.
5. **Nuclear:** Loss resulting from nuclear reaction, nuclear radiation or radioactive contamination, or any related act or incident.

6. **War and Similar Actions:** Loss resulting from war, whether or not declared, war-like action, insurrection, rebellion or revolution, or any related act or incident.

## B. General Conditions

### 1. Concealment, Misrepresentation or Fraud:

This insurance is void in any case of fraud by you as it relates to this insurance at any time. It is also void if you or any other insured, at any time, intentionally conceal or misrepresent a material fact concerning:

- a. This insurance;
- b. The Covered Property;
- c. Your interest in the Covered Property; or
- d. A claim under this insurance.

### 2. Consolidation - Merger:

If through consolidation or merger with, or purchase of assets of, some other entity:

- a. Any additional persons become "employees"; or
- b. You acquire the use and control of any additional "premises";

any insurance afforded for "employees" or "premises" also applies to those additional "employees" and "premises", but only if you:

- a. Give us written notice within 30 days thereafter; and
- b. Pay us an additional premium.

### 3. Coverage Extensions:

Unless stated otherwise in the Coverage Form, our liability under any Coverage Extension is part of, not in addition to, the Limit of Insurance applying to the Coverage or Coverage Section.

### 4. Discovery Period for Loss:

We will pay only for covered loss discovered no later than one year from the end of the policy period.

### 5. Duties in the Event of Loss:

After you discover a loss or a situation that may result in loss of, or loss from damage to, Covered Property you must:

- a. Notify us as soon as possible.

- b. Submit to examination under oath at our request and give us a signed statement of your answers.
- c. Give us a detailed, sworn proof of loss within 120 days.
- d. Cooperate with us in the investigation and settlement of any claim.

**6. Joint Insured:**

- a. If more than one Insured is named in the Declarations, the first named Insured will act for itself and for every other Insured for all purposes of this insurance. If the first named Insured ceases to be covered, then the next named Insured will become the first named Insured.
- b. If any Insured or partner or officer of that Insured has knowledge of any information relevant to this insurance, that knowledge is considered knowledge of every Insured.
- c. An "employee" of any Insured is considered to be an "employee" of every Insured.
- d. If this insurance or any of its coverages is cancelled or terminated as to any Insured, loss sustained by that Insured is covered only if discovered no later than one year from the date of that cancellation or termination.
- e. We will not pay more for loss sustained by more than one Insured than the amount we would pay if all the loss had been sustained by one Insured.

**7. Legal Action Against Us:** You may not bring any legal action against us involving loss:

- a. Unless you have complied with all the terms of this insurance; and
- b. Until 90 days after you have filed proof of loss with us; and
- c. Unless brought within 2 years from the date you discover the loss.

**8. Liberalization:** If, within 60 days prior to the beginning of this Coverage Part or during the policy period, we make any changes to any forms or endorsements of this Coverage Part for which there is currently no separate premium charge, and that change provides more coverage than this Coverage Part, the change will be considered as included until the end of the current policy period. We will make

no additional premium charge for this additional coverage during the interim.

**9. Loss Covered Under More Than One Coverage of This Insurance:** If two or more coverages of this insurance apply to the same loss, we will pay the lesser of:

- a. The actual amount of loss; or
- b. The sum of the limits of insurance applicable to those coverages.

**10. Loss Sustained During Prior Insurance:**

- a. If you, or any predecessor in interest, sustained loss during the period of any prior insurance that you or the predecessor in interest could have recovered under that insurance except that the time within which to discover loss had expired, we will pay for it under this insurance, provided:

- (1) This insurance became effective at the time of cancellation or termination of the prior insurance; and
- (2) The loss would have been covered by this insurance had it been in effect when the acts or events causing the loss were committed or occurred:

- b. The insurance under this Condition is part of, not in addition to, the Limits of Insurance applying to this insurance and is limited to the lesser of the amount recoverable under:

- (1) This insurance as of its effective date; or
- (2) The prior insurance had it remained in effect.

**11. Loss Covered Under This Insurance and Prior Insurance Issued by Us or Any Affiliate:** If any loss is covered:

- a. Partly by this insurance; and
- b. Partly by any prior cancelled or terminated insurance that we or any affiliate had issued to you or any predecessor in interest;

the most we will pay is the larger of the amount recoverable under this insurance or the prior insurance.

**12. Multiple Deductibles:** In the event this insurance applies on an excess basis per Paragraph **b.** in the **Other Insurance** General Condition, then only the single highest deductible will apply to the loss.

**13. Non-Cumulation of Limit of Insurance:** Regardless of the number of years this insurance remains in force or the number of premiums paid, no Limit of Insurance cumulates from year to year or period to period.

**14. Other Insurance:**

- a. This insurance does not apply to loss recoverable or recovered under other insurance or indemnity issued by an insurer other than us or an insurer affiliated with us. However, if the limit of the other insurance or indemnity is insufficient to cover the entire amount of the loss, this insurance will apply to that part of the loss, other than that falling within any deductible amount, not recoverable or recovered under the other insurance or indemnity.
- b. This insurance is excess of, and applies in addition to, any similar or identical insurance coverage provided by any other Coverage Form, not subject to these General Provisions, forming a part of the policy of insurance of which this Coverage Form forms a component. However, this insurance will not apply to that part of a loss falling within any deductible amount.

Paragraph b. above supersedes any competing Other Insurance Condition contained in any other Coverage Form issued by us.

**15. Ownership of Property; Interests Covered:** The property covered under this insurance is limited to property:

- a. That you own or hold; or
- b. For which you are legally liable.

However, this insurance is for your benefit only. It provides no rights or benefits to any other person or organization.

**16. Policy Period**

- a. The Policy Period is shown in the Declarations.
- b. Subject to the Loss Sustained During Prior Insurance condition, we will pay only for loss that you sustain through acts committed or events occurring during the Policy Period.

**17. Records:** You must keep records of all Covered Property so we can verify the amount of any loss.

**18. Recoveries:**

a. Any recoveries, less the cost of obtaining them, made after settlement of loss covered by this insurance will be distributed as follows:

- (1) To you, until you are reimbursed for any loss that you sustain that exceeds the Limit of Insurance and the Deductible Amount, if any;
- (2) Then to us, until we are reimbursed for the settlement made;
- (3) Then to you, until you are reimbursed for that part of the loss equal to the Deductible Amount, if any.

b. Recoveries do not include any recovery:

- (1) From insurance, suretyship, reinsurance, security or indemnity taken for our benefit; or
- (2) Of original "securities" after duplicates of them have been issued.

**19. Territory:** This insurance covers only acts committed or events occurring within the United States of America, U.S. Virgin Islands, Puerto Rico, Canal Zone, or Canada.

**20. Transfer of Your Rights of Recovery Against Others to Us:** You must transfer to us all your rights of recovery against any person or organization for any loss you sustained and for which we have paid or settled. You must also do everything necessary to secure those rights and do nothing after loss to impair them.

**21. Valuation - Settlement:**

a. Subject to the applicable Limit of Insurance provision we will pay for:

- (1) Loss of "money" but only up to and including its face value. We may, at our option, pay for loss of "money" issued by any country other than the United States of America:

(a) At face value in the "money" issued by that country; or

(b) In the United States of America dollar equivalent determined by the rate of exchange on the day the loss was discovered.

(2) Loss of "securities" but only up to and including their value at the close of business on the day the loss was discovered. We may, at our option:

(a) Pay the value of such "securities" or replace them in kind, in which event you must assign to us all your rights, title and interest in and to those "securities"; or

(b) Pay the cost of any Lost Securities Bond required in connection with issuing duplicates of the "securities". However, we will be liable only for the payment of so much of the cost of the bond as would be charged for a bond having a penalty not exceeding the lesser of the:

i. Value of the "securities" at the close of business on the day the loss was discovered; or

ii. Limit of Insurance.

(3) Loss of, or loss from damage to, "property other than money and securities" or loss from damage to the "premises" for not more than the:

(a) Actual cash value of the property on the day the loss was discovered;

(b) Cost of repairing the property or "premises"; or

(c) Cost of replacing the property with property of like kind and quality.

We may, at our option, pay the actual cash value of the property or repair or replace it.

If we cannot agree with you upon the actual cash value or the cost of repair or replacement, the value or cost will be determined by arbitration.

b. We may, at our option, pay for loss of, or loss from damage to, property other than "money":

(1) In the "money" of the country in which the loss occurred; or

(2) In the United States of America dollar equivalent of the "money" of the country in which the loss occurred determined by the rate of exchange on the day the loss was discovered.

c. Any property that we pay for or replace becomes our property.

### C. General Definitions

1. "Coverage term" means the following individual increment, or if a multi-year policy period, increments, of time, which comprise the policy period of this Coverage Part:

a. The year commencing on the Effective Date of this Coverage Part at 12:01 AM standard time at your mailing address shown in the Declarations, and if a multi-year policy period, each consecutive annual period thereafter, or portion thereof if any period is for a period of less than 12 months, constitute individual "coverage terms". The last "coverage term" ends at 12:00 AM standard time at your mailing address shown in the Declarations on the earlier of:

(1) The day the policy period shown in the Declarations ends; or

(2) The day the policy to which this Coverage Part is attached is terminated or cancelled.

b. However, if after the issuance of this Coverage Part, any "coverage term" is extended for an additional period of less than 12 months, that additional period of time will be deemed to be part of the last preceding "coverage term".

2. "Employee" means:

a. Any natural person:

(1) While in your service (and for 30 days after termination of service); and

(2) Whom you compensate directly by salary, wages or commissions; and

(3) Whom you have the right to direct and control while performing services for you; or

b. Any natural person employed by an employment contractor while that person is subject to your direction and control and performing services for you excluding, however, any

such person while having care and custody of property outside the "premises".

But "employee" does not mean any:

- (1) Agent, broker, factor, commission merchant, consignee, independent contractor or representative of the same general character; or
- (2) Director or trustee except while performing acts coming within the scope of the usual duties of an employee.

**3. "Money" means:**

- a. Currency, coins and bank notes in current use and having a face value; and
- b. Travelers checks, register checks and money orders held for sale to the public.

**4. "Property Other Than Money and Securities"** means any tangible property other than "money" and "securities" that has intrinsic value but does not include any property listed in any Crime Coverage Form as Property Not Covered.

**5. "Securities"** means negotiable and non-negotiable instruments or contracts representing either "money" or other property and includes:

- a. Tokens, tickets, revenue and other stamps (whether represented by actual stamps or unused value in a meter) in current use; and
- b. Evidences of debt issued in connection with credit or charge cards, which cards are not issued by you;

but does not include "money".

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **CRIME (XC™) WELFARE AND PENSION PLAN ERISA COMPLIANCE**

Provision 1. of this endorsement applies to the **CRIME (XC™) GENERAL PROVISIONS FORM** and all Crime Coverage Forms forming part of the Policy. The other provisions of this endorsement apply only to the **EMPLOYEE DISHONESTY COVERAGE FORM A - BLANKET**.

### **PROVISIONS**

In compliance with certain provisions of the Employee Retirement Income Security Act (ERISA):

1. "Employee" also includes any natural person who is:
  - a. A trustee, an officer, employee, administrator or a manager, except an administrator or a manager who is an independent contractor, of any Employee Welfare or Pension Benefit Plan (hereafter called Plan) insured under this insurance, and
  - b. Your director or trustee while that person is handling funds or other property of any Plan insured under this insurance.
2. If any Plan is insured jointly with any other entity under this insurance, you or the Plan Administrator must select a Limit of Insurance for the
3. If the Insured first named in the Declarations is an entity other than a Plan, any payment we make to that Insured for loss sustained by any Plan will be held by that Insured for the use and benefit of the Plan(s) sustaining the loss.
4. If two or more Plans are insured under this insurance, any payment we make for loss:
  - a. Sustained by two or more plans; or
  - b. Of commingled funds or other property of two or more Plansthat arises out of one "occurrence", is to be shared by each Plan sustaining loss in the proportion that the amount of insurance required for each such Plan under ERISA provisions bears to the total of those amounts.
5. The Deductible provision of the **EMPLOYEE DISHONESTY COVERAGE FORM** does not apply to loss sustained by any Plan subject to ERISA which is insured under this insurance.

**THE CINCINNATI INSURANCE COMPANY**  
CINCINNATI, OHIO

A Stock Insurance Company

**CRIME COVERAGE PART DECLARATIONS**

Attached to and forming part of POLICY NUMBER: _____ Effective Date: _____		
Named Insured		
<u>Item</u>	<u>Location (address)</u>	
Coverage is provided only for the Crime Coverage for which a Limit of Insurance is shown below:		
<b>Coverage Forms Forming Part of This Coverage Part</b>	<b>Limit of Insurance</b>	<b>Deductible Amount</b>
Employee Dishonesty Coverage Form A	\$	\$
Forgery or Alteration Coverage Form B	\$	\$
Theft, Disappearance and Destruction Coverage Form C		
Loss Inside the Premises	\$	\$
Loss Outside the Premises	\$	\$
Robbery and Safe Burglary Coverage Form D		
Loss Inside the Premises	\$	\$
Loss Outside the Premises	\$	\$
Safe Burglary	\$	\$
Premises Burglary Coverage Form E	\$	\$
Other		
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
FORMS AND/OR ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART:		

Cancellation of Prior Insurance: By acceptance of this Coverage Part you give us notice canceling prior to policy or bond No.

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the cancellation to be effective at the time this Coverage Part becomes effective.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**CRIME COVERAGE PART ENDORSEMENT**

Attached to and forming part of POLICY NUMBER: _____ Effective Date: _____		
Named Insured: _____		
<b>Item changed: Reason for change</b>		
<u>Item</u> <u>Location (address)</u>		
Coverage is provided only for the Crime Coverage for which a Limit of Insurance is shown below:		
<b>Coverage Forms Forming Part of This Coverage Part</b>	<b>Limit of Insurance</b>	<b>Deductible Amount</b>
Employee Dishonesty Coverage Form A	\$	\$
Forgery or Alteration Coverage Form B	\$	\$
Theft, Disappearance and Destruction Coverage Form C		
Loss Inside the Premises	\$\$	\$\$
Loss Outside the Premises	\$\$\$	\$\$\$
Robbery and Safe Burglary Coverage Form D		
Loss Inside the Premises	\$\$\$\$	\$\$\$\$
Loss Outside the Premises	\$\$\$\$\$	\$\$\$\$\$
Safe Burglary	\$\$\$\$\$	\$\$\$\$\$
Premises Burglary Coverage Form E	\$	\$
Other	\$	\$
	\$\$\$\$\$	\$\$\$\$\$
	\$\$\$\$\$	\$\$\$\$\$
	\$\$\$\$\$	\$\$\$\$\$
FORMS AND/OR ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART:		

Agency \_\_\_\_\_

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**CinciPlus™**  
**CRIME EXPANDED COVERAGE (XC™) COVERAGE PART**  
**ENDORSEMENT**

Attached to and forming part of POLICY NUMBER: _____ Effective Date: _____		
Named Insured:		
<b><u>Item Changed</u></b> <b><u>Reason for Change</u></b>		
<b>Coverage Forms Forming Part of This Coverage Part</b>	<b>Limit of Insurance *</b>	<b>Deductible Amount</b>
Employee Dishonesty Coverage Form <b>A</b>	\$10,000	\$500
Forgery or Alteration Coverage Form <b>B</b>	\$ 2,500	\$500
Theft, Disappearance and Destruction Coverage Form <b>C</b>		
Loss Inside the Premises	\$10,000	\$500
Loss Outside the Premises	\$ 2,500	\$500
Money Orders and Counterfeit Paper Currency Coverage Form <b>R</b>	\$10,000	\$500
* Limit of Insurance		
The Limit of Insurance is the most we will pay for loss for that coverage in any one "coverage term", regardless of the number of losses.		
FORMS AND / OR ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART:		

Agency \_\_\_\_\_

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**CinciPlus™**  
**CRIME EXPANDED COVERAGE (XC™) PLUS COVERAGE PART**  
**ENDORSEMENT**

Attached to and forming part of POLICY NUMBER: _____ Effective Date: _____		
Named Insured:		
<b><u>Item Changed</u></b> <b><u>Reason for Change</u></b>		
<b>Coverage Forms Forming Part of This Coverage Part</b>	<b>Limit of Insurance *</b>	<b>Deductible Amount</b>
Employee Dishonesty Coverage Form <b>A</b>	\$25,000	\$500
Forgery or Alteration Coverage Form <b>B</b>	\$25,000	\$500
Theft, Disappearance and Destruction Coverage Form <b>C</b>		
Loss Inside the Premises	\$25,000	\$500
Loss Outside the Premises	\$ 5,000	\$500
Money Orders and Counterfeit Paper Currency Coverage Form <b>R</b>	\$25,000	\$500
* Limit of Insurance		
The Limit of Insurance is the most we will pay for loss for that coverage in any one "coverage term", regardless of the number of losses.		
FORMS AND / OR ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART:		

Agency \_\_\_\_\_

# THE CINCINNATI INSURANCE COMPANY

A Stock Insurance Company

## CinciPlus™

### CRIME EXPANDED COVERAGE (XC™) COVERAGE PART DECLARATIONS

Attached to and forming part of POLICY NUMBER: _____ Effective Date: _____		
Named Insured:		
Coverage Forms Forming Part of This Coverage Part	Limit of Insurance *	Deductible Amount
Employee Dishonesty Coverage Form <b>A</b>	\$10,000	\$500
Forgery or Alteration Coverage Form <b>B</b>	\$ 2,500	\$500
Theft, Disappearance and Destruction Coverage Form <b>C</b>		
Loss Inside the Premises	\$10,000	\$500
Loss Outside the Premises	\$ 2,500	\$500
Money Orders and Counterfeit Paper Currency Coverage Form <b>R</b>	\$10,000	\$500
* Limit of Insurance		
The Limit of Insurance is the most we will pay for loss for that coverage in any one "coverage term", regardless of the number of losses.		
FORMS AND / OR ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART:		

# THE CINCINNATI INSURANCE COMPANY

A Stock Insurance Company

## CinciPlus™

### CRIME EXPANDED COVERAGE (XC™) PLUS COVERAGE PART DECLARATIONS

Attached to and forming part of POLICY NUMBER: _____ Effective Date: _____		
Named Insured:		
<b>Coverage Forms Forming Part of This Coverage Part</b>	<b>Limit of Insurance *</b>	<b>Deductible Amount</b>
Employee Dishonesty Coverage Form <b>A</b>	\$25,000	\$500
Forgery or Alteration Coverage Form <b>B</b>	\$25,000	\$500
Theft, Disappearance and Destruction Coverage Form <b>C</b>		
Loss Inside the Premises	\$25,000	\$500
Loss Outside the Premises	\$ 5,000	\$500
Money Orders and Counterfeit Paper Currency Coverage Form <b>R</b>	\$25,000	\$500
* Limit of Insurance		
The Limit of Insurance is the most we will pay for loss for that coverage in any one "coverage term", regardless of the number of losses.		
FORMS AND / OR ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART:		

# THE CINCINNATI INSURANCE COMPANY

A Stock Insurance Company

## CRIME COVERAGE PART DECLARATIONS LIABILITY FOR GUESTS' PROPERTY PREMISES COVERAGE DECLARATIONS

Attached to and forming part of POLICY NUMBER: _____ Effective Date: _____			
Named Insured:			
<u>Item</u>	<u>Location (address)</u>		
<b>Premises Covered and Limit of Insurance:</b>			
Location Number	Per Guest	Limit of Insurance	Per Occurrence
	\$		\$
	\$		\$
	\$		\$
	\$		\$
FORMS AND/OR ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART:			

Cancellation of Prior Insurance: By acceptance of this Coverage Part you give us notice cancelling prior policy or bond No.

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the cancellation to be effective at the time this Coverage Part becomes effective

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**CRIME COVERAGE PART ENDORSEMENT  
LIABILITY FOR GUESTS' PROPERTY PREMISES COVERAGE  
ENDORSEMENT**

Attached to and forming part of POLICY NUMBER: _____ Effective Date: _____			
Named Insured:			
<b>Item changed:</b>	<b>Reason for change</b>		
<u>Item</u>	<u>Location (address)</u>		
<b>Premises Covered and Limit of Insurance:</b>			
Location Number	Per Guest	Limit of Insurance	Per Occurrence
	\$\$\$		\$\$\$
FORMS AND/OR ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART:			

Agency \_\_\_\_\_

# THE CINCINNATI INSURANCE COMPANY

A Stock Insurance Company

## SAFE DEPOSITORY COVERAGE DECLARATIONS

Attached to and forming part of POLICY NUMBER: _____ Effective Date _____		
<b>Named Insured:</b>		
<b>Item</b>	<b>Location (address)</b>	
<b>1. Coverage, Limits of Insurance and Deductible:</b>		
<b>Coverage Forms Forming Part of This Coverage Part</b>		
a.	Safe Depository Liability Coverage Form M	<b>Limit of Insurance</b> \$ <b>Deductible Amount</b> N/A
b.	Safe Depository Direct Loss Coverage Form N	\$ \$
<b>2. Covered Premises:</b> _____		
<b>3. Endorsements Forming Part of This Coverage Part When Issued:</b>		

**Cancellation of Prior Insurance:** By acceptance of this Coverage Part you give us notice cancelling prior Policy Nos.

\_\_\_\_\_ the cancellation to be effective at the time this Coverage Part becomes effective.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## SAFE DEPOSITORY COVERAGE ENDORSEMENT

Attached to and forming part of POLICY NUMBER: _____ Effective Date _____		
Named Insured: _____		
Item changed: _____ Reason for change _____		
Item Location (address) _____		
<b>1. Coverage, Limits of Insurance and Deductible:</b>		
<b>Coverage Forms Forming Part of This Coverage Part</b>		
a. Safe Depository Liability Coverage Form M	\$	N/A
b. Safe Depository Direct Loss Coverage Form N	\$	\$
<b>2. Covered Premises:</b> _____		
<b>3. Endorsements Forming Part of This Coverage Part When Issued:</b>		

Agency \_\_\_\_\_

# THE CINCINNATI INSURANCE COMPANY

A Stock Insurance Company

## LIABILITY FOR GUEST PROPERTY SAFE DEPOSIT BOX COVERAGE DECLARATIONS

Attached to and forming part of POLICY NUMBER: _____ Effective Date: _____	
Named Insured:	
<u>Item</u>	<u>Location (address)</u>
1. <b>Premises Covered and Limit of Insurance:</b>	
<b>Location of Premises</b>	<b>Limit of Insurance</b>
2. <b>Endorsements Forming Part of This Coverage Part When Issued:</b>	

Cancellation of Prior Insurance: By acceptance of this Coverage Part you give us notice cancelling prior policy or bond No.

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the cancellation to be effective at the time this Coverage Part becomes effective.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**LIABILITY FOR GUEST PROPERTY SAFE DEPOSIT BOX  
COVERAGE ENDORSEMENT**

Attached to and forming part of POLICY NUMBER: _____ Effective Date: _____	
Named Insured:	
<u>Item changed</u>	<u>Reason for change</u>
<u>Item</u>	<u>Location (address)</u>
<b>1. Premises Covered and Limit of Insurance:</b>	
Location of Premises	Limit of Insurance
<b>2. Endorsements Forming Part of This Coverage Part When Issued:</b>	

Agency \_\_\_\_\_

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **CRIME COVERAGE SUPPLEMENTAL ENDORSEMENT**

This endorsement modifies insurance provided under the following:

**LIABILITY FOR GUESTS PROPERTY PREMISES COVERAGE**

**FORMS AND/OR ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART:**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**CRIME COVERAGE SUPPLEMENTAL ENDORSEMENT**

This endorsement modifies insurance provided under the following:

**LIABILITY FOR GUEST PROPERTY SAFE DEPOSIT BOX COVERAGE**

**FORMS AND/OR ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART:**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **CRIME COVERAGE AMENDMENT**

This endorsement modifies insurance provided under the following:

**LIABILITY FOR GUESTS PROPERTY PREMISES COVERAGE**

**PREMISES COVERED AND LIMIT OF INSURANCE:**

<b>LOCATION NUMBER</b>	<b>LIMIT OF INSURANCE</b>	
	<b>PER GUEST</b>	<b>PER OCCURRENCE</b>

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**CRIME SUPPLEMENTAL ENDORSEMENT**

This endorsement modifies insurance provided under the following:

**LIABILITY FOR GUEST PROPERTY SAFE DEPOSIT BOX COVERAGE**

**PREMISES COVERED AND LIMIT OF INSURANCE:**

**LOCATION OF PREMISES**

**LIMIT OF INSURANCE**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **CRIME COVERAGE AMENDMENT**

This endorsement modifies insurance provided under the following:

**LIABILITY FOR GUEST PROPERTY SAFE DEPOSIT BOX COVERAGE**

**ITEM CHANGED REASON FOR CHANGE**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **CRIME COVERAGE AMENDMENT**

This endorsement modifies insurance provided under the following:

**LIABILITY FOR GUESTS PROPERTY PREMISES**

**ITEM CHANGED   REASON FOR CHANGE**

# EMPLOYEE DISHONESTY COVERAGE FORM

## A. COVERAGE

We will pay for loss of, and loss from damage to, Covered Property resulting directly from the Covered Cause of Loss.

1. **Covered Property:** "Money", "securities", and "property other than money and securities".
2. **Covered Cause of Loss:** "Employee dishonesty".
3. **Coverage Extension:**

**Employees Temporarily Outside Coverage Territory:** We will pay for loss caused by any "employee" while temporarily outside the territory specified in the Territory General Condition for a period not more than 90 days.

## B. LIMIT OF INSURANCE

The most we will pay for loss in any one "occurrence" is the applicable Limit of Insurance shown in the Declarations.

## C. DEDUCTIBLE

1. We will not pay for loss in any one "occurrence" unless the amount of loss exceeds the Deductible Amount shown in the Declarations. We will then pay the amount of loss in excess of the Deductible Amount, up to the Limit of Insurance.
2. You must:
  - a. Give us notice as soon as possible of any loss of the type insured under this Coverage Form even though it falls entirely within the Deductible Amount.
  - b. Upon our request, give us a statement describing the loss.

## D. ADDITIONAL EXCLUSIONS, CONDITION AND DEFINITIONS:

In addition to the provisions in the Crime General Provisions Form, this Coverage Form is subject to the following:

1. **Additional Exclusions:** We will not pay for loss as specified below:
  - a. **Employee Cancelled Under Prior Insurance:** Loss caused by any "employee" for whom similar prior insurance has been cancelled and not reinstated since the last such cancellation.
  - b. **Inventory Shortages:** Loss, or that part of any loss, the proof of which as

to its existence or amount is dependent upon:

- (1) An inventory computation; or
- (2) A profit and loss computation.

## 2. Additional Condition

**Cancellation As To Any Employee:** This insurance is cancelled as to any "employee":

- a. Immediately upon discovery by:
  - (1) You; or
  - (2) Any of your partners, officers or directors not in collusion with the "employee";

of any dishonest act committed by that "employee" whether before or after becoming employed by you.

- b. On the date specified in a notice mailed to you. That date will be at least 30 days after the date of mailing.

The mailing of notice to you at the last known address will be sufficient proof of notice. Delivery of notice is the same as mailing.

## 3. Additional Definitions

- a. **"Employee Dishonesty"** in paragraph A.2. means only dishonest acts committed by an "employee", whether identified or not, acting alone or in collusion with other persons, except you or a partner, with the manifest intent to:

- (1) Cause you to sustain loss; and also
- (2) Obtain financial benefit (other than salaries, commissions, fees, bonuses, promotions, awards, profit sharing, pensions or other employee benefits earned in the normal course of employment) for:

- (a) The "employee"; or
- (b) Any person or organization intended by the "employee" to receive that benefit.

- b. **"Occurrence"** means all loss caused by, or involving, one or more "employees", whether the result of a single act or series of acts.

# FORGERY OR ALTERATION COVERAGE FORM

## A. COVERAGE

We will pay for loss involving Covered Instruments resulting directly from the Covered Causes of Loss.

1. **Covered Instruments:** Checks, drafts, promissory notes, or similar written promises, orders or directions to pay a sum certain in "money" that are:
  - a. Made or drawn by or drawn upon you;
  - b. Made or drawn by one acting as your agent;or that are purported to have been so made or drawn.
2. **Covered Causes Of Loss:** Forgery or alteration of, on or in any Covered Instrument.

### 3. Coverage Extension

**Legal Expenses:** If you are sued for refusing to pay any Covered Instrument on the basis that it has been forged or altered, and you have our written consent to defend against the suit, we will pay for any reasonable legal expenses that you incur and pay in that defense. The amount we will pay under this extension is in addition to the Limit of Insurance applicable to this insurance.

## B. LIMIT OF INSURANCE

The most we will pay for loss in any one "occurrence" is the applicable Limit of Insurance shown in the Declarations.

## C. DEDUCTIBLE

We will not pay for loss in any one "occurrence" unless the amount of loss exceeds the Deductible Amount shown in the Declarations. We will then pay the amount of loss in excess of the Deductible Amount, up to the Limit of Insurance. This provision does not apply to legal expenses paid under the Coverage Extension.

## D. ADDITIONAL EXCLUSION, CONDITIONS AND DEFINITION:

In addition to the provisions in the Crime General Provisions Form, this Coverage Form is also subject to the following:

### 1. Additional Exclusion:

**Acts of Employees, Directors, or Trustees:** We will not pay for loss resulting from any dishonest or criminal act committed by any of your "employees", directors, or trustees:

- a. Whether acting alone or in collusion with other persons;  
or
- b. Whether while performing services for you or otherwise.

### 2. Additional Conditions:

- a. **Facsimile Signatures:** We will treat mechanically reproduced facsimile signatures the same as handwritten signatures.
- b. **General Amendment:** As respects this Coverage Form, the words Covered Property in the Crime General Provisions Form means Covered Instruments.
- c. **Proof of Loss:** You must include with your proof of loss any instrument involved in that loss, or, if that is not possible, an affidavit setting forth the amount and cause of loss.
- d. **Territory:** We will cover loss you sustain anywhere in the world.

The Territory General Condition does not apply to this Coverage Form.

### 3. Additional Definition:

**"Occurrence"** means all loss caused by any person or in which that person is involved, whether the loss involves one or more instruments.

## THEFT, DISAPPEARANCE AND DESTRUCTION COVERAGE FORM

**A. COVERAGE**--We will pay for loss of Covered Property resulting directly from the Covered Causes of Loss.

**1. Section 1.--Inside The Premises:**

**a. Covered Property:** "Money" and "securities" inside the "premises" or a "banking premises."

**b. Covered Causes of Loss:**

- (1) "Theft"
- (2) Disappearance
- (3) Destruction

**c. Coverage Extensions:**

**(1) Containers of Covered Property:** We will pay for loss of, and loss from damage to, a locked safe, vault, cash register, cash box or cash drawer located in the "premises" resulting directly from an actual or attempted:

- (a) "Theft" of; or
- (b) Unlawful entry into those containers.

**(2) Premises Damage:** We will pay for loss from damage to the "premises" or its exterior resulting directly from an actual or attempted "theft" of Covered Property if you are the owner of the "premises" or are liable for damage to it.

**2. Section 2.--Outside the Premises:**

**a. Covered Property:** "Money" and "securities" outside the "premises" in the care and custody of a "messenger."

**b. Covered Causes of Loss:**

- (1) "Theft"
- (2) Disappearance
- (3) Destruction

**c. Coverage Extension:**

Conveyance of Property By Armored Motor Vehicle Company: We will pay for loss of Covered Property resulting directly from the Covered Causes of Loss while outside the "premises" in the care and custody of an armored motor vehicle company.

But, we will pay only for the amount of loss that you cannot recover:

- (1) Under your contract with the armored motor vehicle company; and

- (2) From any insurance or indemnity carried by, or for the benefit of customers of, the armored motor vehicle company.

**B. LIMIT OF INSURANCE**

The most we will pay for loss in any one "occurrence" is the applicable Limit of Insurance shown in the DECLARATIONS.

**C. DEDUCTIBLE**

We will not pay for loss in any one "occurrence" unless the amount of loss exceeds the Deductible Amount shown in the DECLARATIONS. We will then pay the amount of loss in excess of the Deductible Amount, up to the Limit of Insurance.

In the event more than one Deductible Amount could apply to the loss, only the highest Deductible Amount may be applied.

**D. ADDITIONAL EXCLUSIONS, CONDITIONS AND DEFINITIONS:**

In addition to the provisions in the Crime General Provisions, this Coverage Form is subject to the following:

**1. Additional Exclusions:** We will not pay for loss as specified below:

**a. Accounting or Arithmetical Errors or Omissions:** Loss resulting from accounting or arithmetical errors or omissions.

**b. Acts of Employees, Directors, Trustees or Representatives:** Loss resulting from any dishonest or criminal act committed by any of your "employees", directors, trustees or authorized representatives:

- (1) Acting alone or in collusion with other persons; or
- (2) While performing services for you or otherwise.

**c. Exchanges or Purchases:** Loss resulting from the giving or surrendering of property in any exchange or purchase.

**d. Fire:** Loss from damage to the "premises" resulting from fire, however caused.

**e. Money Operated Devices:** Loss of property contained in any money operated device unless the amount of "money" deposited in it is recorded by a continuous recording instrument in the device.

**f. Transfer or Surrender of Property:**

- (1) Loss of property after it has been transferred or surrendered to a

person or place outside the "premises" or "banking premises":

- (a) On the basis of unauthorized instructions; or
- (b) As a result of a threat to do:
  - i. Bodily harm to any person; or
  - ii. Damage to any property.

(2) But, this exclusion does not apply under COVERAGE, Section 2. to loss of Covered Property while outside the "premises" or "banking premises" in the care and custody of a "messenger" if you:

- (a) Had no knowledge of any threat at the time the conveyance began; or
- (b) Had knowledge of a threat at the time the conveyance began, but the loss was not related to the threat.

g. **Vandalism:** Loss from damage to the "premises" or its exterior or to containers of Covered Property by vandalism or malicious mischief.

h. **Voluntary Parting of Title to or Possession of Property:** Loss resulting from your, or anyone acting on your express or implied authority, being in-

duced by any dishonest act to voluntarily part with title to or possession of any property.

## 2. Additional Condition:

**Duties in the Event of Loss:** If you have reason to believe that any loss of, or loss from damage to, Covered Property involves a violation of law, you must notify the police.

## 3. Additional Definitions:

- a. **"Banking Premises"** means the interior of that portion of any building occupied by a banking institution or similar safe depository.
- b. **"Messenger"** means you, any of your partners or any "employee" while having care and custody of the property outside the "premises."
- c. **"Occurrence"** means an:
  - (1) Act or series of related acts involving one or more persons; or
  - (2) Act or event, or a series of related acts or events not involving any person.
- d. **"Premises"** means the interior of that portion of any building you occupy in conducting your business.
- e. **"Theft"** means any act of stealing.

## ROBBERY AND SAFE BURGLARY COVERAGE FORM-- PROPERTY OTHER THAN MONEY AND SECURITIES

**A. COVERAGE**--We will pay for loss of, and loss from damage to, Covered Property resulting directly from the Covered Causes of Loss.

### 1. Section 1.--Inside The Premises

#### a. Robbery Of A Custodian:

(1) **Covered Property:** "Property other than money and securities" inside the "premises" in the care and custody of a "custodian."

(2) **Property Not Covered:** Motor vehicles, trailers, or semi-trailers or equipment and accessories attached to them.

(3) **Covered Cause of Loss:** Actual or attempted "robbery."

#### (4) Coverage Extension

**Premises Damage:** We will pay for loss from damage to the "premises" or its exterior resulting directly from the Covered Cause of Loss, if you are the owner of the "premises" or are liable for damage to it.

#### b. Safe Burglary:

(1) **Covered Property:** "Property other than money and securities" inside the "premises" in a safe or vault.

(2) **Covered Cause of Loss:** Actual or attempted "safe burglary."

#### (3) Coverage Extension

**Premises, Safe and Vault Damage:** We will pay for loss from damage to:

(a) The "premises" or its exterior; or

(b) A locked safe or vault located inside the "premises";

resulting directly from the Covered Cause of Loss, if you are the owner of the property or liable for damage to it.

### 2. Section 2.--Outside the Premises

a. **Covered Property:** "Property other than money and securities" outside the "premises" in the care and custody of a "messenger."

b. **Property Not Covered:** Motor vehicles, trailers or semi-trailers or equipment and accessories attached to them.

c. **Covered Cause of Loss:** Actual or attempted "robbery."

#### d. Coverage Extension:

**Conveyance Of Property By Armored Motor Vehicle Company:** We will pay for loss of, and loss from damage to, Covered Property resulting directly from the Covered Cause of Loss while outside the "premises" in the care and custody of an armored motor vehicle company.

But, we will pay only for the amount of loss you cannot recover:

(1) Under your contract with the armored motor vehicle company; and

(2) From any insurance or indemnity carried by, or for the benefit of customers of, the armored motor vehicle company.

## B. LIMIT OF INSURANCE

The most we will pay for loss in any one "occurrence" is the applicable Limit of Insurance shown in the DECLARATIONS.

## C. DEDUCTIBLE

We will not pay for loss in any one "occurrence" unless the amount of loss exceeds the Deductible Amount shown in the DECLARATIONS. We will then pay the amount of loss in excess of the Deductible Amount up to the Limit of Insurance.

In the event more than one Deductible Amount could apply to the loss, only the highest Deductible Amount may be applied.

## D. ADDITIONAL EXCLUSIONS, CONDITIONS AND DEFINITIONS:

In addition to the provisions in the Crime General Provisions, this Coverage Form is subject to the following:

1. **Additional Exclusions:** We will not pay for loss as specified below:

a. **Acts of Employees, Directors, Trustees or Representatives:** Loss resulting from any dishonest or criminal act committed by any of your "employees", directors, trustees or authorized representatives:

(1) Acting alone or in collusion with other persons; or

(2) While performing services for you or otherwise.

b. **Fire:** Loss resulting from fire, however caused, except loss from damage to a safe or vault.

c. **Transfer or Surrender of Property:**

(1) Loss of, or loss from damage to, property after it has been transferred or surrendered to a person or place outside the "premises":

(a) On the basis of unauthorized instructions; or

(b) As a result of a threat to do:

i. Bodily harm to any person; or

ii. Damage to any property.

(2) But, this exclusion does not apply under COVERAGE, Section 2, to loss of Covered Property while outside the "premises" in the care and custody of a "messenger" if you:

(a) Had no knowledge of any threat at the time the conveyance began; or

(b) Had knowledge of a threat at the time the conveyance began, but the loss was not related to the threat.

d. **Vandalism:** Loss from damage to any property by vandalism or malicious mischief.

2. **Additional Conditions:**

a. **Duties in the Event of Loss:** If you have reason to believe that any loss of, or loss from damage to, Covered Property involves a violation of law, you must notify the police.

b. **Special Limit of Insurance for Specified Property:** We will only pay up to \$5,000 for any one "occurrence" of loss of, and loss from damage to:

(1) Precious metals, precious or semi-precious stones, pearls, furs, or completed or partially completed articles made of or containing such materials that constitute the principal value of such articles; or

(2) Manuscripts, drawings, or records of any kind or the cost of reconstructing them or reproducing any information contained in them.

3. **Additional Definitions:**

a. **"Custodian"** means you, any of your partners or any "employee" while having care and custody of the property inside the "premises", excluding any person while acting as a "watchperson" or janitor.

b. **"Messenger"** means you, any of your partners or any "employee" while having care and custody of the property outside the "premises."

c. **"Occurrence"** means an:

(1) Act or series of related acts involving one or more persons; or

(2) Act or event, or a series of related acts or events not involving any person.

d. **"Premises"** means the interior of that portion of any building you occupy in conducting your business.

e. **"Robbery"** means the taking of property from the care and custody of a person by one who has:

(1) Caused or threatened to cause that person bodily harm; or

(2) Committed an obviously unlawful act witnessed by that person.

f. **"Safe Burglary"** means the taking of:

(1) Property from within a locked safe or vault by a person unlawfully entering the safe or vault as evidenced by marks of forcible entry upon its exterior; or

(2) A safe or vault from inside the "premises."

g. **"Watchperson"** means any person you retain specifically to have care and custody of property inside the "premises" and who has no other duties.

# PREMISES BURGLARY COVERAGE FORM

**A. COVERAGE**--We will pay for loss of, and loss from damage to, Covered Property resulting directly from the Covered Causes of Loss.

1. **Covered Property:** "Property other than money and securities" inside the "premises."
2. **Property Not Covered:** Motor vehicles, trailers, or semi-trailers or equipment and accessories attached to them.
3. **Covered Causes of Loss:**
  - a. Actual or attempted "robbery" of a "watchperson";
  - b. Actual or attempted "burglary."
4. **Coverage Extension:**

Premises Damage: We will pay for loss from damage to the "premises" or its exterior resulting directly from the Covered Causes of Loss, if you are the owner of the "premises" or are liable for damage to it.

## B. LIMIT OF INSURANCE

The most we will pay for loss in any one "occurrence" is the applicable Limit of Insurance shown in the DECLARATIONS.

If loss covered by this Coverage Form occurs, coverage is suspended until the "premises" are restored to the same condition of security that existed prior to the loss. But, if you maintain at least one "watchperson" while the "premises" are closed for business, this paragraph will not apply.

## C. DEDUCTIBLE

We will not pay for loss in any one "occurrence" unless the amount of loss exceeds the Deductible Amount shown in the DECLARATIONS. We will then pay the amount of loss in excess of the Deductible Amount up to the Limit of Insurance.

In the event more than one Deductible Amount could apply to the loss, only the highest Deductible Amount may be applied.

**D. ADDITIONAL EXCLUSIONS, CONDITIONS AND DEFINITIONS:** In addition to the provisions in the Crime General Provisions, this Coverage Form is subject to the following:

1. **Additional Exclusions:** We will not pay for loss as specified below:
  - a. **Acts of Employees, Directors, Trustees or Representatives:** Loss resulting from any dishonest or criminal act committed by any of your "employ-

ees", directors, trustees or authorized representatives:

- (1) Acting alone or in collusion with other persons; or
- (2) While performing services for you or otherwise.

b. **Changes in Conditions:** Loss occurring while there is any change in the condition of the risk within your control that increases the possibility of loss.

c. **Fire:** Loss:

- (1) Resulting from fire, however caused, except loss from damage to a safe or vault; or
- (2) Occurring during a fire in the "premises."

d. **Vandalism:** Loss from damage to any property by vandalism or malicious mischief.

## 2. Additional Conditions:

a. **Duties in the Event of Loss:** If you have reason to believe that any loss of, or loss from damage to, Covered Property involves a violation of law, you must notify the police.

b. **Special Limit of Insurance for Specified Property:** We will only pay up to \$5,000 for any one "occurrence" of loss of, and loss from damage to:

- (1) Precious metals, precious or semi-precious stones, pearls, furs, or completed or partially completed articles made of or containing such materials that constitute the principal value of such articles; or
- (2) Manuscripts, drawings, or records of any kind or the cost of reconstructing them or reproducing any information contained in them.

## 3. Additional Definitions:

a. **"Burglary"** means the taking of Property from inside the "premises" by a person unlawfully entering or leaving the "premises" as evidenced by marks of forcible entry or exit.

b. **"Occurrence"** means an:

- (1) Act or series of related acts involving one or more persons; or

- (2) Act or event, or a series of related acts or events not involving any person.
- c. **"Premises"** means the interior of that portion of any building you occupy in conducting your business.
- d. **"Robbery"** means the taking of property from the care and custody of a person by one who has:
  - (1) Caused or threatened to cause that person bodily harm; or
  - (2) Committed an obviously unlawful act witnessed by that person.
- e. **"Watchperson"** means any person you retain specifically to have care and custody of property inside the "premises" and who has no other duties.

# COMPUTER FRAUD COVERAGE FORM

**A. COVERAGE**--We will pay for loss of, and loss from damage to, Covered Property resulting directly from the Covered Cause of Loss.

1. **Covered Property:** "Money", "Securities" and "Property Other Than Money and Securities."
2. **Covered Cause of Loss:** "Computer Fraud."

## B. LIMIT OF INSURANCE

The most we will pay for loss in any one "occurrence" is the applicable Limit of Insurance shown in the DECLARATIONS.

## C. DEDUCTIBLE

We will not pay for loss in any one "occurrence" unless the amount of loss exceeds the Deductible Amount shown in the DECLARATIONS. We will then pay the amount of loss in excess of the Deductible Amount, up to the Limit of Insurance.

In the event more than one Deductible Amount could apply to the loss, only the highest Deductible Amount may be applied.

**D. ADDITIONAL EXCLUSIONS, CONDITIONS AND DEFINITIONS:** In addition to the provisions in the Crime General Provisions, this Coverage Form is subject to the following:

1. **Additional Exclusions:** We will not pay for loss as specified below:
  - a. **Acts of Employees, Directors, Trustees or Representatives:** Loss resulting from any dishonest or criminal act committed by any of your "employees", directors, trustees or authorized representatives:
    - (1) Acting alone or in collusion with other persons; or
    - (2) While performing services for you or otherwise.
  - b. **Inventory Shortages:** Loss, or that part of any loss, the proof of which as to its existence or amount is dependent upon:
    - (1) An inventory computation; or

(2) A profit and loss computation.

## 2. Additional Conditions:

- a. **Duties in the Event of Loss:** If you have reason to believe that any loss of, or loss from damage to, Covered Property involves a violation of law, you must notify the police.
- b. **Special Limit of Insurance for Specified Property:** We will only pay up to \$5,000 for any one "occurrence" of loss of, and loss from damage to, manuscripts, drawings, or records of any kind or the cost of reconstructing them or reproducing any information contained in them.

## 3. Additional Definitions:

- a. **"Banking Premises"** means the interior of that portion of any building occupied by a banking institution or similar safe depository.
- b. **"Computer Fraud"** means "theft" of property following and directly related to the use of any computer to fraudulently cause a transfer of that property from inside the "premises" or "banking premises" to a person (other than a "messenger") outside those "premises" or to a place outside those "premises."
- c. **"Messenger"** means you, any of your partners or any "employee" while having care and custody of the property outside the "premises."
- d. **"Occurrence"** means an:
  - (1) Act or series of related acts involving one or more persons; or
  - (2) Act or event, or a series of related acts or events not involving any person.
- e. **"Premises"** means the interior of that portion of any building you occupy in conducting your business.
- f. **"Theft"** means any act of stealing.



**b. "Occurrence"** means an:

- (1) Act or series of related acts involving one or more persons; or
- (2) Act or event, or a series of related acts or events not involving any person.

**c. "Premises"** means the interior of that portion of any building you occupy in conducting your business.

## PREMISES THEFT AND ROBBERY OUTSIDE THE PREMISES COVERAGE FORM

**A. COVERAGE**—We will pay for loss of, and loss from damage to, Covered Property resulting directly from the Covered Causes of Loss.

**1. Section 1.—Inside The Premises:**

- a. Covered Property:** "Property other than money and securities" inside the "premises."
- b. Property Not Covered:** Motor vehicles, trailers or semi-trailers or equipment and accessories attached to them.
- c. Covered Cause of Loss:** Actual or attempted "theft."
- d. Coverage Extension:**

**Premises Damage:** We will pay for loss from damage to the "premises" or its exterior resulting directly from the Covered Cause of Loss, if you are the owner of the "premises" or are liable for damage to it.

**2. Section 2.—Outside the Premises:**

- a. Covered Property:** "Property other than money and securities" outside the "premises" in the care and custody of a "messenger."
- b. Property Not Covered:** Motor vehicles, trailers or semi-trailers or equipment and accessories attached to them.
- c. Covered Cause of Loss:** Actual or attempted "robbery."
- d. Coverage Extension:**

**Conveyance of Property By Armored Motor Vehicle Company:** We will pay for loss of, and loss from damage to, Covered Property resulting directly from the Covered Cause of Loss while outside the "premises" in the care and custody of an armored motor vehicle company.

But, we will pay only for the amount of loss that you cannot recover:

- (1) Under your contract with the armored motor vehicle company; and
- (2) From any insurance or indemnity carried by, or for the benefit of customers of, the armored motor vehicle company.

**B. LIMIT OF INSURANCE**

The most we will pay for loss in any one "occurrence" is the applicable Limit of Insurance shown in the DECLARATIONS.

If loss covered under Section 1. of this Coverage Form occurs, coverage is suspended until the "premises" are restored to the same condition of security that existed prior to the loss. However, if you maintain at least one "watch-person" while the "premises" are closed for business, this paragraph will not apply.

**C. DEDUCTIBLE**

We will not pay for loss in any one "occurrence" unless the amount of loss exceeds the Deductible Amount shown in the DECLARATIONS. We will then pay the amount of loss in excess of the Deductible Amount, up to the Limit of Insurance.

In the event more than one Deductible Amount could apply to the loss, only the highest Deductible Amount may be applied.

**D. ADDITIONAL EXCLUSIONS, CONDITIONS AND DEFINITIONS:**

In addition to the provisions in the Crime General Provisions, this Coverage Form is subject to the following:

- 1. Additional Exclusions:** We will not pay for loss as specified below:
  - a. Acts of Employees, Directors, Trustees or Representatives:** Loss resulting from any dishonest or criminal act committed by any of your "employees", directors, trustees or authorized representatives:
    - (1) Acting alone or in collusion with other persons; or
    - (2) While performing services for you or otherwise.
  - b. Changes in Conditions:** Under COVERAGE, Section 1., loss occurring while there is any change in the condition of the risk within your control that increases the possibility of loss.
  - c. Exchanges or Purchases:** Loss resulting from the giving or surrendering of property in any exchange or purchase.
  - d. Fire:** Loss:
    - (1) Resulting from fire, however caused, except loss from damage to a safe or vault; or
    - (2) Under COVERAGE, Section 1., during a fire in the "premises."
  - e. Inventory Shortages:** Loss, or that part of any loss, the proof of which as

to its existence or amount is dependent upon:

(1) An inventory computation; or

(2) A profit and loss computation.

**f. Transfer or Surrender of Property:**

(1) Loss of, or loss from damage to, property after it has been transferred or surrendered to a person or place outside the "premises" or "banking premises":

(a) On the basis of unauthorized instructions; or

(b) As a result of a threat to do:

i. Bodily harm to any person; or

ii. Damage to any property.

(2) But, this exclusion does not apply under COVERAGE, Section 2. to loss of Covered Property while outside the "premises" in the care and custody of a "messenger" if you:

(a) Had no knowledge of any threat at the time the conveyance began; or

(b) Had knowledge of a threat at the time the conveyance began, but the loss was not related to the threat.

**g. Vandalism:** Under COVERAGE, Section 1., loss from damage to any property by vandalism or malicious mischief.

**h. Voluntary Parting of Title to or Possession of Property:** Under COVERAGE, Section 1., loss resulting from your, or anyone acting on your express or implied authority, being induced by any dishonest act to voluntarily part with title to or possession of any property.

**2. Additional Conditions:**

**a. Duties in the Event of Loss:** If you have reason to believe that any loss of,

or loss from damage to, Covered Property involves a violation of law, you must notify the police.

**b. Special Limit of Insurance for Specified Property:** We will only pay up to \$5,000 for any one "occurrence" of loss of, and loss from damage to:

(1) Precious metals, precious or semi-precious stones, pearls, furs, or completed or partially completed articles made of or containing such materials that constitute the principal value of such articles; or

(2) Manuscripts, drawings, or records of any kind or the cost of reconstructing them or reproducing any information contained in them.

**3. Additional Definitions:**

**a. "Messenger"** means you, any of your partners or any "employee" while having care and custody of the property outside the "premises."

**b. "Occurrence"** means an:

(1) Act or series of related acts involving one or more persons; or

(2) Act or event, or a series of related acts or events not involving any person.

**c. "Premises"** means the interior of that portion of any building you occupy in conducting your business.

**d. "Robbery"** means the taking of property from the care and custody of a person by one who has:

(1) Caused or threatened to cause that person bodily harm; or

(2) Committed an obviously unlawful act witnessed by that person.

**e. "Theft"** means any act of stealing.

**f. "Watchperson"** means any person you retain specifically to have care and custody of property inside the "premises" and who has no other duties.

# LESSEES OF SAFE DEPOSIT BOXES COVERAGE FORM

## SCHEDULE\*

Name of Depository Premises	Location of Depository	Limit of Insurance	Deductible Amount
1.		Section 1. \$ _____ Section 2. \$ _____	\$ _____ \$ _____
2.		Section 1. \$ _____ Section 2. \$ _____	\$ _____ \$ _____

### Description of Vault

**A. COVERAGE**--We will pay for loss of, and loss from damage to, Covered Property resulting directly from the Covered Causes of Loss.

**1. Section 1, Theft, Disappearance or Destruction of Securities**

**a. Covered Property:** "Securities" inside:

- (1) Your safe deposit box in a vault in a "depository premises"; or
- (2) A "depository premises" during the course of deposit or removal from your safe deposit box.

**b. Covered Causes of Loss**

- (1) "Theft"
- (2) Disappearance
- (3) Destruction

**2. Section 2, Burglary or Robbery of Property Other Than Money and Securities:**

**a. Covered Property:** "Property other than money and securities" inside:

- (1) Your safe deposit box in a vault in a "depository premises"; or
- (2) A "depository premises" during the course of deposit or removal from your safe deposit box.

**b. Covered Causes of Loss:**

- (1) Actual or attempted "burglary" or "robbery";
- (2) Vandalism.

### B. LIMIT OF INSURANCE

The most we will pay for loss in any one "occurrence" is the applicable Limit of Insurance shown in the SCHEDULE.

### C. DEDUCTIBLE

We will not pay for loss in any one "occurrence" unless the amount of loss exceeds the Deductible Amount shown in the SCHEDULE. We will then pay the amount of loss in excess of the Deductible Amount, up to the Limit of Insurance.

In the event more than one Deductible Amount could apply to the loss, only the highest Deductible Amount may be applied.

### D. ADDITIONAL EXCLUSIONS, CONDITION AND DEFINITIONS:

In addition to the provisions in the Crime General Provisions this Coverage Form is subject to the following:

**1. Additional Exclusions:** We will not pay for loss as specified below:

**a. Acts of Employees, Directors, Trustees or Representatives:** Loss resulting from any dishonest or criminal act committed by any of your "employees", directors, trustees or authorized representatives:

- (1) Acting alone or in collusion with other persons; or
- (2) While performing services for you or otherwise.

The "depository" is deemed not to be your authorized representative within the meaning of this exclusion.

**b. Exchanges or Purchases:** Loss resulting from the giving or surrendering of property in any exchange or purchase.

**c. Fire:** Under COVERAGE, Section 2., loss resulting from fire, however caused.

\*Information required to complete this SCHEDULE, if not shown on this Coverage Form, will be shown in the DECLARATIONS.

- d. **Property Owned by or Held by a Depository as Collateral or in Trust:** Loss of, or loss from damage to, property owned by the "depository" or held by it as collateral or held by the "depository" in trust for more than 30 days.
- e. **Transfer or Surrender of Property:** Loss of, or loss from damage to, property after it has been transferred or surrendered to a person or place outside the "premises" or "banking premises":
  - (1) On the basis of unauthorized instructions; or
  - (2) As a result of a threat to do:
    - (a) Bodily harm to any person; or
    - (b) Damage to any property.
- f. **Voluntary Parting of Possession of Property:** Under COVERAGE, Section 1., loss resulting from your, or anyone acting on your express or implied authority, being induced by any dishonest act to voluntarily part with possession of any property.

**2. Additional Condition:**

**Duties in the Event of Loss:** If you have reason to believe that any loss to Covered Property involves a violation of law, you must notify the police.

**3. Additional Definitions:**

- a. **"Burglary"** means the taking of property from within a locked safe deposit

box in a locked vault in a "depository premises" by a person unlawfully entering the box and vault as evidenced by marks of forcible entry upon the exterior of the box and vault.

- b. **"Depository"** means the depository shown in the Schedule.
- c. **"Depository Premises"** means the interior of that portion of any building at a location shown in the Schedule that is occupied by:
  - (1) The "depository"; or
  - (2) Its safe depository affiliate in conducting a banking or safe deposit business.
- d. **"Occurrence"** means an:
  - (1) act or series of related acts involving one or more persons; or
  - (2) act or event, or a series of related acts or events not involving any person.
- e. **"Robbery"** means the taking of property from the care and custody of a person by one who has:
  - (1) Caused or threatened to cause that person bodily harm; or
  - (2) Committed any obviously unlawful act witnessed by that person.
- f. **"Theft"** means any act of stealing.

# SECURITIES DEPOSITED WITH OTHERS COVERAGE FORM

## SCHEDULE\*

1. **Name of Custodian** **Address of Premises**

Limit of Insurance \$\_\_\_\_\_

**Name of Depository** **Address of Premises**

2. **Name of Custodian** **Address of Premises**

Limit of Insurance \$\_\_\_\_\_

**Name of Depository** **Address of Premises**

**A. COVERAGE**--We will pay for loss of Covered Property resulting directly from the Covered Causes of Loss.

1. **Covered Property:** "Securities" that are:
  - a. Inside the "custodian's" "premises";
  - b. Being conveyed outside the "custodian's" "premises" by the "custodian" or an "employee" of the "custodian"; or
  - c. On deposit by the "custodian" for safe-keeping in a "depository."
2. **Covered Causes of Loss**
  - a. "Theft"
  - b. Disappearance
  - c. Destruction

**B. LIMIT OF INSURANCE**

The most we will pay for loss in any one "occurrence" is the applicable Limit of Insurance shown in this SCHEDULE.

**C. DEDUCTIBLE**

We will not pay for loss in any one "occurrence" unless the amount of loss exceeds the Deductible Amount shown in the DECLARATIONS. We will then pay the amount of loss in excess of the Deductible Amount, up to the Limit of Insurance.

In the event more than one Deductible Amount could apply to the loss, only the highest Deductible Amount may be applied.

**D. ADDITIONAL EXCLUSIONS, CONDITION AND DEFINITIONS:**

In addition to the provisions in the Crime General Provisions, this Coverage Form is subject to the following:

1. **Additional Exclusions:** We will not pay for loss as specified below:
  - a. **Acts of Employees, Directors, Trustees or Representatives:** Loss resulting from any dishonest or criminal act committed by any of your "employees", directors, trustees or authorized representatives:
    - (1) Acting alone or in collusion with other persons; or
    - (2) While performing services for you or otherwise.

Neither the "custodian" nor the "depository" is deemed to be your authorized representative within the meaning of this exclusion.

- b. **Exchanges or Purchases:** Loss resulting from the giving or surrendering of property in any exchange or purchase.
- c. **Locations You Occupy:** Loss of property in any location that you occupy.

\*Information required to complete this SCHEDULE, if not shown on this endorsement, will be shown in the DECLARATIONS.

**d. Property Owned or Held in Trust:** Loss of property owned by the "custodian" or "depository" or held by the "custodian" or "depository" in trust for more than 30 days.

**e. Transfer or Surrender of Property:**

(1) Loss of property after it has been transferred or surrendered to a person or place outside the "custodian's" "premises":

(a) On the basis of unauthorized instructions; or

(b) As a result of a threat to do:

(i) Bodily harm to any person; or

(ii) Damage to any property.

(2) But, this exclusion does not apply to loss of Covered Property outside the "custodian's" "premises" in the care and custody of a "custodian" or an "employee" of the "custodian" if you:

(a) Had no knowledge of any threat at the time the conveyance began; or

(b) Had knowledge of a threat at the time the conveyance began, but the loss was not related to the threat.

**f. Voluntary Parting of Title to or Possession of Property:** Loss resulting from your, or anyone acting on your express or implied authority, being induced by any dishonest act to voluntarily part with title to or possession of any property.

**2. Additional Condition:**

**Change of Depository:** If the "depository" specified in the SCHEDULE is changed by the "custodian", this insurance will apply to the new "depository", if you give us notice of the change within 30 days after the change.

**3. Additional Definitions:**

a. "**Custodian**" means the custodian shown in the SCHEDULE.

b. "**Depository**" means the depository shown in the Schedule.

c. "**Occurrence**" means an:

(1) Act or series of related acts involving one or more persons; or

(2) Act or event, or a series of related acts or events not involving any person.

d. "**Premises**" means the interior of that portion of the building at the location shown in the SCHEDULE that is occupied by the "custodian" or "depository."

e. "**Theft**" means any act of stealing.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**  
**LIABILITY FOR GUESTS PROPERTY-  
SAFE DEPOSIT BOX COVERAGE FORM**

Various provisions in this policy restrict coverage. Read the entire policy carefully to determine rights, duties and what is or is not covered.

Throughout this policy the words "you" and "your" refer to the Named Insured shown in the DECLARATIONS. The words "we," "us" and "our" refer to the Company providing this insurance.

Words and phrases in quotation marks are defined in the policy.

**A. COVERAGE** - We will pay those sums that you become legally obligated to pay as damages because of loss or destruction of, or damage to Covered Property. We have the right and duty to defend any suit brought against you seeking damages that are payable under this insurance.

1. **Covered Property:** Any property belonging to your guests while the property is in a safe deposit box in the "premises."
2. **Supplementary Payments:** If we defend any suit, we will pay with respect to.
  - a. **Expenses**
    - (1) Reasonable expenses you incur at our request;
    - (2) Expenses we incur; and
    - (3) Costs charged against you.
  - b. **Interest**
    - (1) Interest on the full amount of any judgment that accrues:
      - (a) After entry of the judgment; and
      - (b) Before we pay, offer to pay or deposit in court that part of the judgment for which we are liable under this insurance.
    - (2) Pre-judgment interest awarded against you on that part of the judgment we pay. If we make an offer to pay the Limit of Insurance, we will not pay any pre-judgment interest based on that period of time after the offer.
  - c. **Loss of Wages or Salary:** Actual loss of wages or salary (but not other income) because of required attendance at hearings or trials connected with the suit. But, we will not pay more than \$100 per day under this part of the Supplementary Payments.
  - d. **Premium for Bonds:** Premiums for the following types of bonds having penalties totaling not more than the Limit of Insurance shown in the DECLARATIONS.
    - (1) Appeal bonds required in the suit; and
    - (2) Bonds to release attachments.

But, we do not have to apply for or furnish those bonds.

Our liability for Supplementary Payments is in addition to the Limit of Insurance shown in the DECLARATIONS.

**B. LIMIT OF INSURANCE**

The most we will pay for all damages because of loss or destruction of or damage to Covered Property in any one "occurrence" is the Limit of Insurance shown in the DECLARATIONS.

**C. EXCLUSIONS, CONDITIONS, DEFINITIONS**

This insurance is subject to the following:

1. **Exclusions:** We will not pay for damages arising out of, or the defense of any suit connected with, any of the following:
  - a. **Acts Committed by You or Your Partners:** Loss or destruction of, or damage to property resulting from any dishonest or criminal act committed by you or any of your partners whether acting alone or in collusion with other persons.
  - b. **Assumed Liability:** Liability you assume under any written agreement.
  - c. **Fire:** Destruction of, or damage to property resulting from fire.
  - d. **Governmental Action:** Loss or destruction of, or damage to property resulting from seizure or destruction of the property by order of governmental authority.
  - e. **Inherent Vice:** Destruction of or damage to property resulting from insects, animals, wear and tear, gradual deterioration or inherent vice.
  - f. **Nuclear:** Loss or destruction of, or damage to property resulting from nuclear reaction, nuclear radiation or radioactive contamination, or any related act or incident.
  - g. **Release of Others From Liability:** Your release of any other person or organization from legal liability.
  - h. **War and Similar Actions:** Loss or destruction of, or damage to property resulting from war, whether or not declared, warlike action, insurrection, rebellion or revolution, or any related act or incident.
2. **Conditions:**
  - a. **Bankruptcy:** Your or your estate's bankruptcy or insolvency will not relieve us of our obligations under this insurance.

**b. Defense, Investigation and Settlement:**

- (1) We may investigate and settle any claim or suit as we deem expedient.
- (2) We will not defend any suit after having paid judgments or settlements equal to the applicable Limit of Insurance shown in the Declarations.

**c. Duties in the Event of Loss, Claim, or Suit:** In the event of loss, claim or suit, you must:

- (1) Notify us promptly of any loss, destruction or damage that may result in a claim;
- (2) Give us prompt, written notice of any claim made or suit brought against you and:
  - (a) Send us immediately, copies of any demands, notices, summonses or legal papers received in connection with the claim or suit;
  - (b) Authorize us to obtain records and other information; and
  - (c) Cooperate with us in the defense, investigation or settlement of the claim or suit.

You may not voluntarily make a payment, assume any obligation or incur any expense without our consent.

If you have reason to believe that any loss or destruction of, or damage to Covered Property involves a violation of law, you must notify the police.

**d. Joint Insured**

- (1) If more than one Insured is named in the Declarations, the first named Insured will act for itself and for every other Insured for all purposes of this insurance. If the first named Insured ceases to be covered, then the next named Insured will become the first named Insured.
- (2) If any Insured or partner or officer of that Insured has knowledge of any information relevant to this insurance, that knowledge is considered knowledge of every Insured.
- (3) We will not pay more for damages for which more than one Insured is liable than the amount we would pay if one Insured were liable for the damages.

**e. Legal Action Against Us**

No person or organization has a right under this insurance:

- (1) To name us as a co-defendant in a suit asking for damages from you; or
- (2) To sue us on this insurance unless all of its terms have been fully complied with.

A person or organization may sue us to recover on an agreed settlement or on a final judgment against you obtained after an actual trial. But, we will not be liable for damages that are not payable under the terms of this insurance or that are in excess of the Limit of Insurance. An agreed settlement means a settlement and release of liability signed by us, you and the claimant or the claimant's legal representative.

**f. Non-Cumulation of Limit of Insurance**

Limits of insurance stated in the Declarations do not cumulate from year to year or period to period.

**g. Other Insurance**

This insurance does not apply to damages recoverable or recovered under other insurance or indemnity. However, if the limit of the other insurance or indemnity is insufficient to cover the entire amount of the damages, this insurance will apply to that part of the damages not recoverable or recovered under the other insurance.

**h. Policy Period**

- (1) The Policy Period is the period shown in the Declarations.
- (2) We will pay only for damages because of loss or destruction of, or damage to Covered Property occurring during the Policy Period.

**i. Territory**

We will pay only for damages because of your legal liability for loss or destruction of, or damage to Covered Property occurring within the United States of America, U.S. Virgin Islands, Puerto Rico, Canal Zone or Canada.

**j. Transfer of Your Rights of Recovery Against Others to Us:** You must transfer to us all your rights of recovery against any person or organization pertaining to the loss for which you were liable and for which we have paid damages or made a settlement. You must do everything necessary to secure these rights and do nothing to impair them.

**3. Definitions**

**a. "Occurrence" means an:**

- (1) Act or series of related acts involving one or more persons, or

(2) Act or event, or a series of related acts or events not involving any person.

b. **"Premises"** means the interior of that portion of any building at a location shown in the Declarations that you occupy in conducting your business.

# LIABILITY FOR GUESTS PROPERTY--PREMISES COVERAGE FORM

Various provisions in this policy restrict coverage. Read the entire policy carefully to determine rights, duties and what is or is not covered.

Throughout this policy the words "you" and "your" refer to the Named Insured shown in the DECLARATIONS. The words "we", "us" and "our" refer to the Company providing this insurance.

Words and phrases in quotation marks are defined in the policy.

**A. COVERAGE**--We will pay those sums that you become legally obligated to pay as damages because of loss or destruction of, or damage to Covered Property. We have the right and duty to defend any suit brought against you seeking damages that are payable under this insurance.

**1. Covered Property:** Any property, other than that specified as Property Not Covered, belonging to your guests while the property is in:

- a. The "premises"; or
- b. Your possession.

**2. Property Not Covered**

- a. **Samples, Articles for Sale:** Samples or articles carried or held for sale or for delivery after sale.
- b. **Vehicles:** Any vehicle including:
  - (1) Its equipment and accessories; and
  - (2) Any property contained in or on a vehicle.

**3. Supplementary Payments:** If we defend any suit, we will pay with respect to:

- a. **Expenses**
  - (1) Reasonable expenses you incur at our request;
  - (2) Expenses we incur; and
  - (3) Costs charged against you.
- b. **Interest**
  - (1) Interest on the full amount of any judgment that accrues:
    - (a) After entry of the judgment; and
    - (b) Before we pay, offer to pay or deposit in court that part of the judgment for which we are liable under this insurance.
  - (2) Pre-judgment interest awarded against you on that part of the judgment we pay. If we make an offer to pay the Limit of Insurance, we will not pay any pre-judgment

interest based on that period of time after the offer.

**c. Loss of Wages or Salary:** Actual loss of wages or salary (but not other income) because of required attendance at hearings or trials connected with the suit. But, we will not pay more than \$100 per day under this part of the Supplementary Payments.

**d. Premiums for Bonds:** Premiums for the following types of bonds having penalties totaling not more than the Limit of Insurance shown in the DECLARATIONS:

- (1) Appeal bonds required in the suit; and
- (2) Bonds to release attachments.

But, we do not have to apply for or furnish those bonds.

Our liability for Supplementary Payments is in addition to the Limit of Insurance shown in the DECLARATIONS.

## **B. LIMIT OF INSURANCE**

- 1. The most we will pay in the aggregate for all damages because of loss or destruction of or damage to Covered Property in any one "occurrence" is the Per Occurrence Limit of Insurance shown in the DECLARATIONS.
- 2. Subject to the applicable limit stated in 1. above, the most we will pay for all damages because of loss or destruction of or damage to property of any one guest is the Per Guest Limit of Insurance shown in the DECLARATIONS.

All loss, destruction or damage involving a single act or series of related acts whether caused by one or more persons is considered one "occurrence."

## **C. EXCLUSIONS, CONDITIONS, DEFINITIONS:**

This insurance is subject to the following:

**1. Exclusions:** We will not pay for damages arising out of, or the defense of any suit connected with, any of the following:

**a. Acts Committed By You Or Your Partners:** Loss or destruction of, or damage to property resulting from any dishonest or criminal act committed by you or any of your partners whether acting alone or in collusion with other persons.

**b. Assumed Liability:** Liability you assume under any written agreement. But this exclusion does not apply to any written agreement entered into with a guest before the "occurrence" of any loss, destruction or damage that

increases to an amount not exceeding \$1,000 any lesser amount for which you may otherwise be liable under any statute.

- c. **Fire:** Destruction of, or damage to property resulting from fire.
- d. **Food Or Liquid:** Destruction of, or damage to property resulting from the spilling, upsetting or leaking of any food or liquid.
- e. **Governmental Action:** Loss or destruction of, or damage to property resulting from seizure or destruction of the property by order of governmental authority.
- f. **Inherent Vice:** Destruction of or damage to property resulting from insects, animals, wear and tear, gradual deterioration or inherent vice.
- g. **Laundering Or Cleaning:** Destruction of, or damage to property while in your care and custody for laundering or cleaning.
- h. **Nuclear:** Loss or destruction of, or damage to property resulting from nuclear reaction, nuclear radiation or radioactive contamination, or to any related act or incident.
- i. **Release Of Others From Liability:** Your release of any other person or organization from legal liability.
- j. **War and Similar Actions:** Loss or destruction of, or damage to property resulting from war, whether or not declared, warlike action, insurrection, rebellion or revolution, or to any related act or incident.

## 2. Conditions:

- a. **Bankruptcy:** Your or your estate's bankruptcy or insolvency will not relieve us of our obligations under this insurance.
- b. **Defense, Investigation and Settlement:**
  - (1) We may investigate and settle any claim or suit as we deem expedient.
  - (2) We will not defend any suit after having paid judgments or settlements equal to the applicable Limit of Insurance shown in the DECLARATIONS.
- c. **Duties in the Event of Loss, Claim, or Suit:** In the event of loss, claim or suit, you must:
  - (1) Notify us promptly of any loss, destruction or damage that may result in a claim;
  - (2) Give us prompt, written notice of any claim made or suit brought against you and:

- (a) Send us immediately, copies of any demands, notices, summonses or legal papers received in connection with the claim or suit;

- (b) Authorize us to obtain records and other information; and

- (c) Cooperate with us in the defense, investigation or settlement of the claim or suit.

You may not voluntarily make a payment, assume any obligation or incur any expense without our consent.

If you have reason to believe that any loss or destruction of, or damage to Covered Property involves a violation of law, you must notify the police.

## d. Joint Insured:

- (1) If more than one Insured is named in the DECLARATIONS the first named Insured will act for itself and for every other Insured for all purposes of this insurance. If the first named Insured ceases to be covered, then the next named Insured will become the first named Insured.

- (2) If any Insured or partner or officer of that Insured has knowledge of any information relevant to this insurance, that knowledge is considered knowledge of every Insured.

- (3) We will not pay more for damages for which more than one Insured is liable than the amount we would pay if one Insured were liable for the damages.

## e. Legal Action Against Us:

No person or organization has a right under this insurance:

- (1) To name us as a co-defendant in a suit asking for damages from you; or

- (2) To sue us on this insurance unless all of its terms have been fully complied with.

A person or organization may sue us to recover on an agreed settlement or on a final judgment against you obtained after an actual trial. But, we will not be liable for damages that are not payable under the terms of this insurance or that are in excess of the Limit of Insurance. An agreed settlement means a settlement and release of liability signed by us, you and the claimant or the claimant's legal representative.

## f. Non-Cumulation of Limit of Insurance

Limits of insurance stated in the DECLARATIONS do not cumulate from year to year or period to period.

**g. Other Insurance**

This insurance does not apply to damages recoverable or recovered under other insurance or indemnity. However, if the limit of the other insurance or indemnity is insufficient to cover the entire amount of the damages, this insurance will apply to that part of the damages, not recoverable or recovered under the other insurance.

**h. Policy Period**

- (1) The Policy Period is the period shown in the DECLARATIONS.
- (2) We will pay only for damages because of loss or destruction of, or damage to Covered Property occurring during the Policy Period.

**i. Territory**

We will pay only for damages because of your legal liability for loss or destruction of, or damage to Covered Property occurring within the United States of America, U.S. Virgin Islands, Puerto Rico, Canal Zone or Canada.

**j. Transfer of Your Rights of Recovery Against Others to Us**

You must transfer to us all your rights of recovery against any person or organization pertaining to the loss for which you were liable and for which we have paid damages or made a settlement. You must do everything necessary to secure these rights and do nothing to impair them.

**3. Definitions:**

**a. "Occurrence" means an:**

- (1) Act or series of related acts involving one or more persons; or
- (2) Act or event, or a series of related acts or events not involving any person.

**b. "Premises" means the interior of that portion of any building at a location shown in the Declarations that you occupy in conducting your business.**

# SAFE DEPOSITORY LIABILITY COVERAGE FORM

## A. COVERAGE

1. **Damages:** We will pay those sums that you become legally obligated to pay as damages because of loss or destruction of or damage to "customers' property" while the property is:

- a. Inside the customers' safe deposit boxes in vaults in the "premises";
- b. Stored in such vaults in the "premises"; or
- c. Temporarily elsewhere in the "premises" while in the course of deposit or removal from the boxes or vaults.

We have the right and duty to defend any suit brought against you seeking damages that are payable under this insurance.

2. **Supplementary Payments:** If we defend any suit, we will pay with respect to:

**a. Expenses**

- (1) Reasonable expenses you incur at our request;
- (2) Expenses we incur; and
- (3) Costs charged against you.

**b. Interest**

- (1) Interest on the full amount of any judgment that accrues:
  - (a) After entry of the judgment; and
  - (b) Before we pay, offer to pay or deposit in court that part of the judgment for which we are liable under this insurance.
- (2) Pre-judgment interest awarded against you on that part of the judgment we pay. If we make an offer to pay the Limit of Insurance, we will not pay any pre-judgment interest based on that period of time after the offer.

- c. Loss of Wages or Salary:** Actual loss of wages or salary (but not other income) because of required attendance at hearings or trials connected with the suit. But, we will not pay more than \$100 per day under this part of the Supplementary Payments.

- d. Premiums for Bonds:** Premiums for the following types of bonds having penalties totaling not more than the Limit of Insurance shown in the DECLARATIONS:

- (1) Appeal bonds required in the suit; and

- (2) Bonds to release attachments.

But, we do not have to apply for or furnish those bonds.

Our liability for Supplementary Payments is in addition to the Limit of Insurance shown in the DECLARATIONS.

- B. LIMIT OF INSURANCE:** The most we will pay for all damages arising out of any one "occurrence" is the applicable Limit of Insurance shown in the DECLARATIONS.

- C. ADDITIONAL EXCLUSION, CONDITIONS AND DEFINITION:** In addition to the provisions in the Safe Depository General Provisions, this Coverage Form is subject to the following:

**1. Additional Exclusion**

**Assumed Liability:** We will not pay for damages that arise out of, or the defense of any suit connected with, liability you assume under any written agreement.

**2. Additional Conditions**

- a. Bankruptcy:** Your or your estate's bankruptcy or insolvency will not relieve us of our obligations under this insurance.

**b. Defense, Investigation and Settlement**

- (1) We may investigate and settle any claim or suit as we deem expedient.
- (2) We will not defend any suit after having paid judgments or settlements equal to the applicable Limit of Insurance shown in the DECLARATIONS.

- c. Duties in the Event of Loss, Claim or Suit:** In the event of loss, claim or suit, you must:

- (1) Notify us promptly of any loss, destruction or damage that may result in a claim;
- (2) Give us prompt, written notice of any claim made or suit brought against you and:
  - (a) Send us immediately, copies of any demands, notices, summonses or legal papers received in connection with the claim or suit;
  - (b) Authorize us to obtain records and other information; and
  - (c) Cooperate with us in the defense, investigation or settlement of the claim or suit.

You may not voluntarily make a payment, assume any obligation or incur any expenses without our consent.

If you have reason to believe that any loss or destruction of or damage to Covered Property involves a violation of law, you must notify the police.

- d. **Joint Insured:** We will not pay more for damages for which more than one Insured is liable than the amount we would pay if one Insured were liable for the damages.
- e. **Legal Action Against Us:** No person or organization has a right under this insurance:
  - (1) To name us as a co-defendant in a suit asking for damages from you; or
  - (2) To sue us on this insurance unless all of its terms have been fully complied with.

A person or organization may sue us to recover on an agreed settlement or on a final judgment against you obtained after an actual trial. But, we will not be liable for damages that are not payable under the terms of this insurance or that are in excess of the Limit of Insurance. An agreed settlement means a settlement and release of li-

ability signed by us, you and the claimant or the claimant's legal representative.

- f. **Policy Period:** The Policy Period is the period shown in the Declarations. We will pay only for damages because of loss or destruction of or damage to Covered Property occurring during the Policy Period.
- g. **Territory:** We will pay only for damages because of your legal liability for loss or destruction of or damage to Covered Property occurring within the United States of America, U.S. Virgin Islands, Puerto Rico, Canal Zone, or Canada.
- h. **Transfer of Your Rights of Recovery Against Others to Us:** You must transfer to us all your rights of recovery against any person or organization pertaining to the loss for which you were liable and for which we have paid damages or made a settlement. You must do everything necessary to secure these rights and do nothing to impair them.

### 3. Additional Definition

"Customers' Property" means "money," "securities" and "property other than money and securities."

# SAFE DEPOSITORY DIRECT LOSS COVERAGE FORM

**A. COVERAGE**--We will pay for loss of or to Covered Property resulting directly from the Covered Causes of Loss.

**1. Covered Property:** "Customers' Property" while the property is:

- a. Inside the customers' safe deposit boxes in vaults in the "premises;"
- b. Stored in such vaults in the "premises;" or
- c. Temporarily elsewhere in the "premises" while in the course of deposit or removal from the boxes or vaults.

**2. Covered Causes of Loss**

- a. Actual or attempted "robbery" or "burglary;"
- b. Destruction; and
- c. Damage.

**3. Coverage Extension**

**Premises, Furnishings, and Equipment Damage:** We will pay for loss from damage to the "premises" and all furnishings, fixtures, fittings, equipment, safes and vaults in the "premises" by actual or attempted "burglary," "robbery" or vandalism, if you are the owner or are liable for the damage.

Our liability under this extension is part of the Limit of Insurance applying to the coverage.

**B. LIMIT OF INSURANCE:** The most we will pay for loss in any one "occurrence" is the applicable Limit of Insurance shown in the DECLARATIONS.

**C. DEDUCTIBLE:** We will not pay for loss in any one "occurrence" unless the amount of such loss exceeds the applicable Deductible Amount shown in the DECLARATIONS. We will then pay the amount of such loss, damage or destruction in excess of the Deductible Amount up to the Limit of Insurance.

In the event more than one Deductible Amount could apply to the loss, only the highest Deductible Amount may be applied.

**D. ADDITIONAL EXCLUSIONS, CONDITIONS AND DEFINITIONS:** In addition to the provisions in the Safe Depository General Provisions, this Coverage Form is subject to the following:

**1. Additional Exclusions:** We will not pay for loss as specified below:

- a. **Fire:** Loss from destruction of or damage to the "premises" resulting from fire, however caused.
- b. **Indirect Loss:** Loss that is an indirect result of any act or "occurrence" covered by this insurance including but not limited to loss resulting from:

(1) Your inability to realize income that you would have realized had there been no loss of or to Covered Property.

(2) Payment of damages of any type for which you are legally liable. But, we will pay compensatory damages arising directly from a loss covered under this insurance.

(3) Payment of costs, fees or other expenses you incur in establishing either the existence or the amount of loss under this insurance.

c. **Inherent Vice:** Destruction of or damage to property resulting from insects, animals, wear and tear, gradual deterioration or inherent vice.

**2. Additional Conditions**

a. **Duties in the Event of Loss:** After you discover loss or a situation that may result in loss of or to Covered Property, you must:

(1) Notify us as soon as possible.

(2) Agree to examination under oath at our request and give us a signed statement of your answers.

(3) Give us a detailed, sworn proof of loss within 120 days.

(4) Cooperate with us in the investigation and settlement of any claim.

If you have reason to believe that any loss of or to Covered Property involves a violation of law, you must notify the police.

b. **Joint Insured:** We will not pay more for loss sustained by more than one Insured than the amount we would pay if all loss had been sustained by one Insured.

c. **Legal Action Against Us:** You may not bring any legal action against us involving loss:

(1) Unless you have complied with all the terms of this insurance; and

(2) Until 90 days after you have filed proof of loss with us; and

(3) Unless brought within 2 years from the date you discover the loss.

d. **Policy Period:** The Policy Period is the period shown in the DECLARATIONS. We will pay only for loss you sustain through acts committed or events occurring during the Policy Period.

e. **Recoveries**

(1) Any recoveries, less the cost of obtaining them, made after settlement of loss covered by this insurance will be distributed as follows:

- (a) To you, until reimbursed for any loss that you sustain that exceeds the Limit of Insurance plus the Deductible Amount, if any;
- (b) Then to us, until reimbursed for the settlement made;
- (c) Then to you, until reimbursed for that part of the loss equal to the Deductible Amount, if any.

(2) Recoveries do not include any recovery:

- (a) From insurance, suretyship, reinsurance, security or indemnity taken for our benefit; or
- (b) Of original "securities" after duplicates of them have been issued.

f. **Territory:** This insurance covers only acts committed or events occurring within the United States of America, U.S. Virgin Islands, Puerto Rico, Canal Zone or Canada.

g. **Transfer of Your Rights of Recovery Against Others to Us:** You must transfer to us all your rights of recovery against any person or organization for any loss you sustained and for which we have paid or settled. You must also do everything necessary to secure those rights and do nothing after loss or damage to impair them.

**h. Valuation--Settlement**

(1) Subject to the applicable Limit of Insurance provision we will pay for:

- (a) Loss of "money" but only up to and including its face value. We may, at our option, pay for loss of "money" issued by any country other than the United States of America:
  - i. At face value in the "money" issued by that country; or
  - ii. In the United States of America dollar equivalent determined by the rate of exchange on the day the loss was discovered.

- (b) Loss of "securities" but only up to and including their value at the close of business on the day the loss was discovered. We may, at our option:
  - i. Pay the value or replace such "securities" in kind, in which event you must

assign to us all your rights, title and interest in and to those "securities" for which payment or replacement is made; or

- ii. Pay the cost of any Lost Securities Bond required in connection with issuing duplicates of the "securities." However, we will be liable only for the payment of so much of the cost of the bond as would be charged for a bond having a penalty not exceeding the lesser of the value of the "securities" at the close of business on the day the loss was discovered or the Limit of Insurance.

(c) Loss of or to "property other than money and securities" or damage to the "premises" for not more than the:

- i. Actual cash value of the property on the day the loss or damage was discovered;
- ii. Cost of repairing the property with property of like kind and quality.

We may, at our option, pay the actual cash value of the property or repair or replace it.

If we cannot agree with you upon the actual cash value or the cost of repair or replacement, the value or cost will be determined by arbitration.

(2) We may, at our option, pay the loss of or to property other than "money:"

- (a) In the "money" of the country in which the loss occurred; or
- (b) In the United States of America dollar equivalent of the "money" of the country in which the loss occurred determined by the rate of exchange on the day the loss was discovered.

(3) Any property that we pay for or replace becomes our property.

**3. Additional Definitions**

a. **"Burglary"** means the taking of property:

- (1) From inside a locked safe deposit box in a locked vault by a person unlawfully entering the box and vault; or
- (2) If not contained in a safe deposit box, from inside a locked vault by a person unlawfully entering the

vault, as evidence by marks of forcible entry upon its exterior.

- b. **"Customers' Property"** means "securities" and "property other than money and securities."

- c. **"Robbery"** means the taking of property from the care and custody of a person by one who has:

- (1) Caused or threatened to cause that person bodily harm; or
- (2) Committed an obviously unlawful act witnessed by that person.

# ROBBERY AND SAFE BURGLARY COVERAGE FORM--MONEY & SECURITIES

**A. COVERAGE** - We will pay for loss of, and loss from damage to, Covered Property resulting directly from the Covered Causes of Loss.

**1. Section 1. - Inside the Premises**

**a. Robbery Of A Custodian**

- (1)** Covered Property: "Money and "securities" inside the "premises" in the care and custody of a "custodian."
- (2)** Covered Causes of Loss: Actual or attempted "robbery."
- (3)** Coverage Extension

Premises Damage: We will pay for loss from damage to the "premises" or its exterior resulting directly from the Covered Cause of Loss if you are the owner of the "premises" or are liable for damage to it.

**b. Safe Burglary**

- (1)** Covered Property: "Money" and "securities" in a safe or vault within the "premises" or "banking premises."
- (2)** Covered Causes of Loss: Actual or attempted "safe burglary."
- (3)** Coverage Extension

Premises, Safe and Vault Damage:

We will pay for loss from damage to:

- (a)** The "premises" or its exterior; or
- (b)** A locked safe or vault located inside the "premises;"

resulting directly from the Covered Causes of Loss, if you are the owner of the property or are liable for damage to it.

**2. Section 2. - Outside The Premises**

- (1)** Covered Property: "Money" and "securities" outside the "premises" in the care and custody of the "messenger."
- (2)** Covered Causes of Loss: Actual or attempted "robbery."
- (3)** Coverage Extension

Conveyance of Property By Armored Motor Vehicle Company: We will pay for loss of Covered Property resulting directly from the Covered Causes of Loss while outside the

"premises" in the care and custody of an armored motor vehicle company.

But we will pay only the amount of loss that you cannot recover:

- (a)** Under your contract with the armored motor vehicle company; and
- (b)** From any insurance or indemnity carried by, or for the benefit of customers of, the armored motor vehicle company.

**B. LIMIT OF INSURANCE**

The most we will pay for loss in any one "occurrence" is the applicable Limit of Insurance shown in the DECLARATIONS.

**C. DEDUCTIBLE**

We will not pay for loss in any one "occurrence" unless the amount of loss exceeds the Deductible Amount shown in the DECLARATIONS. We will then pay the amount of loss in excess of the Deductible Amount up to the Limit of Insurance. In the event more than one Deductible Amount could apply to the loss, only the highest Deductible Amount may be applied.

**D. ADDITIONAL EXCLUSIONS, CONDITION AND DEFINITIONS:** In addition to the provisions in the Crime General Provisions, this Coverage form is subject to the following:

**1. Additional Exclusions:** We will not pay for loss as specified below:

- a. Acts of Employees, Directors, Trustees or Representatives:** Loss resulting from any dishonest or criminal act committed by any of your "employees," directors, trustees or authorized representatives:

- (1)** Acting alone or in collusion with other persons; or
- (2)** While performing services for you or otherwise.

**b. Fire:** Loss resulting from fire, however caused, except loss:

- (1)** Of "money" or "securities;" or
- (2)** From damage to a safe or vault from fire that is incidental to a Covered Cause of Loss.

**c. Transfer or Surrender of Property**

- (1)** Loss of, or loss from damage to, property after it has been transferred or surrendered to a person or place outside the "premises" or "banking premises:"

- (a)** On the basis of unauthorized instructions; or

**(b)** As a result of a threat to do:

- i. Bodily harm to any person; or
- ii. Damage to any property.

**(2)** But this exclusion does not apply under COVERAGE, Section 2, to loss of Covered Property while outside the "premises" or "banking premises" in the care and custody of a "messenger" if you:

- i. Had no knowledge of any threat at the time the conveyance began; or
- ii. Had knowledge of a threat at the time the conveyance began, but the loss was not related to the threat.

**d.** Vandalism: Loss from damage to any property by vandalism or malicious mischief.

**2.** Additional Condition:

Duties in the Event of Loss or Damage: If you have reason to believe that any loss of, or loss from damage to, Covered Property involves a violation of law, you must notify the police.

**3.** Additional Definitions:

- a.** "Banking Premises" means the interior of that portion of any building occupied by a banking institution or similar safe depository.
- b.** "Custodian" means you, any of your partners or any "employee" while having care and custody of the property inside the "premises" excluding

any person while acting as a "watchperson" or janitor.

**c.** "Messenger" means you, any of your partners or any "employee" while having care and custody of the property outside the "premises."

**d.** "Occurrence" means an:

**(1)** Act or series of related acts involving one or more persons; or

**(2)** Act or event, or a series of related acts or events not involving any person.

**e.** "Premises" means the interior of that portion of any building you occupy in conducting your business.

**f.** "Robbery" means the taking of property from the care and custody of a person by one who has:

**(1)** Caused or threatened to cause that person bodily harm; or

**(2)** Committed an obviously unlawful act witnessed by that person.

**g.** "Safe burglary" means the taking of:

**(1)** Property from within a locked safe or vault by a person unlawfully entering the safe or vault as evidenced by marks of forcible entry upon its exterior; or

**(2)** A safe or vault from inside the "premises."

**h.** "Watchperson" means any person you retain specifically to have care and custody of property inside the "premises" and who has no other duties.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## MONEY ORDERS AND COUNTERFEIT PAPER CURRENCY COVERAGE FORM

### COVERAGE FORM R

#### A. COVERAGE

We will pay for loss due to the acquisition of Covered Property resulting directly from the Covered Cause of Loss.

##### 1. Covered Property

- a. Money orders, including counterfeit money orders, of any United States or Canadian post office, express company or national or state (or Canadian) chartered bank; and
- b. Counterfeit United States or Canadian paper currency.

##### 2. Covered Cause of Loss

Acceptance in good faith, in exchange for merchandise, money or services, of:

- a. Any money order that is not paid upon presentation, and
- b. Counterfeit United States or Canadian paper currency;

that is acquired during the regular course of business.

#### B. LIMIT OF INSURANCE

The most we will pay for loss in any one "occurrence" is the applicable Limit of Insurance shown in the Declarations.

#### C. DEDUCTIBLE

We will not pay for loss in any one "occurrence" unless the amount of loss exceeds the Deductible Amount shown in the Declarations. We will then pay the amount of loss in excess of the Deductible Amount, up to the Limit of Insurance.

#### D. ADDITIONAL EXCLUSIONS, CONDITION AND DEFINITION

In addition to the provisions in the Crime General Provisions, this Coverage Form is subject to the following:

##### 1. Additional Exclusions:

We will not pay for loss as specified below:

###### a. Acts of Employees, Directors, Trustees Or Representatives

Loss resulting from any dishonest or criminal act committed by any of your "employees", directors, trustees or authorized representatives:

- (1) Acting alone or in collusion with other persons; or
- (2) While performing services for you or otherwise.

###### b. Exchanges Or Purchases

Loss resulting from the giving or surrendering of property in any exchange or purchase.

###### c. Voluntary Parting Of Title Or Possession Of Property

Loss resulting from your, or anyone acting on your express or implied authority, being induced by any dishonest act to voluntarily part with title to or possession of any property.

##### 2. Additional Condition

**Duties In The Event Of Loss:** If you have reason to believe that any loss of, or loss from damage to, Covered Property involves a violation of law, you must notify the police.

##### 3. Additional Definition

"Occurrence" means an:

- a. Act or series of related acts involving one or more persons; or
- b. Act or event, or series of related acts or events not involving any person.

# CRIME GENERAL PROVISIONS FORM

Various provisions in this policy restrict coverage. Read the entire policy carefully to determine rights, duties and what is or is not covered.

Throughout this policy the words "you" and "your" refer to the Named Insured shown in the Declarations. The words "we," "us" and "our" refer to the Company providing this insurance.

Words and phrases in quotation marks are defined in the policy.

Unless stated otherwise in any Crime Coverage Form, Declarations or endorsement, the following General Exclusions, General Conditions and General Definitions apply to all Crime Coverage Forms forming part of this policy.

## A. GENERAL EXCLUSIONS: We will not pay for loss as specified below:

1. **Acts Committed By You or Your Partners:** Loss resulting from any dishonest or criminal act committed by you or any of your partners whether acting alone or in collusion with other persons.
2. **Governmental Action:** Loss resulting from seizure or destruction of property by order of governmental authority.
3. **Indirect Loss:** Loss that is an indirect result of any act or "occurrence" covered by this insurance including, but not limited to, loss resulting from:
  - a. Your inability to realize income that you would have realized had there been no loss of, or loss from damage to, Covered Property.
  - b. Payment of damages of any type for which you are legally liable. But, we will pay compensatory damages arising directly from a loss covered under this insurance.
  - c. Payment of costs, fees or other expenses you incur in establishing either the existence or the amount of loss under this insurance.
4. **Legal Expenses:** Expenses related to any legal action.
5. **Nuclear:** Loss resulting from nuclear reaction, nuclear radiation or radioactive contamination, or any related act or incident.
6. **War and Similar Actions:** Loss resulting from war, whether or not declared, warlike action, insurrection, rebellion or revolution, or any related act or incident.

## B. GENERAL CONDITIONS

1. **Consolidation--Merger:** If through consolidation or merger with, or purchase of assets of, some other entity:

- a. Any additional persons become "employees;" or

- b. You acquire the use and control of any additional "premises;"

any insurance afforded for "employees" or "premises" also applies to those additional "employees" and "premises," but only if you:

- a. Give us written notice within 30 days thereafter; and

- b. Pay us an additional premium.

2. **Coverage Extensions:** Unless stated otherwise in the Coverage Form, our liability under any Coverage Extension is part of, not in addition to, the Limit of Insurance applying to the Coverage or Coverage Section.

3. **Discovery Period for Loss:** We will pay only for covered loss discovered no later than one year from the end of the policy period.

4. **Duties in the Event of Loss:** After you discover a loss or a situation that may result in loss of, or loss from damage to, Covered Property you must:

- a. Notify us as soon as possible.

- b. Submit to examination under oath at our request and give us a signed statement of your answers.

- c. Give us a detailed, sworn proof of loss within 120 days.

- d. Cooperate with us in the investigation and settlement of any claim.

5. **Joint Insured:**

- a. If more than one Insured is named in the Declarations, the first named Insured will act for itself and for every other Insured for all purposes of this insurance. If the first named Insured ceases to be covered, then the next named Insured will become the first named Insured.

- b. If any Insured or partner or officer of that Insured has knowledge of any information relevant to this insurance, that knowledge is considered knowledge of every Insured.

- c. An "employee" of any Insured is considered to be an "employee" of every Insured.

- d. If this insurance or any of its coverages is cancelled or terminated as to any Insured, loss sustained by that Insured is covered only if discovered no later than one year from the date of that cancellation or termination.

- e. We will not pay more for loss sustained by more than one Insured than the amount we would pay if all the loss had been sustained by one Insured.
- 6. Legal Action Against Us:** You may not bring any legal action against us involving loss:
- a. Unless you have complied with all the terms of this insurance; and
  - b. Until 90 days after you have filed proof of loss with us; and
  - c. Unless brought within 2 years from the date you discover the loss.
- 7. Loss Covered Under More Than One Coverage of This Insurance:** If two or more coverages of this insurance apply to the same loss, we will pay the lesser of:
- a. The actual amount of loss; or
  - b. The sum of the limits of insurance applicable to those coverages.
- 8. Loss Sustained During Prior Insurance:**
- a. If you, or any predecessor in interest, sustained loss during the period of any prior insurance that you or the predecessor in interest could have recovered under that insurance except that the time within which to discover loss had expired, we will pay for it under this insurance, provided:
    - (1) This insurance became effective at the time of cancellation or termination of the prior insurance; and
    - (2) The loss would have been covered by this insurance had it been in effect when the acts or events causing the loss were committed or occurred:
  - b. The insurance under this Condition is part of, not in addition to, the Limits of Insurance applying to this insurance and is limited to the lesser of the amount recoverable under:
    - (1) This insurance as of its effective date; or
    - (2) The prior insurance had it remained in effect.
- 9. Loss Covered Under This Insurance and Prior Insurance Issued by Us or Any Affiliate:** If loss is covered:
- a. Partly by this insurance; and
  - b. Partly by any prior cancelled or terminated insurance that we or any affiliate had issued to you or any predecessor in interest;
- the most we will pay is the larger of the amount recoverable under this insurance or the prior insurance.
- 10. Non-Cumulation of Limit of Insurance:** Regardless of the number of years this insurance remains in force or the number of

premiums paid, no Limit of Insurance cumulates from year to year or period to period.

- 11. Other Insurance:** This insurance does not apply to loss recoverable or recovered under other insurance or indemnity. However, if the limit of the other insurance or indemnity is insufficient to cover the entire amount of the loss, this insurance will apply to that part of the loss, other than that falling within any deductible amount, not recoverable or recovered under the other insurance or indemnity.

However, this insurance will not apply to the amount of loss that is more than the applicable Limit of Insurance shown in the DECLARATIONS.

- 12. Ownership of Property; Interests Covered:** The property covered under this insurance is limited to property:
- a. That you own or hold; or
  - b. For which you are legally liable.

However, this insurance is for your benefit only. It provides no rights or benefits to any other person or organization.

- 13. Policy Period**
- a. The Policy Period is shown in the Declarations,
  - b. Subject to the Loss Sustained During Prior Insurance condition, we will pay only for loss that you sustain through acts committed or events occurring during the Policy Period.

- 14. Records:** You must keep records of all Covered Property so we can verify the amount of any loss.

- 15. Recoveries:**
- a. Any recoveries, less the cost of obtaining them, made after settlement of loss covered by this insurance will be distributed as follows:
    - (1) To you, until you are reimbursed for any loss that you sustain that exceeds the Limit of Insurance and the Deductible Amount, if any;
    - (2) Then to us, until we are reimbursed for the settlement made;
    - (3) Then to you, until you are reimbursed for that part of the loss equal to the Deductible Amount, if any.
  - b. Recoveries do not include any recovery:
    - (1) From insurance, suretyship, reinsurance, security or indemnity taken for our benefit; or
    - (2) Of original "securities" after duplicates of them have been issued.

- 16. Territory:** This insurance covers only acts committed or events occurring within the

United States of America, U. S. Virgin Islands, Puerto Rico, Canal Zone, or Canada.

- 17. Transfer of Your Rights of Recovery Against Others to Us:** You must transfer to us all your rights of recovery against any person or organization for any loss you sustained and for which we have paid or settled. You must also do everything necessary to secure those rights and do nothing after loss to impair them.

**18. Valuation - Settlement:**

- a. Subject to the applicable Limit of Insurance provision we will pay for:
- (1) Loss of "money" but only up to and including its face value. We may, at our option, pay for loss of "money" issued by any country other than the United States of America:
    - (a) At face value in the "money" issued by that country; or
    - (b) In the United States of America dollar equivalent determined by the rate of exchange on the day the loss was discovered.
  - (2) Loss of "securities" for not more than their value at the close of business on the day the loss was discovered. We may, at our option:
    - (a) Pay the value of such "securities" or replace them in kind, in which event you must assign to us all your rights, title and interest in and to those "securities;"
    - (b) Pay the cost of any Lost Securities Bond required in connection with issuing duplicates of the "securities." However, we will be liable only for the payment of so much of the cost of the bond as would be charged for a bond having a penalty not exceeding the lesser of the:
      - i. Value of the "securities" at the close of business on the day the loss was discovered; or
      - ii. Limit of Insurance.
  - (3) Loss of, or loss from damage to, "property other than money and securities" or loss from damage to the "premises" for not more than the:
    - (a) Actual cash value of the property on the day the loss was discovered;
    - (b) Cost of repairing the property or "premises;" or

- (c) Cost of replacing the property with property of like kind and quality.

We may, at our option, pay the actual cash value of the property or repair or replace it.

If we cannot agree with you upon the actual cash value or the cost of repair or replacement, the value or cost will be determined by arbitration.

- b. We may, at our option, pay for loss of, or loss from damage to, property other than "money:"
- (1) In the "money" of the country in which the loss occurred; or
  - (2) In the United States of America dollar equivalent of the "money" of the country in which the loss occurred determined by the rate of exchange on the day the loss was discovered.
- c. Any property that we pay for or replace becomes our property.

## C. GENERAL DEFINITIONS

### 1. "Employee" means:

- a. Any natural person:
- (1) While in your service (and for 30 days after termination of service); and
  - (2) Whom you compensate directly by salary, wages or commissions; and
  - (3) Whom you have the right to direct and control while performing services for you.
- b. Any natural person employed by an employment contractor while that person is subject to your direction and control and performing services for you excluding, however, any such person while having care and custody of property outside the "premises".
- But "employee" does not mean any:
- (1) Agent, broker, factor, commission merchant, consignee, independent contractor or representative of the same general character; or
  - (2) Director or trustee except while performing acts coming within the scope of the usual duties of an employee.

### 2. "Money" means:

- a. Currency, coins and bank notes in current use and having a face value; and
- b. Travelers checks, register checks and money orders held for sale to the public.

3. **"Property Other Than Money and Securities"** means any tangible property other than "money" and "securities" that has intrinsic value but does not include any property listed in any Crime Coverage Form as Property Not Covered.
4. **"Securities"** means negotiable and non-negotiable instruments or contracts representing either "money" or other property and includes:
  - a. Tokens, tickets, revenue and other stamps (whether represented by actual stamps or unused value in a meter) in current use; and
  - b. Evidences of debt issued in connection with credit or charge cards, which cards are not issued by you;but does not include "money."

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## CHANGE SCHEDULE

Date of Issue: \_\_\_\_\_

Effective Date of Change: \_\_\_\_\_

This endorsement applies only to the EMPLOYEE DISHONESTY COVERAGE FORM A--SCHEDULE.

**A. SCHEDULE**

Item No.	Name Schedule Coverage	Position Schedule Coverage			Limit of Insurance Each "Employee"	Deductible Amount
	Names of Covered "Employees"	Titles of Covered Positions	Location of Covered Positions	No. of "Employees" Each Position		
					\$	\$

**B. PROVISIONS**

1. The Item or Items shown in the SCHEDULE above replace the Item or Items appearing in the SCHEDULE or the EMPLOYEE DISHONESTY COVERAGE FORM A--SCHEDULE. If the SCHEDULE appearing in the Coverage Form does not contain the Items listed above, then the Items above are in addition to the Items scheduled in the Coverage Form.
2. Applications of changes affected by this Change Schedule Endorsement.
  - a. **Addition of a Deductible or Increase in Deductible Amount:** This change applies to loss or damage resulting from acts committed at any time, whether before or after the Effective Date of Change.
  - b. **Deletion or Restriction (other than in a. above) of any Coverage or Decrease in any Limit of Insurance:** This change applies to loss or damage resulting from acts committed:
    - (1) On or after the Effective Date of Change, and also
    - (2) Before the Effective Date of Change if discovered after one year from that date.
  - c. **All Changes Other Than in a. and b. Above:** This change applies to loss or damage resulting from acts committed on or after the Effective Date of Change.
3. No Limit of Insurance during any period will be cumulative with any other amount applicable to the same coverage during any other period.

Accepted: \_\_\_\_\_

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**EXCLUDE DESIGNATED PERSONS OR CLASSES  
OF PERSONS AS EMPLOYEES**

This endorsement applies only to the EMPLOYEE DISHONESTY COVERAGE FORM A.

**A. SCHEDULE**

**Persons or Classes of Persons**

**B. PROVISIONS**

"Employee" does not include any person named or class of persons shown in the SCHEDULE.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **LIMIT DEDUCTIBLE TO SPECIFIED POSITIONS**

This endorsement applies only to the EMPLOYEE DISHONESTY COVERAGE FORM A.

### **A. SCHEDULE**

**Position**

### **B. PROVISIONS**

The DEDUCTIBLE provision applies only to loss resulting from acts committed by any "employee" performing the duties of any position shown in the SCHEDULE.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **EXCLUDE TRADING LOSS**

This endorsement applies to the EMPLOYEE DISHONESTY COVERAGE FORM A.

### **PROVISIONS**

We will not pay for loss resulting directly or indirectly from trading, whether in your name or in a genuine or fictitious account.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **EXCLUDE WAREHOUSE RECEIPTS LOSS**

This endorsement applies only to the EMPLOYEE DISHONESTY COVERAGE FORM A.

### **PROVISIONS**

We will not pay for loss resulting from fraudulent or dishonest signing, issuing, cancelling or failing to cancel, a warehouse receipt or any papers connected with it.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**EXCLUDE UNAUTHORIZED ADVANCES,  
REQUIRE ANNUAL AUDIT**

This endorsement applies only to the EMPLOYEE DISHONESTY COVERAGE FORM A.

**PROVISIONS**

1. We will not pay for loss resulting from any unauthorized advances made by an "employee" to any member for delinquent dues or assessments.
2. You agree to make or cause to be made, at least annually, an audit of your books and accounts, including complete verification of all securities and bank balances, pertaining to each "employee".

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **EXCLUDE LOSS OF CLIENTS' PROPERTY**

This endorsement applies to the EMPLOYEE DISHONESTY COVERAGE FORM A.

### **PROVISIONS**

In regard to the EMPLOYEE DISHONESTY COVERAGE FORM, Section 12 of the CRIME GENERAL PROVISIONS is replaced by the following:

- 12. Ownership of Property:** The property covered under the EMPLOYEE DISHONESTY COVERAGE FORM is limited property that you own or lease. This insurance provides no rights or benefits to any other person or organization.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**EXCLUDE LOSS OF CLIENTS' PROPERTY  
EXCEPT WHILE ON YOUR PREMISES**

This endorsement applies to the EMPLOYEE DISHONESTY COVERAGE FORM A.

**PROVISIONS**

In regard to the EMPLOYEE DISHONESTY COVERAGE FORM, Section 12 of the CRIME GENERAL PROVISIONS is replaced by the following:

- 12. Ownership of Property:** The property covered under the EMPLOYEE DISHONESTY COVERAGE FORM is limited to property:
- a.** that you own or lease; or
  - b.** that you hold for others on your premises.

However, this insurance is for your benefit only. It provides no rights or benefits to any other person or organization.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADD FAITHFUL PERFORMANCE OF DUTY**

This endorsement applies only to the EMPLOYEE DISHONESTY COVERAGE FORM A.

### **PROVISIONS**

1. The following is added as a Covered Cause of Loss:

Failure of any "employee" to faithfully perform duties prescribed by your constitution and by-laws or resolution of your governing body, in-

cluding inability to faithfully perform those duties because of a criminal act committed by a person other than an "employee".

2. The following Additional Exclusion is added:

**Depository Failure:** Loss resulting from the failure of any entity acting as a depository for your property or property for which you are responsible.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADD BLANKET EXCESS LIMIT OF INSURANCE**

This endorsement applies only to the EMPLOYEE DISHONESTY COVERAGE FORM A.

### **A. SCHEDULE**

<b>Blanket Excess Limit of Insurance</b>	<b>Insured</b>	<b>Position</b>
\$ \$ \$		

### **B. PROVISIONS**

1. The Blanket Excess Limit of Insurance shown in the SCHEDULE applies in addition to the Limit of Insurance shown in the Declarations, but only to that part of any loss that exceeds that Limit of Insurance plus any applicable Deductible Amount.
2. The Blanket Excess Limit of Insurance applies only to loss caused by or involving an "employee" who:
  - a. Is an "employee" of any Insured shown in the SCHEDULE, or
  - b. Performs the duties of a position shown in the SCHEDULE.
3. The portion of the CRIME GENERAL PROVISIONS that states that an "employee" of any Insured is an "employee" of every Insured does not apply as respects this Blanket Excess Limit of Insurance.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**REA BORROWING CORPORATIONS--  
LIMIT AMOUNT OF INSURANCE ON COLLECTION AGENTS**

This endorsement applies only to the EMPLOYEE DISHONESTY COVERAGE FORM A.

**A. SCHEDULE**

**Limit of Insurance**

**B. PROVISIONS**

The most we will pay for loss caused by any collection agent included as an "employee" is the Limit of Insurance shown in the SCHEDULE. That Limit of Insurance is part of, not in addition to, the Limit of Insurance shown in the Declarations.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**  
**CREDIT, DEBIT OR CHARGE CARD FORGERY**

This endorsement applies only to the FORGERY OR ALTERATION COVERAGE FORM B, **A. SCHEDULE**

**Limit of  
Insurance**

\$

\$

**Covered  
Instruments**

**includes**

**limited to**

**B. PROVISIONS**

1. **Covered Instruments** either **includes** or is **limited to**, whichever is indicated as applicable in the SCHEDULE, written instruments required in conjunction with any credit, debit or charge card issued to you or any "employee" for business purposes.
2. The most we will pay in any one "occurrence" is the Limit of Insurance shown in the SCHEDULE.

3. The following Additional Exclusion is added:

**Non-Compliance With Credit, Debit or Charge Card Issuer's Requirements:** We will not pay for loss arising from any credit, debit or charge card if you have not complied fully with the provisions, conditions or other terms under which the card was issued.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **WAREHOUSE RECEIPTS FORGERY**

This endorsement applies only to the FORGERY OR ALTERATION COVERAGE FORM B, **A, SCHEDULE**

**Limit of  
Insurance**

\$

\$

**Covered  
Instruments**

**includes**

**limited to**

### **B. PROVISIONS**

1. **Covered Instruments** either **includes** or is **limited to**, whichever is indicated as applicable in the SCHEDULE, "warehouse receipts" and "withdrawal orders".
2. The most we will pay in any one "occurrence" is the Limit of Insurance shown in the SCHEDULE.
3. The following Additional Definitions are added:
  - a. **"Warehouse receipt"** means an instrument that you issued or purportedly issued at any of your offices that evidences or purports to evidence receipt by or deposit with you of goods, wares, merchandise or commodities.
  - b. **"Withdrawal order"** means a written order directed to you that you receive at any of your offices that is drawn or purports to be drawn by or under authority from the owner, assignee or transferee of any "warehouse receipt".

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.  
INCLUDE PERSONAL ACCOUNTS OF SPECIFIED PERSONS**

This endorsement applies only to the FORGERY OR ALTERATION COVERAGE FORM B. **A.SCHEDULE**

**Name of Person**

**Limit of Insurance**

**B. PROVISIONS**

Each person named in the SCHEDULE is an Insured under the FORGERY OR ALTERATION COVERAGE FORM, but only for loss involving **Covered Instruments** of that person's personal account and subject to the Limit of Insurance shown in the SCHEDULE. That Limit of Insurance is part of, not in addition to, the Limit of Insurance shown in the Declarations.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **EXCESS EMPLOYEE DISHONESTY COVERAGE FOR SPECIFIED EMPLOYEES**

This endorsement applies only to the EMPLOYEE DISHONESTY COVERAGE FORM A.

**A. SCHEDULE**

Item No.	Name Schedule Coverage	Position Schedule Coverage			Excess Limit of Insurance Each "Employee"
	Names of "Employees"	Titles of Positions	Location of Covered Positions	No. of "Employees" Each Position	

**B. PROVISIONS**

1. The Excess Limit of Insurance shown in the SCHEDULE applies to each "employee" who is named or who performs the duties of a position shown in the SCHEDULE opposite that limit.
2. The Excess Limit of Insurance applies only to that part of any covered loss that is excess of an amount equal to the Limit of Insurance shown in the Declarations as ap-

plicable to the EMPLOYEE DISHONESTY COVERAGE FORM plus any applicable Deductible Amount.

3. The Excess Limit of Insurance applies only to loss caused by an identified "employee".
4. If the Excess Limit of Insurance is scheduled on a position basis, the most we will pay for an "employee" serving in more than one position is the largest Excess Limit of Insurance in effect and applicable to any one of those positions at the time of loss.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**EMPLOYEE DISHONESTY COVERAGE  
FORM AS EXCESS INSURANCE**

This endorsement applies to the EMPLOYEE DISHONESTY COVERAGE FORM A.

**A. SCHEDULE**

<b>Dishonesty Insurance</b>	<b>Amount</b>	<b>Effective Date</b>
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**B. PROVISIONS**

We will pay for loss you sustain through employee dishonesty which is in excess of the amount covered by the Dishonesty Insurance set forth in the SCHEDULE plus any applicable Deductible Amount of that Dishonesty Insurance. However, our payment will not be more than the Limit of Liability of the EMPLOYEE DISHONESTY COVERAGE FORM A--BLANKET and all exclusions, conditions and definitions apply to this coverage.

To determine whether loss you sustain through employee dishonesty is covered by the EMPLOYEE DISHONESTY COVERAGE PART, we will take into consideration loss covered by the Dishonesty Insurance shown in the SCHEDULE

whether caused by employee dishonesty before, or after or partly before and partly after, the EMPLOYEE DISHONESTY COVERAGE PART becomes effective.

If you fail to carry such dishonesty insurance as described above, or it is uncollectible, we will pay only for the amount in excess of the amount you would have collected.

You must give us notice of any loss of the kind covered by the EMPLOYEE DISHONESTY COVERAGE FORM, whether or not we are liable for the loss. Such notice must be given promptly and, at our request, you must give us a brief statement setting forth the particulars of the loss.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**INCLUDE AS EMPLOYEES THE SPOUSE AND CHILDREN OF  
BUILDING MANAGER, SUPERINTENDENT OR JANITOR**

This endorsement applies to the CRIME GENERAL PROVISIONS FORM and all Crime Coverage Forms forming part of the Policy.

**PROVISIONS**

"Employee" also includes the spouse of and the children over 18 years old who reside with any "employee" who is a building manager, superintendent or janitor.

Each such family is considered to be, collectively, one "employee" for the purposes of this insurance, except that the **Cancellation As To Any Employee** Additional Condition in the EMPLOYEE DISHONESTY COVERAGE FORM applies individually to the spouse and children.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**INCLUDE THE CHAIRMAN AND MEMBERS OF SPECIFIED  
COMMITTEES AS EMPLOYEES**

This endorsement applies to the CRIME GENERAL PROVISIONS FORM and all Crime Coverage Forms forming part of the Policy.

**A. SCHEDULE**

**Names of Committees**

**B. PROVISIONS**

"Employee" also includes any natural person, whether or not compensated, while performing services for you as the chairman, or a member of any committee named in the SCHEDULE.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**INCLUDE SPECIFIED DIRECTORS OR TRUSTEES  
ON COMMITTEES AS EMPLOYEES**

This endorsement applies to the CRIME GENERAL PROVISIONS FORM and all Crime Coverage Forms forming part of the Policy.

**A. SCHEDULE**

**Names of Directors or Trustees**

**B. PROVISIONS**

"Employee" also includes any of your directors or trustees who are named in the SCHEDULE while acting as a member of any of your elected or appointed committees to perform on your behalf specific, as distinguished from general, directorial acts.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **INCLUDE PARTNERS AS EMPLOYEES**

This endorsement applies to the CRIME GENERAL PROVISIONS FORM and all Crime Coverage Forms forming part of the Policy.

### **A. SCHEDULE**

#### **Included Partners**

### **B. PROVISIONS**

1. "Employee" also includes any natural person who is a partner in a partnership that is an Insured and who is shown in the SCHEDULE.
2. The **Acts Committed by You or Your Partners** General Exclusion is deleted and the following is substituted:  
  
**Acts Committed by You or Your Partners:** Loss resulting from any dishonest or criminal act committed by you or any of your partners, except a partner who has been included as an "employee" by endorsement, whether acting alone or in collusion with other persons.
3. We will not pay for loss caused by any partner included as an "employee" by this en-

dorsement unless the amount of that loss exceeds the sum of:

- a. Any amounts you owe that partner,
- b. The value of that partner's partnership interest in a partnership insured under this insurance as determined by the closing of that partnership's books on the date of discovery of the loss by that partnership or any of its partners not in collusion with the partner causing the loss, and
- c. Any applicable Deductible Amount.

We will then pay the amount of loss excess of that sum, up to the Limit of Insurance Applicable to the EMPLOYEE DISHONESTY COVERAGE FORM.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**INCLUDE AS EMPLOYEES OFFICERS AND EMPLOYEES  
OF FEDERAL RESERVE BANK ACTING AS EFTS AGENT**

This endorsement applies to the CRIME GENERAL PROVISIONS FORM and all Crime Coverage Forms forming part of the Policy.

**PROVISIONS**

"Employee" also includes any officer or employee of a Federal Reserve Bank that acts as your agent for the operation of an electronic funds transfer system, but only while those persons are acting on your behalf or have the care and custody of Covered Property.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **INCLUDE VOLUNTEER WORKERS AS EMPLOYEES**

This endorsement applies to the CRIME GENERAL PROVISIONS FORM and all Crime Coverage Forms forming part of the Policy.

### **PROVISIONS**

"Employee" also includes any non-compensated natural person:

1. Other than one who is a fund solicitor, while performing services for you that, are usual to the duties of an "employee"; or
2. While acting as a fund solicitor during fund raising campaigns.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**INCLUDE VOLUNTEER WORKERS OTHER THAN  
FUND SOLICITORS AS EMPLOYEES**

This endorsement applies to the CRIME GENERAL PROVISIONS FORM and all Crime Coverage Forms forming part of the Policy.

**PROVISIONS**

"Employee" also includes any non-compensated natural person, other than one who is a fund solicitor, while performing services for you that are usual to the duties of an "employee".

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**AMEND DEFINITION OF EMPLOYEE TO COMPLY WITH  
LABOR--MANAGEMENT DISCLOSURE ACT OF 1959**

This endorsement applies only to the EMPLOYEE DISHONESTY COVERAGE FORM A.

**PROVISIONS**

"Employee" also includes:

1. all of your non-compensated officers,
2. all of your non-compensated dues collectors, shop stewards and shop chairmen,
3. a director or trustee while acting as a member of any committee duly elected or appointed by resolution of your board of directors or trustees to perform specific, as distinguished from general, directorial acts on your behalf.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**INCLUDE SPECIFIED NON-COMPENSATED  
OFFICERS AS EMPLOYEES**

This endorsement applies to the CRIME GENERAL PROVISIONS FORM and all Crime Coverage Forms forming part of the Policy.

**A. SCHEDULE**

**Names of Non-Compensated Officers**

**B. PROVISIONS**

"Employee" also includes your non-compensated officers named in the SCHEDULE.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **WELFARE AND PENSION PLAN ERISA COMPLIANCE**

Provision 1. of this endorsement applies to the CRIME GENERAL PROVISIONS FORM and all Crime Coverage Forms forming part of the Policy. The other provisions of this endorsement apply only to the EMPLOYEE DISHONESTY COVERAGE FORM A--BLANKET.

**PROVISIONS** In compliance with certain provisions of the Employee Retirement Income Security Act (ERISA):

1. "Employee" also includes any natural person who is:
    - a. A trustee, an officer, employee, administrator or a manager, except an administrator or a manager who is an independent contractor, of any Employee Welfare or Pension Benefit Plan (hereafter called Plan) insured under this insurance, and
    - b. Your director or trustee while that person is handling funds or other property of any Plan insured under this insurance.
  2. If any Plan is insured jointly with any other entity under this insurance, you or the Plan Administrator must select a Limit of Insurance for the
- EMPLOYEE DISHONESTY COVERAGE FORM that is sufficient to provide an amount of insurance for each Plan that is at least equal to that required if each Plan were separately insured.
3. If the Insured first named in the Declarations is an entity other than a Plan, any payment we make to that Insured for loss sustained by any Plan will be held by that Insured for the use and benefit of the Plan(s) sustaining the loss.
  4. If two or more Plans are insured under this insurance, any payment we make for loss:
    - a. Sustained by two or more plans or
    - b. Of commingled funds or other property of two or more Plansthat arises out of one "occurrence", is to be shared by each Plan sustaining loss in the proportion that the amount of insurance required for each such Plan under ERISA provisions bears to the total of those amounts.
  5. The **Deductible** provision of the EMPLOYEE DISHONESTY COVERAGE FORM does not apply to loss sustained by any Plan subject to ERISA which is insured under this insurance.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **WELFARE AND PENSION PLAN ERISA COMPLIANCE**

This endorsement applies only to the EMPLOYEE DISHONESTY COVERAGE FORM A--SCHEDULE.

**PROVISIONS** In compliance with certain provisions of the Employee Retirement Income Security Act (ERISA):

1. If any Plan is insured jointly with any other entity under this insurance, you or the Plan Administrator must select a Limit of Insurance for the EMPLOYEE DISHONESTY COVERAGE FORM that is sufficient to provide an amount of insurance for each Plan that is at least equal to that required if each Plan were separately insured.
2. If the Insured first named in the Declarations is an entity other than a Plan, any payment we make to that Insured for loss sustained by any Plan will be held by that Insured for the use and benefit of the Plan(s) sustaining the loss.
3. If two or more Plans are insured under this insurance, any payment we make for loss:
  - a. Sustained by two or more plans or
  - b. Of commingled funds or other property of two or more Plansthat arises out of one "occurrence", is to be shared by each Plan sustaining loss in the proportion that the amount of insurance required for each such Plan under ERISA provisions bears to the total of those amounts.
4. The **Deductible** provision of the EMPLOYEE DISHONESTY COVERAGE FORM does not apply to loss sustained by any Plan subject to ERISA which is insured under this insurance.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **INSURED AT MILITARY CENTER**

This endorsement applies to the CRIME GENERAL PROVISIONS FORM and all Crime Coverage Forms forming part of the Policy.

### **PROVISIONS**

1. "Employee" also includes any personnel of the Armed Services of the United States of America or of any Department of the United States Government, while performing duties for you.
2. If you submit a proof of loss for a claim, it is not necessary that you supply information involving the security of the United States of America.
3. The report of a board of officers, appointed in accordance with regulations, shall be binding in the settlement of any claim under this insurance. However, we have the right at any time within 10 days from receipt of the board's report to notify you that we wish to make our own investigation, except as to matters involving the security of the United States of America. After our own investigation we may disagree with the board's findings and in that case the matter shall be referred to three disinterested arbitrators. Our failure to request arbitration within 30 days from receipt of the proof of loss shall constitute a waiver of our right to request arbitration.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **LIMIT AMOUNT OF INSURANCE FOR TRADING LOSSES**

This endorsement applies only to the EMPLOYEE DISHONESTY COVERAGE FORM A.

### **A. SCHEDULE**

#### **Limit of Insurance**

### **B. PROVISIONS**

We will not pay for loss resulting directly or indirectly from trading, whether in your name or in a genuine or fictitious account. However, if a Limit of Insurance is shown in the SCHEDULE, we will pay up to that amount for loss resulting directly from trading in a genuine account. That Limit of Insurance is part of, not in addition to, the Limit of Insurance shown in the Declarations.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**LIMIT AMOUNT OF INSURANCE  
FOR WAREHOUSE RECEIPTS LOSSES**

This endorsement applies only to the EMPLOYEE DISHONESTY COVERAGE FORM A.

**A. SCHEDULE**

**Limit of Insurance**

**B. PROVISIONS**

We will not pay for loss resulting from the fraudulent or dishonest signing, issuing, cancelling or failing to cancel a warehouse receipt or any papers connected with it. However, if a Limit of Insurance is shown in the SCHEDULE, we will pay up to that amount for loss resulting directly from the fraudulent or dishonest signing, issuing, cancelling or failing to cancel a warehouse receipt or papers connected with it. That Limit of Insurance is part of, not in addition to, the Limit of Insurance shown in the Declarations.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **NOTICE OF CANCELLATION**

This endorsement applies to EMPLOYEE DISHONESTY COVERAGE FORM A or PUBLIC EMPLOYEE DISHONESTY COVERAGE FORM O or P.

### **PROVISIONS**

No termination or cancellation of the COVERAGE FORM, whether at your request or ours, shall take effect prior to the expiration of \_\_\_\_\_ days after written notice of such termination or cancellation has been filed with the \_\_\_\_\_, unless an earlier date of such termination or cancellation is approved by the \_\_\_\_\_.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**BANKS FOR COOPERATIVES AND  
FEDERAL INTERMEDIATE CREDIT BANKS**

This endorsement applies only to the EMPLOYEE DISHONESTY COVERAGE FORM A. **SCHEDULE**

\_\_\_\_\_ Bank for Cooperatives

Federal Intermediate Credit Bank of \_\_\_\_\_

\_\_\_\_\_ days advance notice

**PROVISIONS**

You agree that any payment made by us because of loss covered under the terms of the EMPLOYEE DISHONESTY COVERAGE FORM shall be paid to the Banks shown in the SCHEDULE above, and that such payment will constitute payment to you. We agree to make any such payment to the Banks unless we receive written notice from the Banks to make payment to you.

We agree that if, because of any act or neglect of yours, you allow the EMPLOYEE DISHONESTY COVERAGE FORM to be invalidated, suspended or terminated that will not be a defense against our paying an otherwise valid claim. However, if the act

or neglect causing the invalidation, suspension or termination is not discovered by the Banks for a period of two years after the occurrence of such act or neglect then we have no obligation to make payment. You agree to hold us harmless from any and all loss we may incur under the terms of this paragraph if there has been an invalidation, suspension or termination of coverage because of your act or neglect.

We agree that if we terminate or cancel the EMPLOYEE DISHONESTY COVERAGE FORM, we will give advance notice in writing to the Banks as shown in the SCHEDULE.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.  
 ADD SCHEDULE EXCESS LIMIT OF INSURANCE  
 FORM SPECIFIED EMPLOYEES OR POSITIONS  
 FOR DISHONEST ACTS ONLY**

This endorsement applies only to EMPLOYEE DISHONESTY COVERAGE FORM A or PUBLIC EMPLOYEE DISHONESTY COVERAGE FORM O or P.

**A. SCHEDULE**

Item No.	Name Schedule Coverage	Position Schedule Coverage			Excess Limit of Insurance Each "Employee"
	Names of "Employees"	Titles of Positions	Location of Covered Positions	No. of "Employees" Each Position	

**B. PROVISIONS**

1. The Excess limit of Insurance shown in the SCHEDULE applies to each "employee" who is named or who holds a position shown in the Schedule opposite that limit.
2. The Excess Limit of Insurance applies only to that part of any covered loss that is excess of an amount equal to the Limit of Insurance shown in the DECLARATIONS as applicable to the COVERAGE FORM you purchase plus any applicable Deductible Amount.
3. The Excess Limit of Insurance applies only to loss caused by an identified "employee".
4. If the Excess Limit of Insurance is scheduled on a position basis, the most we will pay for an "employee" holding more than one position is the largest Excess Limit of Insurance in effect and applicable to any one of those positions at the time of loss.
5. The Excess Limit of Insurance applies only to loss you sustain through "employee dishonesty."

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **EXCLUDE HIGH-GRADING LOSS**

This endorsement applies only to the EMPLOYEE DISHONESTY COVERAGE FORM A.

**PROVISIONS:**

Covered Property does not include any precious metals, precious stones or ores containing those materials unless they have been received for by an employee authorized to do so and placed in a safe or vault for safe-keeping.



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**EXCLUDE CERTAIN RISKS INHERENT IN  
INSURANCE OPERATIONS**

This endorsement applies only to the EMPLOYEE DISHONESTY COVERAGE FORM A.

**PROVISIONS**

We will not pay for direct or indirect loss resulting from contractual or extra-contractual liability sustained by you in connection with the issuance of contracts or purported contracts of insurance, indemnity or suretyship.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **LOSS PAYABLE**

This endorsement applies only to COVERAGE FORM A

COVERAGE FORM O

COVERAGE FORM P

### **A. PROVISIONS**

You agree that any loss payable under the Coverage Form indicated above shall be paid jointly to you and the Loss Payee designated below:

---

(NAME OF LOSS PAYEE)

---

(ADDRESS OF LOSS PAYEE)

and any such payment shall constitute payment to you.

We agree that we will make all such payments to the Loss Payee, and we will not make any payment solely to you unless we receive a request in writing from the Loss Payee to make such payment to you.

- B.** Our liability under the Coverage Form indicated above as extended by this endorsement shall not be cumulative.
- C.** No rights or benefits are bestowed on the Loss Payee other than payment of loss as set forth herein.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **JOINT LOSS PAYABLE**

This endorsement applies only to COVERAGE FORM A

COVERAGE FORM O

COVERAGE FORM P

### **A. PROVISIONS**

You agree that any loss payable under the Coverage Form indicated above shall be paid jointly to you and the Loss Payee designated below:

---

(NAME OF LOSS PAYEE)

---

(ADDRESS OF LOSS PAYEE)

and any such payment shall constitute payment to you.

We agree that we will make all such payments jointly to you and the Loss Payee, and we will not make any payment solely to you unless we receive a request in writing from the Loss Payee to make such payment to you.

- B.** Our liability under the Coverage Form indicated above as extended by this endorsement shall not be cumulative.
- C.** No rights or benefits are bestowed on the Loss Payee other than payment of loss as set forth herein.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **SCHOOL SYSTEM**

This endorsement applies only to PUBLIC EMPLOYEE DISHONESTY COVERAGE FORM O or P.

### **PROVISIONS**

"Employee" also includes any student enrolled in a school under your jurisdiction while the student is handling or has possession of property or funds in connection with sanctioned student activities.

Additional exclusion D.1.d. of the Coverage Form does not apply to this coverage.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**OBLIGEE**

This endorsement applies only to PUBLIC EMPLOYEE DISHONESTY COVERAGE FORM O or P.

**PROVISIONS**

1. We agree to indemnify \_\_\_\_\_ ,  
the Obligee, for loss covered by the Coverage Form.
2. This policy may be cancelled by you or by the Obligee as set forth in the Common Policy Conditions. If we cancel the policy, we agree to mail or deliver our notices to both you and the Obligee as set forth in the Common Policy Conditions.
3. Part 2.a. of the Coverage Form is deleted and the following substituted:
  - a. Cancellation As To Any Employee:  
This insurance is cancelled as to any "employee":
    - (1) Immediately upon discovery by the Obligee or by you or any official or employee authorized to manage, govern or control your employees, of any act committed by that "employee" which would constitute a loss under this insurance whether before or after becoming employed by you.
    - (2) On the date specified in a notice mailed to the Obligee and to you. That date will be at least 30 days after the date of mailing. The mailing of notice to you at the last mailing address known to us will be sufficient proof of notice. Delivery of notice is the same as mailing.
4. By acceptance of this Policy the Obligee and you give us notice cancelling any prior policy as set forth in the DECLARATIONS.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **SCHEDULE CHANGE**

### **EXCESS LIMIT OF INSURANCE FOR SPECIFIED EMPLOYEES OR POSITIONS**

This endorsement applies only to EMPLOYEE DISHONESTY COVERAGE FORM A or PUBLIC EMPLOYEE DISHONESTY COVERAGE FORM O or P when amended by an Add Schedule Excess Limit of Insurance Endorsement.

**A. SCHEDULE--CHANGE NO.** \_\_\_\_\_

Item No.	Name Schedule Coverage	Position Schedule Coverage			Excess Limit of Insurance "Each Employee"
	Names of "Employees"	Titles of Positions	Location of Covered Positions	No. of "Employees" Each Position	
	ADD	ADD			
	DELETE	DELETE			

**B. PROVISIONS**

1. The Item or Items shown in the SCHEDULE above are an addition to or a deletion from the item or items appearing in the SCHEDULE of the EXCESS LIMIT OF INSURANCE FOR SPECIFIED EMPLOYEES OR POSITIONS ENDORSEMENT, or in a prior version of this Endorsement CR 10 51.
2. Application of changes affected by this Schedule Change Endorsement:
  - a. **Deletion of a Name or Title or Decrease in any Limit of Insurance:**  
This change applies to loss or damage resulting from acts committed:

- (1) On or after the Effective Date of Change, and also
- (2) Before the Effective Date of Change if discovered after one year from that date.

**c. Addition of a Name or Title and All Changes Other Than in a. Above:**  
This change applies to loss or damage resulting from acts committed on or after the Effective Date of Change.

3. No Limit of Insurance during any period will be cumulative with any other amount applicable to the same coverage during any other period.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**COVERAGE FORM O - PER LOSS  
EXCESS OVER  
COVERAGE FORM P - PER EMPLOYEE**

This endorsement applies to Public Employee Dishonesty Coverage Form **O** and Public Employee Dishonesty Coverage Form **P**.

**PROVISIONS**

1. In the event that you sustain a loss through "employee dishonesty", we will first pay you under the terms of Public Employee Dishonesty Coverage Form **P** - Per Employee up to the Limit of Insurance and over the Deductible Amount as set forth on the Declarations Page.
2. If the amount of loss sustained through "employee dishonesty" is in excess of the amount paid to you under Part **1.** above, we will also pay to you an additional amount up to the Limit of Insurance for Public Employee Dishonesty Coverage Form **O** - Per Loss. This Limit of Insurance is set forth on the Declarations Page.
3. Any amount we pay to you will reflect the Deductible Amount applicable to each "employee" causing loss by the terms of Public Employee Dishonesty Coverage Form **P** - Per Employee. The amount we pay to you will be reduced by the deductible amount applicable to each "employee" involved.
4. Part **C.1.** of Coverage Form **O** is deleted.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**EXCLUDE SPECIFIED PROPERTY**

This endorsement applies to the Crime Coverage Forms and Sections of those forms designated below:

<b>Coverage Form</b>	<b>Section</b>		<b>Title</b>
<input type="checkbox"/> C	<input type="checkbox"/> 1	<input type="checkbox"/> 2	THEFT, DISAPPEARANCE AND DESTRUCTION
<input type="checkbox"/> D	<input type="checkbox"/> 1	<input type="checkbox"/> 2	ROBBERY AND SAFE BURGLARY--PROPERTY OTHER THAN MONEY AND SECURITIES
<input type="checkbox"/> E	N/A		PREMISES BURGLARY
<input type="checkbox"/> F	N/A		COMPUTER FRAUD
<input type="checkbox"/> H	<input type="checkbox"/> 1	<input type="checkbox"/> 2	PREMISES THEFT AND ROBBERY OUTSIDE THE PREMISES--PROPERTY OTHER THAN MONEY AND SECURITIES
<input type="checkbox"/> Q	<input type="checkbox"/> 1	<input type="checkbox"/> 2	ROBBERY AND SAFE BURGLARY--MONEY AND SECURITIES

**A. SCHEDULE\***

**Property Not Covered**

**B. PROVISIONS**

Covered Property does not include the property shown in the SCHEDULE.

\*Information required to complete this SCHEDULE, if not shown on this endorsement, will be shown in the Declarations.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **INCLUDE ROBBERY OF A JANITOR**

This endorsement applies to the PREMISES BURGLARY COVERAGE FORM E.

### **PROVISIONS**

"Watchperson" includes a janitor you employ who has care and custody of Covered Property.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **INCLUDE VANDALISM**

This endorsement applies to the Crime Coverage Forms and Sections of those forms designated below:

Coverage Form	Section	Title
<input type="checkbox"/> E	N/A	PREMISES BURGLARY
<input type="checkbox"/> H	1	PREMISES THEFT AND ROBBERY OUTSIDE THE PREMISES--PROPERTY OTHER THAN MONEY AND SECURITIES

### **PROVISIONS**

1. We will pay you for loss from damage to Coverage Property or "premises" by vandalism, committed on the same occasion as a Covered Cause of Loss.
2. The **Vandalism** Additional Exclusion is deleted.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **INCREASED LIMIT FOR SPECIFIED PROPERTY SUBJECT TO SPECIAL LIMIT OF LIABILITY**

This endorsement applies to the Crime Coverage Forms and Sections of those forms designated below:

<b>Coverage Form</b>	<b>Section</b>	<b>Title</b>
<input type="checkbox"/> D	<input type="checkbox"/> 1 <input type="checkbox"/> 2	ROBBERY AND SAFE BURGLARY-- PROPERTY OTHER THAN MONEY AND SECURITIES
<input type="checkbox"/> E	N/A	PREMISES BURGLARY
<input type="checkbox"/> H	<input type="checkbox"/> 1 <input type="checkbox"/> 2	PREMISES THEFT AND ROBBERY OUTSIDE THE PREMISES--PROPERTY OTHER THAN MONEY AND SECURITIES

**A. SCHEDULE\***

**Property**

**Limit**

**B. PROVISIONS**

The limit in the **Special Limit of Our Liability For Specified Property** Additional Condition that applies to the property shown in the SCHEDULE is, as respects that property, increased to the limit shown in the SCHEDULE. This limit is part of, not in addition to, the limit applicable to the designated Coverage Form and Section.

\*Information required to complete this SCHEDULE, if not shown on this endorsement, will be shown in the Declarations.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.  
INCLUDE LOSS DURING FIRE IN PREMISES**

This endorsement applies to the PREMISES THEFT AND ROBBERY OUTSIDE THE PREMISES--PROPERTY OTHER THAN MONEY AND SECURITIES COVERAGE FORM H, Section 1.

**PROVISIONS**

1. We will pay for loss by "theft" that occurs during a fire in the "premises."
2. The second paragraph of the **Fire** Additional Exclusion is deleted.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **LIMIT COVERAGE TO OFFICE EQUIPMENT**

This endorsement applies to the Crime Coverage Forms and Sections of those forms designated below:

<b>Coverage Form</b>	<b>Section</b>	<b>Title</b>
<input type="checkbox"/> E	N/A	PREMISES BURGLARY
<input type="checkbox"/> H	1	PREMISES THEFT AND ROBBERY OUTSIDE THE PREMISES--PROPERTY OTHER THAN MONEY AND SECURITIES

### **PROVISIONS**

Covered Property is limited to furniture, fixtures and equipment used for clerical or administrative purposes but does not include:

1. Stock in trade;
2. Personal effects; and
3. Postage or revenue stamps.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**INCLUDE AUTOMOTIVE PRODUCTS  
IN OUTSIDE CONTAINERS**

This endorsement applies to the Crime Coverage Forms and Sections of those forms designated below:

Coverage Form	Section	Title
<input type="checkbox"/> E	N/A	PREMISES BURGLARY
<input type="checkbox"/> H	1	PREMISES THEFT AND ROBBERY OUTSIDE THE PREMISES--PROPERTY OTHER THAN MONEY AND SECURITIES

**A. SCHEDULE\***

Address of Premises	Limit of Insurance	Covered Property
		Automotive Supplies and Equipment
		Gasoline and Oil
1.		<input type="checkbox"/>
2.		<input type="checkbox"/>
3.		<input type="checkbox"/>

**B. PROVISIONS**

1. We will pay for loss of, and loss from damage to the Covered Property shown as applicable in the SCHEDULE resulting directly from the taking of that property from within a fully enclosed and locked outside container adjacent to "premises" shown in the SCHEDULE by "robbery" or by a person unlawfully entering the container as evidenced by marks of forcible entry.
2. Unlawful entry by a person into a "premises" as evidenced by marks of forcible entry for the purpose of turning on a switch to activate a pumping device on an outside container is considered to be an unlawful entry into that container.
3. The most we will pay in any one "occurrence" of loss covered by this endorsement is the Limit of Insurance shown in the SCHEDULE. That Limit of Insurance is part of, not in addition to, the Limit of Insurance shown in the Declarations.

Information required to complete this SCHEDULE, if not shown on this endorsement, will be shown in the Declarations.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **LIMIT COVERAGE TO SPECIFIED PORTION OF PREMISES**

This endorsement applies to the Crime Coverage Forms and Sections of those forms designated below:

<b>Coverage Form</b>	<b>Section</b>	<b>Title</b>
<input type="checkbox"/> E	N/A	PREMISES
<input type="checkbox"/> H	1	PREMISES THEFT AND ROBBERY OUTSIDE THE PREMISES PROPERTY OTHER THAN OTHER MONEY AND SECURITIES

**A. SCHEDULE\***

<b>Address of Premises</b>	<b>Description of Portion of Premises</b>
--------------------------------	---

**B. PROVISIONS**

The definition of "premises" is amended to read as follows:

"Premises" means that portion of the "premises" described in the SCHEDULE.

\* Information required to complete this SCHEDULE, if not shown on this endorsement, will be shown in the Declarations.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.  
PROTECTIVE DEVICES OR SERVICES PROVISION**

This endorsement applies to the Crime Coverage Forms and Sections of those forms designated below:

Coverage Form	Section	Title
<input type="checkbox"/> C	<input type="checkbox"/> 1 <input type="checkbox"/> 2	THEFT, DISAPPEARANCE AND DESTRUCTION
<input type="checkbox"/> D	<input type="checkbox"/> 1 <input type="checkbox"/> 2	ROBBERY AND SAFE BURGLARY--PROPERTY OTHER THAN MONEY AND SECURITIES
<input type="checkbox"/> E	N/A	PREMISES BURGLARY
<input type="checkbox"/> H	<input type="checkbox"/> 1 <input type="checkbox"/> 2	PREMISES THEFT AND ROBBERY OUTSIDE THE PREMISES--PROPERTY OTHER THAN MONEY AND SECURITIES
<input type="checkbox"/> Q	<input type="checkbox"/> 1 <input type="checkbox"/> 2	ROBBERY AND SAFE BURGLARY--MONEY AND SECURITIES

**A. SCHEDULE\***

Address of Premises:

Items Applicable:

Item 1  The burglar alarm system shown below will be:

- a. Maintained in proper working order; and
  - b. Connected at all times;
- when the "premises" is not open for business.

**Name of**

Alarm Company	UL Classification	Connected With		Alarm Company
Type of Alarm	Grade Extent of Protection	Outside Central	Outside	
<input type="checkbox"/> premises	Certificate	No. Station	Gong	has keys
<input type="checkbox"/> safe or vault		Eff. <input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
		Exp. <input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

Item 2  \_\_\_\_\_ private "watchperson(s)"  
(state number)

with no other duties, that you employ exclusively, will be on duty within the "premises" while closed for business. Each will make at least hourly rounds and will:

a. Register at least hourly on a clock \_\_\_\_\_ ; or  
"yes" or "no"

b. Signal a central station: \_\_\_\_\_  
"yes" or "no"

at least hourly \_\_\_\_\_ .  
"yes" or "no"

Item 3  The "premises" is equipped with a bandit resisting enclosure for which you hold an unexpired Underwriters' Laboratories, Inc. certificate.

Item 4  The "premises" is equipped with a bandit resisting enclosure and alarm system for which you hold an unexpired Underwriters' Laboratories, Inc. certificate.

Item 5  \_\_\_\_\_ guard(s)  
(state number)  
will be on duty within the "premises" or at its door while regularly open for business.

Item 6  The "premises" is equipped with a holdup alarm connected with:

a central station:

a police station with one regular police officer on duty at all times

a local gong inside or outside the "premises."

Insured does  insured does not  hold an unexpired Underwriters' Laboratories, Inc. certificate.

Item 7  The Covered Property will be conveyed outside the "premises" in the following:

A locked safe or chest bolted or welded inside a vehicle.

An Underwriters' Laboratories, Inc. approved messenger protective bag.

## B. PROVISIONS

1. The devices or services indicated as applicable in the SCHEDULE will be maintained at all times during the policy period.

2. This insurance ceases during any period you fail to maintain the indicated devices or services, but only as respects any "premises" or "messengers" affected, for the time of discontinuance.

However, if for reasons beyond your control:

a. You fail to maintain the alarm system shown in the SCHEDULE but, until that

alarm system has been restored, you provide at least one "watchperson" in addition to any number of "watchpersons" specified in this endorsement, this insurance will continue to apply.

b. You fail to maintain any other device or service shown in the SCHEDULE the insurance provided by the applicable Coverage Form will apply only in the reduced amount that the premium for this insurance would have purchased in the absence of your agreement to maintain the device or service.

\* Information required to complete this SCHEDULE, if not shown on this endorsement, will be shown in the Declarations.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **FORCIBLE ENTRY INTO PREMISES REQUIREMENT**

This endorsement applies to the Crime Coverage Forms and Sections of those forms designated below:

<b>Coverage Form</b>	<b>Section</b>	<b>Title</b>
<input type="checkbox"/> D	1	ROBBERY AND SAFE BURGLARY-PROPERTY OTHER THAN MONEY AND SECURITIES
<input type="checkbox"/> Q	1	ROBBERY AND SAFE BURGLARY-MONEY AND SECURITIES

### **A. SCHEDULE\***

**Description of Vault or Safe**

### **B. PROVISIONS**

"Safe burglary" must be committed by a person who first makes an unlawful entry into your "premises" as evidenced by marks of forcible entry.

\* Information required to complete this SCHEDULE, if not shown on this endorsement, will be shown in the Declarations.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**INCLUDE OUTSIDE SHOWCASES OR SHOW  
WINDOWS AS PREMISES**

This endorsement applies to the Crime Coverage Forms and Sections of those forms designated below:

<b>Coverage Form</b>	<b>Section</b>	<b>Title</b>
<input type="checkbox"/> E	N/A	PREMISES BURGLARY
<input type="checkbox"/> H	1	PREMISES THEFT AND ROBBERY OUTSIDE THE PREMISES-PROPERTY OTHER THAN MONEY AND SECURITIES
<input type="checkbox"/> Q	1	ROBBERY AND SAFE BURGLARY- MONEY AND SECURITIES

**A. SCHEDULE\***

**Address of  
Premises**

**Limit of  
Insurance**

**B. PROVISIONS**

1. "Premises" includes any showcase or show window at a location in the SCHEDULE that is:
  - a. Used by you and located outside the "premises" but inside the building line of the building containing the "premises"; or
  - b. Attached to the building listed in the SCHEDULE.
2. The Limit of Insurance in the SCHEDULE is part of, not in addition to, the Limit of Insurance shown in the Declarations.

\*Information required to complete this SCHEDULE, if not shown on this endorsement, will be shown in the Declarations.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **CONVERT TO SCHEDULE COVERAGE**

This endorsement applies to the Crime Coverage Forms and Sections of those forms designated below:

Coverage Form	Section	Title
<input type="checkbox"/> C	<input type="checkbox"/> 1 <input type="checkbox"/> 2	THEFT, DISAPPEARANCE AND DESTRUCTION
<input type="checkbox"/> D	<input type="checkbox"/> 1 <input type="checkbox"/> 2	ROBBERY AND SAFE BURGLARY-PROPERTY OTHER THAN MONEY AND SECURITIES
<input type="checkbox"/> E	N/A	PREMISES BURGLARY
<input type="checkbox"/> H	<input type="checkbox"/> 1 <input type="checkbox"/> 2	PREMISES THEFT AND ROBBERY OUTSIDE THE PREMISES-PROPERTY OTHER THAN MONEY AND SECURITIES
<input type="checkbox"/> Q	<input type="checkbox"/> 1 <input type="checkbox"/> 2	ROBBERY AND SAFE BURGLARY-MONEY AND SECURITIES-

**A. SCHEDULE\***

Address of Premises	Section 1 Loss Inside the Premises  Limit of Insurance	Section 2 Loss Outside the Premises  Limit of Insurance	Number of Messengers	Number of Armored Motor Vehicles
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**Limit of Insurance for additionally acquired:**

<b>Premises \$</b>	<b>Messengers \$</b>	<b>Armored Motor Vehicles \$</b>
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**B. PROVISIONS**

1. The definition of "premises" is amended to read as follows:  
"Premises" means the interior of that portion of the building at the address shown in the SCHEDULE that you occupy in conducting your business.
2. The only "messengers" and armored motor vehicles covered are those operating from or serving the "premises" shown in the SCHEDULE.
3. Coverage for "premises," "messengers" or armored motor vehicles acquired in addition

- to those shown in the SCHEDULE, will apply for 60 days from the date acquired in the limit shown in the SCHEDULE.
4. Our limit of liability for any one "messenger" or armored motor vehicle is the Limit of Insurance shown in the SCHEDULE for Section 2, Loss Outside the Premises, for the "premises" from which the "messenger" or armored motor vehicle initially operates regardless of the number of other "premises" served.
  5. The Consolidation - Merger General Condition in the Crime General Provisions does not apply.

\*Information required to complete this SCHEDULE, if not shown in this endorsement, will be shown in the Declarations.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**EXCLUDE DESIGNATED PREMISES, MESSENGERS  
OR ARMORED MOTOR VEHICLE COMPANIES**

This endorsement applies to the Crime Coverage Forms and Sections of those forms designated below:

<b>Coverage Form</b>	<b>Section</b>	<b>Title</b>
<input type="checkbox"/> C	<input type="checkbox"/> 1 <input type="checkbox"/> 2	THEFT, DISAPPEARANCE AND DESTRUCTION
<input type="checkbox"/> D	<input type="checkbox"/> 1 <input type="checkbox"/> 2	ROBBERY AND SAFE BURGLARY-PROPERTY OTHER THAN MONEY AND SECURITIES
<input type="checkbox"/> E	N/A	PREMISES BURGLARY
<input type="checkbox"/> H	<input type="checkbox"/> 1 <input type="checkbox"/> 2	PREMISES THEFT AND ROBBERY OUTSIDE THE PREMISES-PROPERTY OTHER THAN MONEY AND SECURITIES
<input type="checkbox"/> Q	<input type="checkbox"/> 1 <input type="checkbox"/> 2	ROBBERY AND SAFE BURGLARY-MONEY AND SECURITIES

**A. SCHEDULE\***

<b>Premises</b>	<b>Messenger</b>	<b>Armored Motor Vehicle Company</b>
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**B. PROVISIONS**

1. "Premises" does not include the "premises" shown in the SCHEDULE.
2. "Messenger" does not include any person or class of persons shown in the SCHEDULE.
3. Armored motor vehicle company does not include any company shown in the SCHEDULE.

\*Information required to complete this SCHEDULE, if not shown on this endorsement, will be shown in the Declarations.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**REDUCE LIMIT OF INSURANCE FOR DESIGNATED  
PREMISES, MESSENGERS OR ARMORED  
MOTOR VEHICLE COMPANIES**

This endorsement applies to the Crime Coverage Forms and Sections of those forms designated below:

<b>Coverage Form</b>	<b>Section</b>	<b>Title</b>
<input type="checkbox"/> C	<input type="checkbox"/> 1 <input type="checkbox"/> 2	THEFT, DISAPPEARANCE AND DESTRUCTION
<input type="checkbox"/> D	<input type="checkbox"/> 1 <input type="checkbox"/> 2	ROBBERY AND SAFE BURGLARY-PROPERTY OTHER THAN MONEY AND SECURITIES
<input type="checkbox"/> E	N/A	PREMISES BURGLARY
<input type="checkbox"/> H	<input type="checkbox"/> 1 <input type="checkbox"/> 2	PREMISES THEFT AND ROBBERY OUTSIDE- THE PREMISES-PROPERTY OTHER THAN MONEY AND SECURITIES
<input type="checkbox"/> Q	<input type="checkbox"/> 1 <input type="checkbox"/> 2	ROBBERY AND SAFE BURGLARY - MONEY AND SECURITIES

**A. SCHEDULE\***

**Address of Premises**

**Limit of Insurance**

**Classes of Messengers**

**Names of Armored Motor Vehicle Companies**

**B. PROVISIONS**

The Limit of Insurance shown in the Declarations is reduced to the limit shown in the SCHEDULE for the designated "premises", "messengers" or armored motor vehicle companies.

\*Information required to complete this SCHEDULE, if not shown on this endorsement, will be shown in the Declarations.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**DECREASE LIMIT OF INSURANCE WHILE PREMISES  
NOT OPEN FOR BUSINESS**

This endorsement applies to the Crime Coverage Forms and Sections of those forms designated below:

<b>Coverage Form</b>	<b>Section</b>	<b>Title</b>
<input type="checkbox"/> C	1	THEFT, DISAPPEARANCE AND DESTRUCTION
<input type="checkbox"/> D	1	ROBBERY AND SAFE BURGLARY-PROPERTY OTHER THAN MONEY AND SECURITIES
<input type="checkbox"/> Q	1	ROBBERY AND SAFE BURGLARY-MONEY AND SECURITIES

**A. SCHEDULE\***

**Premises**

**Limit of Insurance**

**B. PROVISIONS**

For the "premises" shown in the SCHEDULE, the Limit of Insurance in the Declarations is reduced to the Limit of Insurance shown in the SCHEDULE while the "premises" are not open for business and a "custodian" is not on duty.

\* Information required to complete this SCHEDULE, if not shown on this endorsement, will be shown in the Declarations.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **EXCLUDE PERSONS AT DESIGNATED PREMISES**

This endorsement applies only to the EXTORTION COVERAGE FORM G.

### **A. SCHEDULE\***

**Address of Premises**

### **B. PROVISIONS**

We will not pay for loss resulting from threats communicated to you to do bodily harm to:

1. Persons who perform duties for you principally in, at or out of the "premises" shown in the SCHEDULE; or
2. Relatives or invitees of those persons.

\*Information required to complete this SCHEDULE, if not shown on this endorsement, will be shown in the Declarations.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **INCLUDE PERSONAL EXTORTION FOR NAMED INDIVIDUALS**

This endorsement applies only to the EXTORTION COVERAGE FORM G.

### **A. SCHEDULE\***

<b>Insured Persons</b>	<b>Limit of Insurance</b>	<b>Percentages of Participation Company</b>	<b>Participation Insured</b>	<b>Deductible Amount</b>
		%	%	
		%	%	
		%	%	

### **B. PROVISIONS**

As respects the insurance under this Form:

1. Any person shown in the SCHEDULE is added as an insured but only as respects the EXTORTION COVERAGE FORM.
2. The most we will pay for loss to any such insured is the Limit of Insurance shown opposite the name of such insured.
3. Any Limit of Insurance shown in the SCHEDULE is part of, not in addition to, the Limit of Insurance shown in the Declarations.
4. Property of a relative of such insured will be considered property of that insured.
5. Communication of a threat to an associate or relative of any insured shown in the SCHEDULE will be considered communication to that insured.
6. The associate or relative receiving the threat must make a reasonable effort to report the extortionist's demand to:
  - a. The Federal Bureau of Investigation; and
  - b. Local law enforcement authoritiesbefore the surrender of Covered Property.
7. Paragraph 3. of the **Joint Insured GENERAL CONDITION** does not apply to any person shown in the SCHEDULE.

\*Information required to complete this SCHEDULE, if not shown on this endorsement, will be shown in the Declarations.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## CHANGE SCHEDULE COVERAGE

This endorsement applies to the Crime Coverage Forms and Sections of those forms designated below:

Coverage Form	Section	Title
<input type="checkbox"/> C	<input type="checkbox"/> 1 <input type="checkbox"/> 2	THEFT, DISAPPEARANCE AND DESTRUCTION
<input type="checkbox"/> D	<input type="checkbox"/> 1 <input type="checkbox"/> 2	ROBBERY AND SAFE BURGLARY-PROPERTY OTHER THAN MONEY AND SECURITIES
<input type="checkbox"/> E	N/A	PREMISES BURGLARY
<input type="checkbox"/> H	<input type="checkbox"/> 1 <input type="checkbox"/> 2	PREMISES THEFT AND ROBBERY OUTSIDE THE PREMISES-PROPERTY OTHER THAN SECURITIES
<input type="checkbox"/> Q	<input type="checkbox"/> 1 <input type="checkbox"/> 2	PREMISES THEFT AND ROBBERY OUTSIDE ROBBERY AND SAFE BURGLARY-MONEY AND SECURITIES

**A. SCHEDULE\***

1. Add to the Schedule:

Address of Premises	Section 1 Loss Inside the Premises	Section 2 Loss Outside the Premises	Number of Messengers	Number of Armored Motor Vehicles
	Limit of Insurance	Limit of Insurance		

Limit of Insurance for additionally acquired:

<b>Premises \$</b>	<b>Messengers \$</b>	<b>Armored Motor Vehicles \$</b>
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2. Delete from the Schedule:

Address of Premises	Section 1 Loss Inside the Premises	Section 2 Loss Outside the Premises	Number of Messengers	Number of Armored Motor Vehicles
	Limit of Insurance	Limit of Insurance		

Limit of Insurance for additionally acquired:

<b>Premises \$</b>	<b>Messengers \$</b>	<b>Armored Motor Vehicles \$</b>
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**B. PROVISIONS**

The SCHEDULE in the CONVERT TO SCHEDULE COVERAGE endorsement is amended as shown in the SCHEDULE of this endorsement.

\*Information required to complete this SCHEDULE, if not shown on this endorsement, will be shown in the Declarations.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**LIMIT COVERAGE TO FIXTURES, FITTINGS OR APPLIANCES OR PROPERTY IN PUBLIC ENTRANCES, HALLWAYS OR STOREROOMS**

This endorsement applies to the Crime Coverage Forms and Sections of those forms designated below:

Coverage Form	Section	Title
<input type="checkbox"/> E	N/A	PREMISES BURGLARY
<input type="checkbox"/> H	1	PREMISES THEFT AND ROBBERY OUTSIDE THE PREMISES-PROPERTY OTHER THAN MONEY AND SECURITIES

**A. SCHEDULE\***

**Address of Premises**

**Limit of Insurance**

**Covered Property**

Fixtures, fittings and appliances that you own within a dwelling at the "premises"

Property that you own or for which you are liable in public entrances, hallways or storerooms

**B. PROVISIONS**

1. For the "premises" shown in the SCHEDULE, Covered Property is limited to the property shown in the SCHEDULE.
2. The most we will pay for loss at the "premises" shown in the SCHEDULE is the Limit of Insurance opposite the address of such "premises" and that Limit is part of, not in addition to, the Limit shown in the Declarations.
3. For COVERAGE FORM E only, the definition of "burglary" is amended to include:
  - a. As respects fixtures, fittings and appliances "burglary" means:

The unlawful taking of Covered Property from within a dwelling at the "premises" by a person who makes an unlawful entry or exit as evidenced by damage to the dwelling.

- b. As respects property in public entrances, hallways or storerooms "burglary" means:

The unlawful taking of Covered Property from within a public entrance, hallway or storeroom at the "premises" by a person who makes an unlawful entry or exit as evidenced by damage to the "premises."

4. The **Ownership of Property; Interests Covered** GENERAL CONDITION does not apply.

\*Information required to complete this SCHEDULE, if not shown on this endorsement, will be shown in the Declarations.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **PROPERTY OF OTHERS**

This endorsement applies to the Crime Coverage Forms and Sections of those forms designated below:

<b>Coverage Form</b>	<b>Section</b>	<b>Title</b>
<input type="checkbox"/> D	1	ROBBERY AND SAFE BURGLARY-PROPERTY OTHER THAN MONEY AND SECURITIES
<input type="checkbox"/> E	N/A	PREMISES BURGLARY
<input type="checkbox"/> H	1	PREMISES THEFT AND ROBBERY OUTSIDE THE PREMISES-PROPERTY OTHER THAN MONEY AND SECURITIES

### **A. SCHEDULE\***

<b>Class of Persons</b>	<b>Limit of Insurance</b>	<b>Covered Property</b>
<input type="checkbox"/> Customers	\$	<input type="checkbox"/> <b>includes</b>
<input type="checkbox"/> Business Guests		<input type="checkbox"/> <b>limited to</b>
<input type="checkbox"/> Employees		
<input type="checkbox"/> Students		
<input type="checkbox"/> Visitors		

### **B. PROVISIONS**

1. Covered Property either **includes** or is **limited to**, whichever is indicated as applicable in the SCHEDULE that which is owned by persons in the class designated in the SCHEDULE.
2. The Limit of Insurance for Covered Property of any one person will not exceed 10% of the Limit of Insurance shown in the SCHEDULE.
3. The **Records** GENERAL CONDITION does not apply to loss of property owned by any person in a class shown in the SCHEDULE.
4. If **includes** is shown in the SCHEDULE the most we will pay in any one "occurrence" is the Limit of Insurance shown in the SCHEDULE. That limit is part of, not in addition to, the Limit of Insurance shown in the Declarations.
5. If **limited to** is shown in the SCHEDULE the most we will pay in any one "occurrence" is the Limit of Insurance shown in the SCHEDULE.

\*Information required to complete this SCHEDULE, if not shown on this endorsement, will be shown in the Declarations.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **THEFT OF OUTDOOR SIGNS**

This endorsement applies to the Crime Coverage Forms and Sections of those forms designated below:

<b>Coverage Form</b>	<b>Section</b>	<b>Title</b>
<input type="checkbox"/> E	N/A	PREMISES BURGLARY
<input type="checkbox"/> H	1	PREMISES THEFT AND ROBBERY OUTSIDE THE PREMISES-PROPERTY OTHER THAN MONEY AND SECURITIES

### **A. SCHEDULE\***

**Address and  
Description of  
Sign or Board**

**Limit of  
Insurance**

Vandalism Applies

### **B. PROVISIONS**

1. We will pay for loss of, or loss from damage to, outdoor signs and bulletin boards resulting from:

a. Actual or attempted theft; and

b. Vandalism if indicated as applicable in the SCHEDULE;

at the location designated in the SCHEDULE.

2. We will not pay for loss of, or loss from damage to, glass.

\*Information required to complete this SCHEDULE, if not shown on this endorsement, will be shown in the Declarations.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **REQUIRE RECORD OF CHECKS**

This endorsement applies to the Crime Coverage Forms and Sections of those forms designated below:

<b>Coverage Form</b>	<b>Section</b>	<b>Title</b>
<input type="checkbox"/> C	1 and 2	THEFT, DISAPPEARANCE AND DESTRUCTION
<input type="checkbox"/> D	1 and 2	ROBBERY AND SAFE BURGLARY-PROPERTY OTHER THAN MONEY AND SECURITIES
<input type="checkbox"/> Q	<input type="checkbox"/> 1 <input type="checkbox"/> 2	ROBBERY AND SAFE BURGLARY-MONEY AND SECURITIES

### **PROVISIONS**

1. You must maintain a record of your checks. The record must:
  - a. Be made immediately upon the check being presented to you;
  - b. Include the names of the maker, the payee, the bank on which the check was drawn, and the date and amount of the check.
2. You must keep these records separate from the checks.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**EXTEND DEFINITION OF PREMISES TO INCLUDE PORTION  
OF GROUNDS ENCLOSED BY FENCE OR WALL**

This endorsement applies to the Crime Coverage Forms and Sections of those forms designated below:

<b>Coverage Form</b>	<b>Section</b>	<b>Title</b>
<input type="checkbox"/> E	N/A	PREMISES BURGLARY
<input type="checkbox"/> H	1	PREMISES THEFT AND ROBBERY OUTSIDE THE PREMISES - PROPERTY OTHER THAN MONEY AND SECURITIES

**PROVISIONS**

"Premises" also includes that portion of the grounds that is entirely enclosed by a fence or wall.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **INCREASE LIMIT OF INSURANCE FOR SPECIFIED PERIODS**

This endorsement applies to the Crime Coverage Forms and Sections of those forms designated below:

<b>Coverage Form</b>	<b>Section</b>	<b>Title</b>
<input type="checkbox"/> C	<input type="checkbox"/> 1 <input type="checkbox"/> 2	THEFT, DISAPPEARANCE AND DESTRUCTION
<input type="checkbox"/> D	<input type="checkbox"/> 1 <input type="checkbox"/> 2	ROBBERY AND SAFE BURGLARY-PROPERTY OTHER THAN MONEY AND SECURITIES
<input type="checkbox"/> E	N/A	PREMISES BURGLARY
<input type="checkbox"/> H	<input type="checkbox"/> 1 <input type="checkbox"/> 2	PREMISES THEFT AND ROBBERY OUTSIDE THE PREMISES-PROPERTY OTHER THAN MONEY AND SECURITIES
<input type="checkbox"/> Q	<input type="checkbox"/> 1 <input type="checkbox"/> 2	ROBBERY AND SAFE BURGLARY-MONEY AND SECURITIES

### **A. SCHEDULE\***

#### **Designated Period**

(12:01 A.M. for each date)

<b>From</b>	<b>To</b>	<b>Coverage Form Letter</b>	<b>Limit of Insurance</b>
			From \$                      To \$

### **B. PROVISIONS**

The Limit of Insurance is increased for the period in the SCHEDULE. However, the amount by which the insurance is increased applies only to loss discovered before the end of one year after the end of the period shown.

\*Information required to complete this SCHEDULE, if not shown on this endorsement, will be shown in the Declarations.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**INCLUDE SELLING PRICE OR PROCESSING CHARGE**

This endorsement applies to the Crime Coverage Forms and Sections of those forms designated below:

<b>Coverage Form</b>	<b>Section</b>	<b>Title</b>
<input type="checkbox"/> D	<input type="checkbox"/> 1 <input type="checkbox"/> 2	ROBBERY AND SAFE BURGLARY-PROPERTY OTHER THAN MONEY AND SECURITIES
<input type="checkbox"/> E	N/A	PREMISES BURGLARY
<input type="checkbox"/> H	<input type="checkbox"/> 1 <input type="checkbox"/> 2	PREMISES THEFT AND ROBBERY OUTSIDE THE PREMISES--PROPERTY OTHER THAN MONEY

AND SECURITIES

**PROVISIONS**

Actual cash value of:

1. Raw material or material being processed will include your processing charge less unincurred expenses;
2. Finished merchandise you own that is ready for sale will be the selling price of the merchandise less any discounts and unincurred expenses.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **EXTEND PREMISES TO ENTIRE PLOT OF GROUND UNDER YOUR CONTROL**

This endorsement applies to the Crime Coverage Forms and Sections of those forms designated below:

<b>Coverage Form</b>	<b>Section</b>	<b>Title</b>
<input type="checkbox"/> C	1	THEFT, DISAPPEARANCE AND DESTRUCTION
<input type="checkbox"/> D	1	ROBBERY AND SAFE BURGLARY - PROPERTY OTHER THAN MONEY AND SECURITIES
<input type="checkbox"/> Q	1	ROBBERY AND SAFE BURGLARY - MONEY AND SECURITIES

### **A. SCHEDULE\***

**Address**

### **B. PROVISIONS**

"Premises" also includes the entire plot of ground under your control at the address shown in the SCHEDULE.

\*Information required to complete this SCHEDULE, if not shown on this endorsement, will be shown in the Declarations.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**INCLUDE COVERED PROPERTY IN CUSTODY  
OF DESIGNATED AGENTS**

This endorsement applies to the Crime Coverage Forms and Sections of those forms designated below:

<b>Coverage Form</b>	<b>Section</b>	<b>Title</b>
<input type="checkbox"/> C	<input type="checkbox"/> 1 <input type="checkbox"/> 2	THEFT, DISAPPEARANCE AND DESTRUCTION
<input type="checkbox"/> D	<input type="checkbox"/> 1 <input type="checkbox"/> 2	ROBBERY AND SAFE BURGLARY - PROPERTY OTHER THAN MONEY AND SECURITIES
<input type="checkbox"/> E	N/A	PREMISES BURGLARY
<input type="checkbox"/> H	<input type="checkbox"/> 1 <input type="checkbox"/> 2	PREMISES THEFT AND ROBBERY OUTSIDE THE PREMISES - PROPERTY OTHER THAN MONEY AND SECURITIES
<input type="checkbox"/> Q	<input type="checkbox"/> 1 <input type="checkbox"/> 2	ROBBERY AND SAFE BURGLARY--MONEY AND SECURITIES

**A. SCHEDULE\***

<b>Name of Agent</b>	<b>Service Performed For You</b>	<b>Address</b>
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**B. PROVISIONS**

1. "Premises" includes the interior of that portion of any building occupied by an agent (other than an armored motor vehicle com-

pany) shown in the SCHEDULE in conducting its business.  
2. "Messenger" includes any agent (other than an armored motor vehicle company) shown in the SCHEDULE and any officer, partner or employee of the agent.

\*Information required to complete this SCHEDULE, if not shown on this endorsement, will be shown in the Declarations.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

**INCLUDE GUESTS' PROPERTY ACCEPTED  
FOR SAFEKEEPING**

This endorsement applies to the Crime Coverage Forms and Sections of those forms designated below:

<b>Coverage Form</b>	<b>Section</b>	<b>Title</b>
<input type="checkbox"/> C	1	THEFT, DISAPPEARANCE AND DESTRUCTION
<input type="checkbox"/> D	1	ROBBERY AND SAFE BURGLARY - PROPERTY OTHER THAN MONEY AND SECURITIES
<input type="checkbox"/> Q	1	ROBBERY AND SAFE BURGLARY - MONEY AND SECURITIES

**PROVISIONS**

1. The **Records** GENERAL CONDITION does not apply to loss of guests' property that you accept for safekeeping that results from "Robbery" or "Safe Burglary." But, in the event of loss, guests must give you a written description of the property and evidence of its value.

As respects the THEFT, DISAPPEARANCE AND DESTRUCTION COVERAGE FORM:

"Safe Burglary" means the taking of:

- (1) Property from within a locked safe or vault by a person unlawfully entering the safe or vault as evidenced by marks of forcible entry upon its exterior; and
  - (2) A safe or vault from inside the "premises."
2. The Limit of Insurance for property of any one guest will not exceed 10% of the Limit of Insurance shown in the Declarations.

Information required to complete this SCHEDULE, if not shown on this endorsement, will be shown in the Declarations.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.  
INCLUDE SECURITIES HELD BY A DEPOSITORY IN TRUST**

This endorsement applies only to the LESSEES OF SAFE DEPOSIT BOXES COVERAGE FORM I, Section 1.

**A. SCHEDULE\***

**Designation of Safe  
Deposit Boxes**

**B. PROVISIONS**

We will pay for loss of "securities" held by the "depository" in trust, but not as collateral, from the safe deposit boxes shown in the SCHEDULE while the boxes are under dual control by:

1. The "depository"; and
2. A co-fiduciary with the "depository."

\*Information required to complete this SCHEDULE, if not shown on this endorsement, will be shown in the Declarations.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.  
INCLUDE BULKY PROPERTY**

This endorsement applies only to the LESSEES OF SAFE DEPOSIT BOXES COVERAGE FORM I, Section 2.

**A. SCHEDULE\***

**Covered  
Property**

**Limit of  
Insurance**

**B. PROVISIONS**

1. We will pay you for loss of property described in the SCHEDULE while that property is in a vault in the "depository premises."
2. The most we will pay under this COVERAGE FORM for loss arising out of any one "occurrence" is the limit shown in the SCHEDULE. That limit is part of, not in addition to, the limit shown in the Declarations.

\* Information required to complete this SCHEDULE, if not shown on this endorsement, will be shown in the Declarations.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **EXCESS BANK BURGLARY AND ROBBERY**

This endorsement applies only to the ROBBERY AND SAFE BURGLARY - PROPERTY OTHER THAN MONEY AND SECURITIES COVERAGE FORM D.

### **PROVISIONS**

**A.** As respects COVERAGE FORM D:

**1. Inside the Premises, Robbery of a Custodian** coverage is amended as follows:

**a. Covered Property** is changed to:

**(1) Covered Property:** "Money", "securities" and "property other than money and securities" inside the "premises" in the care and custody of a "custodian."

**b. Covered Cause of Loss** is changed to:

**(3) Covered Causes of Loss:** Actual or attempted "robbery" or vandalism.

**2. Inside the Premises Safe Burglary** coverage is amended as follows:

**a. Covered Property** is changed to:

**(1) Covered Property:** "Money", "securities" and "property other than money and securities" inside the "premises" in a safe or vault.

**b. Covered Cause of Loss** is changed to:

**(2) Covered Causes of Loss:** Actual or attempted "safe burglary" or vandalism.

**3. The Fire Additional Exclusion** is changed to:

**b. Fire:** loss resulting from fire, however caused, except loss of "money" or "securities" or loss from damage to a safe or vault from fire that is incidental to a Covered Cause of Loss.

**4. The Vandalism Additional Exclusion** does not apply.

**5. The Special Limit of Insurance for Specified Property** Additional Condition does not apply.

**B.** As respects the CRIME GENERAL PROVISIONS the first sentence of item a. (2) of the **Valuation-Settlement** GENERAL CONDITION is changed to:

**(2)** Loss of "securities" but only up to their market value at the time the loss is settled.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **BANK EXCESS SECURITIES**

This endorsement applies only to THEFT, DISAPPEARANCE AND DESTRUCTION COVERAGE FORM C.

### **PROVISIONS**

**A.** As respects COVERAGE FORM C:

**1. Inside the Premises** coverage is amended by changing Covered Property to:

**a. Covered Property:** "Securities" inside the "premises."

**2.** The **DEDUCTIBLE** provision is changed to:

#### **C. DEDUCTIBLE**

We will not pay for loss in any one "occurrence" unless the amount of loss, including any loss of "money"

the Deductible Amount shown in the Declarations. We will then pay the amount of loss in excess of the Deductible Amount up to the Limit of Insurance.

**3.** The Vandalism Additional Exclusion does not apply.

**B.** As respects the **CRIME GENERAL PROVISIONS**, the first sentence of item a(2) of the Valuation - Settlement **GENERAL CONDITION** is changed to:

Loss of "securities" but only up to their market value at the time the loss is settled.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **SUBLIMITS FOR MONEY AND SECURITIES**

This endorsement applies to the Crime Coverage Forms and Sections of those forms designated below:

<b>Coverage Form</b>	<b>Section</b>	<b>Title</b>
<input type="checkbox"/> <b>C</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	THEFT, DISAPPEARANCE AND DESTRUCTION
<input type="checkbox"/> <b>Q</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	ROBBERY AND SAFE BURGLARY MONEY AND SECURITIES

**A. SCHEDULE\***

Address of Premises \_\_\_\_\_

<u>Property</u>	<u>Section 1</u>		<u>Section 2</u>	
	Form C	Form Q		
	<u>Robbery</u>	<u>Safe Burglary</u>		
Money and Securities	\$ _____	\$ _____	\$ _____	\$ _____
Securities	\$ _____	\$ _____	\$ _____	\$ _____
Checks other than Payroll Checks	\$ _____	\$ _____	\$ _____	\$ _____
<b>Total</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

**B. PROVISIONS**

As respects loss at or in relation to the premises shown in the SCHEDULE, the Limit of Insurance shown in the Declarations is changed to the limit shown in the SCHEDULE for the type of property indicated.

\*Information required to complete this SCHEDULE, if not shown on this endorsement will be shown in the Declarations.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**  
**INCLUDE FIRE DAMAGE**

This endorsement applies only to the **LIABILITY FOR GUESTS' PROPERTY PREMISES COVERAGE FORM L.**

**PROVISIONS**

We will pay for damages you are obligated to pay that arise from destruction of or damage to Covered Property caused by fire.

The **Fire** Exclusion is deleted.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**  
**INCREASE LIMIT OF INSURANCE PER GUEST**

This endorsement applies only to the LIABILITY FOR GUESTS' PROPERTY PREMISES COVERAGE FORM L.

**A. SCHEDULE\***

**Limit Per  
Guest**

**B. PROVISIONS**

The Limit of Insurance per guest shown in the Declarations is increased to the amount shown in the SCHEDULE.

\* Information required to complete this SCHEDULE, if not shown on this endorsement, will be shown in the Declarations.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**INCLUDE DAMAGE FROM FOOD OR LIQUID**

This endorsement applies only to the LIABILITY FOR GUESTS' PROPERTY PREMISES COVERAGE FORM L.

**PROVISIONS**

We will pay for damages you are obligated to pay that arise from destruction of or damage to Covered Property resulting from spilling, upsetting or leaking of any food or liquid.

The **Food or Liquid** Exclusion is deleted.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**  
**INCLUDE PROPERTY IN CUSTODY OF LAUNDRY OR  
CLEANER**

This endorsement applies only to the LIABILITY FOR GUESTS' PROPERTY PREMISES COVERAGE FORM L.

**PROVISIONS**

We will pay for damages you are obligated to pay that arise from destruction of or damage to Covered Property while in your care and custody for laundering or cleaning.

The **Laundering or Cleaning** Exclusion is deleted.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**INCLUDE PROPERTY OF PERSONS OCCUPYING  
LEASED LODGING ACCOMMODATIONS**

This endorsement applies only to the LIABILITY FOR GUESTS' PROPERTY PREMISES COVERAGE FORM L.

**PROVISIONS**

1. We will pay on your behalf for loss of Covered Property belonging to persons occupying leased lodging accommodations at the "premises" unless the lease agreement also provides for the use of the accommodations for:
  - a. Professional or business purposes; or
  - b. Activities related to your employment of such persons.
2. The **Assumed Liability** Exclusion is amended accordingly.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.  
INCLUDE SAMPLES AND ARTICLES FOR SALE OR DELIVERY**

This endorsement applies only to the LIABILITY FOR GUESTS' PROPERTY PREMISES COVERAGE FORM L.

**PROVISIONS**

Covered Property includes samples or articles held for sale or delivery after sale.

The **Samples, Articles for Sale** paragraph of the **Property Not Covered** provision is deleted.

# SAFE DEPOSITORY GENERAL PROVISIONS

Various provisions in this policy restrict coverage. Read the entire policy carefully to determine rights, duties and what is or is not covered.

Throughout this policy the words "you" and "your" refer to the Named Insured shown in the DECLARATIONS. The words "we", and "our" refer to the Company providing this insurance.

Words and phrases in quotation marks are defined in the policy.

Unless stated otherwise in any Safe Depository Coverage Form, DECLARATIONS or endorsement, the following General Exclusions, General Conditions and General Definitions apply to all Safe Depository Coverage Forms forming part of this policy.

**A. GENERAL EXCLUSIONS:** We will not pay for loss resulting from, damages arising out of, or the defense of any suit connected with, any of the following:

1. **Acts Committed By You or Your Partners:** Loss or destruction of, or damage to, property resulting from any dishonest or criminal act committed by you or any of your partners whether acting alone or in collusion with other persons.
2. **Governmental Action:** Loss or destruction of, or damage to, property resulting from seizure or destruction of the property by order of governmental authority.
3. **Nuclear:** Loss or destruction of, or damage to property resulting from nuclear reaction, nuclear radiation or radioactive contamination, or to any related act or incident.
4. **War and Similar Actions:** Loss or destruction of, or damage to, property resulting from war, whether or not declared, warlike action, insurrection, rebellion or revolution, or to any related act or incident.

## B. GENERAL CONDITIONS

1. **Joint Insured**
  - a. If more than one Insured is named in the Declarations, the first named Insured will act for itself and for every other Insured for all purposes of this insurance. If the first named Insured ceases to be covered, then the next named Insured will become the first named Insured.
  - b. If any Insured or partner or officer of that Insured has knowledge of any information relevant to this insurance, that knowledge is considered knowledge of every Insured.
2. **Non-Cumulation of Limit of Insurance:** Limits of insurance stated in the DECLARATIONS do not cumulate from year to year or period to period.

3. **Other Insurance:** This insurance does not apply to loss or damages recoverable or recovered under **any** other insurance or indemnity. However, if the limit of the other insurance or indemnity is insufficient to cover the entire amount of the loss or damages, this insurance will apply to that part of the loss or damages, other than that falling within any deductible amount, not recoverable or recovered under the other insurance or indemnity. However, this insurance will not apply to **the amount of loss or damages that is more than the applicable Limit of Insurance shown in the Declarations.**

4. **Ownership of Customers' Property:** "Customers' Property" may be owned by customers or held by them in any capacity, whether or not the customers are liable to others for its loss, destruction or damage.

## C. GENERAL DEFINITIONS

1. **"Money"** means:
  - a. Currency, coins and bank notes in current use and having a face value; and
  - b. Travelers checks, register checks and money orders held for sale to the public.
2. **"Occurrence"** means an:
  - a. Act or series of related acts involving one or more persons; or
  - b. Act or event, or a series of related acts or events not involving any person.
3. **"Premises"** means the interior of that portion of any building at a location shown in the declarations that you occupy in conducting your business.
4. **"Property Other Than Money and Securities"** means any tangible property other than "money" and "securities" that has intrinsic value, but does not include any property listed in any Crime Coverage Form as Property Not Covered.
5. **"Securities"** means negotiable and non-negotiable instruments or contracts representing either "money" or other property and includes:
  - a. Tokens, tickets, revenue and other stamps in current use; and
  - b. Evidence of debt issued in connection with credit or charge cards which cards are not issued by the customer holding the evidence of debt;but does not include "money".

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **SAFE DEPOSIT BOX TRANSFER**

This endorsement applies only to SAFE DEPOSITORY LIABILITY COVERAGE FORM M.

### **A. SCHEDULE\***

**Location A**

**Time Period**

A.M.

A.M. (Standard Time at

P.M. to

P.M. your Mailing Address)

on

\_\_\_\_\_

Month

Day

Year

**Location B**

### **B. PROVISIONS**

This insurance also applies to "customer's property" in safe deposit boxes while those boxes are being transferred between locations designated as A and B in the SCHEDULE, but only for the Time Period shown in the SCHEDULE.

\* Information required to complete this SCHEDULE, if not shown on this endorsement, will be shown in the Declarations.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **REDUCED LIMIT OF INSURANCE FOR SPECIFIED PREMISES**

This endorsement applies to the Crime Coverage Forms designated below:

<b>Coverage Form</b>	<b>Title</b>
<input type="checkbox"/> M	SAFE DEPOSITORY LIABILITY COVERAGE FORM
<input type="checkbox"/> N	SAFE DEPOSITORY DIRECT LOSS COVERAGE FORM

### **A. SCHEDULE\***

**Address of  
Premises**

**Limits of  
Insurance**

Coverage Form M

Coverage Form N

### **B. PROVISIONS**

The Limits of Insurance shown in the Declarations for Coverage Forms M and N are reduced to the limits shown for those coverages in the SCHEDULE.

\* Information required to complete this SCHEDULE, if not shown on this endorsement, will be shown in the Declarations.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**INCLUDE MONEY FOR FULL OR PARTIAL LIMIT  
OF INSURANCE**

This endorsement applies only to the SAFE DEPOSITORY DIRECT LOSS COVERAGE FORM N.

**A. SCHEDULE\***

**Premises**

**Limit of Insurance**

**B. PROVISIONS**

1. The "**Customers' Property**" Additional Definition is deleted and the following substituted:

"**Customers' Property**" means: "money", "securities" and "property other than money and securities."

2. The Limit of Insurance for loss of "money" at the "premises" shown in the SCHEDULE is the Limit of Insurance shown in the SCHEDULE. That Limit is part of, not in addition to, the Limit of Insurance shown in the Declarations.

\* Information required to complete this SCHEDULE, if not shown on this endorsement, will be shown in the Declarations.

NAMED INSURED:  
POLICY NUMBER:

**THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.**

## POLICY CHANGE

Policy Change No. \_\_\_\_\_  
Date of Issue: \_\_\_\_\_  
Effective Date of Change: 12:01 a.m. \_\_\_\_\_

### A. SCHEDULE\*

- 1. The Name Insured is changed to: \_\_\_\_\_
- 2. The following Insured(s) is **added** as a Named Insured:  
\_\_\_\_\_  
\_\_\_\_\_
- 3. The following Insured(s) is **deleted** as a Named Insured:  
\_\_\_\_\_  
\_\_\_\_\_
- 4. The Mailing Address is changed to: \_\_\_\_\_
- 5. The Policy Period is: extended to \_\_\_\_\_ or reduced to \_\_\_\_\_
- 6. The following Coverage Form(s) is:
  - Added to the Policy
  - Deleted from the Policy
  - Changed as respects the Limit(s) of Insurance and/or Deductible Amount(s)

Coverage Form	Limit of Insurance	or	Limit of Insurance	
			Section 1	Section 2
_____	\$ _____		\$ _____	\$ _____
_____	\$ _____		\$ _____	\$ _____

  

Coverage Form	Limit of Insurance	or	Deductible Amount	
			Section 1	Section 2
_____	\$ _____		\$ _____	\$ _____
_____	\$ _____		\$ _____	\$ _____

- 7. The following Endorsement(s) is:
  - Added to the Policy
  - Deleted from the Policy
  - Changed as respects the Limit(s) of Insurance

Endorsement	Limit of Insurance	or	Limit of Insurance	
			Section 1	Section 2
_____	\$ _____		\$ _____	\$ _____
_____	\$ _____		\$ _____	\$ _____

Accepted: \_\_\_\_\_  
                    First Named Insured  
\_\_\_\_\_  
                    Title

\*Information required to complete this SCHEDULE, if not shown on this Endorsement, will be shown in the DECLARATIONS.

**B. PROVISIONS**

1. Application of changes affected by this Endorsement.

a. **Addition of a Deductible or Increase in Deductible Amount:** This change applies to loss resulting from acts committed or events occurring at any time, whether before or after the Effective Date of Change.

b. **Deletion or Restriction (other than in a. above) of any Coverage or Decrease in any Limit of Insurance:** This change applies to loss resulting from acts committed or events occurring:

(1) On or after the Effective Date of Change; and also

(2) Before the Effective Date of Change if discovered after one year from that date.

c. **All Changes Other Than in a. and b. Above:** This change applies to loss resulting from acts committed or events occurring on or after the Effective Date of Change.

2. No Limit of Insurance during any period will be cumulative with any other amount applicable to the same coverage during any other period.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **AMEND TERRITORIAL LIMITS**

This endorsement applies only to the Crime Coverage Forms designated in the SCHEDULE.

**A. SCHEDULE\***

**Coverage Form**

**Add**

**Delete**

**B. PROVISIONS:** The **Territory** GENERAL CONDITION is amended for any Coverage Form shown in the SCHEDULE by adding or deleting the territory shown in the SCHEDULE.

\* Information required to complete this SCHEDULE, if not shown on this endorsement, will be shown in the Declarations.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **CONTRIBUTING INSURANCE**

This endorsement applies to the Crime Coverage Forms and Sections of those forms designated in the SCHEDULE.

### **A. SCHEDULE\***

**Coverage Form**

**Section**

**Limit of Insurance**

### **B. PROVISIONS**

1. While the Coverage Form or Section of the Coverage Form shown in the SCHEDULE is in effect, you agree to keep other similar insurance in effect in an amount not less than the Limit of Insurance shown in the SCHEDULE.
2. The most we will pay under this insurance for loss covered under both this insurance and the other similar insurance is the proportion of the loss that the Limit of Insur-

ance applicable to this insurance bears to the total amount of all such insurance. Any Limit of Insurance applicable to this insurance other than that shown in the Declarations is reduced by the same proportion.

3. If such other insurance is not in effect or does not cover a loss covered by this insurance, the most we will pay for any loss is the amount we would have paid under the provisions of this endorsement had that insurance been in effect or covered the loss.

\* Information required to complete this SCHEDULE, if not shown on this endorsement, will be shown in the Declarations.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.  
COINDEMNITY**

**A.SCHEDULE\***

1. Coverage Forms \_\_\_\_\_

Limit of Insurance \$ \_\_\_\_\_

**Amount Underwritten**

**Name of Underwriting Company**

a. \$ \_\_\_\_\_

a. \_\_\_\_\_ (Controlling Company)  
by: \_\_\_\_\_

b. \$ \_\_\_\_\_

b. \_\_\_\_\_  
by: \_\_\_\_\_

c. \$ \_\_\_\_\_

c. \_\_\_\_\_  
by: \_\_\_\_\_

2. Coverage Form \_\_\_\_\_, Limit of Insurance \$ \_\_\_\_\_

**Amount Underwritten**

**Name of Underwriting Company**

a. \$ \_\_\_\_\_

a. \_\_\_\_\_ (Controlling Company)  
by: \_\_\_\_\_

b. \$ \_\_\_\_\_

b. \_\_\_\_\_  
by: \_\_\_\_\_

c. \$ \_\_\_\_\_

c. \_\_\_\_\_  
by: \_\_\_\_\_

3. Coverage Form \_\_\_\_\_, Limit of Insurance \$ \_\_\_\_\_

**Amount Underwritten**

**Name of Underwriting Company**

a. \$ \_\_\_\_\_

a. \_\_\_\_\_ (Controlling Company)  
by: \_\_\_\_\_

b. \$ \_\_\_\_\_

b. \_\_\_\_\_  
by: \_\_\_\_\_

c. \$ \_\_\_\_\_

c. \_\_\_\_\_  
by: \_\_\_\_\_

4. Coverage Form \_\_\_\_\_, Limit of Insurance \$ \_\_\_\_\_

**Amount Underwritten**

**Name of Underwriting Company**

a. \$ \_\_\_\_\_

a. \_\_\_\_\_ (Controlling Company)  
by: \_\_\_\_\_

b. \$ \_\_\_\_\_

b. \_\_\_\_\_  
by: \_\_\_\_\_

c. \$ \_\_\_\_\_

c. \_\_\_\_\_  
by: \_\_\_\_\_

## B. PROVISIONS

1. Company means all the companies shown in the SCHEDULE.
2. Each company will pay not more than the proportion of any loss than the amount underwritten by it for the Coverage Form as shown in the Schedule, bears to the Limit of Insurance shown in the Declarations.
3. Unless any company requests otherwise:
  - a. Premiums will be paid directly to the Controlling Company for the account of all companies;
  - b. The giving of notice of loss and the filing of proof of loss with the Controlling Company will be considered in compliance with the terms of this insurance for the giving of notice of loss and the filing of proof of loss if given and filed in accordance with the terms of this insurance; and
  - c. Notice of cancellation by you, in accordance with the terms of this insurance, to the Controlling Company will cancel the liability of all companies shown in the SCHEDULE.
4. The Controlling Company may, in accordance with the terms of this insurance, give notice that cancels coverage for the entire Coverage Form or, as respects the Employee Dishonesty Coverage Form A, for any "employee."

This notice will cancel the liability of all companies shown in the Schedule for either the Coverage Form or the "employee."

5. Any company other than the Controlling Company may give notice, in accordance with the terms of this insurance, that cancels:
  - a. Its liability for any Coverage Form; or
  - b. The coverage on any "employee."Any such cancellation will not terminate or otherwise affect the liability of the other companies.
6. You may cancel the amount underwritten by any company, other than the Controlling Company by:
  - a. Giving notice of the cancellation to the company; and
  - b. Sending a copy of that notice to the Controlling Company.
7. If the coverage under this insurance is cancelled or terminated:
  - a. For one or more companies, then that company or companies will not pay for any loss under this insurance unless the loss is discovered not later than one year from the effective date of the cancellation or termination of coverage;
  - b. No company will pay for a greater proportion of any return premium due, than the amount underwritten by that company bears to the Limit of Insurance shown in the Declarations;
  - c. As to any company, that company alone will pay any return premium due on account of the cancellation or termination of coverage.

\*Information required to complete this SCHEDULE, if not shown on this endorsement, will be shown in the Declarations.

*SERFF Tracking Number:*      *CNNA-125885137*                      *State:*                      *Arkansas*  
*Filing Company:*              *The Cincinnati Insurance Company*              *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *CCR-08-6009-AR*  
*TOI:*                      *26.0 Burglary & Theft*                      *Sub-TOI:*                      *26.0001 Commercial Burglary & Theft*  
*Product Name:*              *CCR-08-6009-AR*  
*Project Name/Number:*      /

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: CNNA-125885137

State: Arkansas

Filing Company: The Cincinnati Insurance Company

State Tracking Number: EFT \$50

Company Tracking Number: CCR-08-6009-AR

TOI: 26.0 Burglary & Theft

Sub-TOI: 26.0001 Commercial Burglary & Theft

Product Name: CCR-08-6009-AR

Project Name/Number: /

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty

**Review Status:**

Withdrawn

11/05/2008

**Comments:**

**Attachments:**

F777AR\_CCR-08-6009-AR.pdf

F778AR\_307 CCR-08-6009-AR.pdf

**Satisfied -Name:** MEMORANDUM

**Review Status:**

Withdrawn

11/05/2008

**Comments:**

**Attachment:**

CCR-08-6009-AR F.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>
	a. Date the filing is received:
	b. Analyst:
	c. Disposition:
	d. Date of disposition of the filing:
	e. Effective date of filing:
	New Business
	Renewal Business
	f. State Filing #:
	g. SERFF Filing #:
	h. Subject Codes

<b>3. Group Name</b>	<b>Group NAIC #</b>
The Cincinnati Insurance Company	0244

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
The Cincinnati Insurance Company	Ohio	0244-10677	31-0542366	03

<b>5. Company Tracking Number</b>	<b>CCR-08-6009-AR</b>
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	6200 South Gilmore Road Fairfield, Ohio 45014-5141	Senior Filing Specialist	513-870-2091	513-888-8884	Sharon_grubbs@cinfin.com
<b>7.</b>	Signature of authorized filer		<i>Sharon Grubbs</i>		
<b>8.</b>	Please print name of authorized filer		Sharon Grubbs		

**Filing information** (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	BURGLARY AND THEFT
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	COMM'L BURGLARY AND THEFT
<b>11. State Specific Product code(s)</b> (if applicable)[See State Specific Requirements]	n/a
<b>12. Company Program Title</b> (Marketing title)	CRIME AND FIDELITY
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14. Effective Date(s) Requested</b>	New: 05/01/2009                      Renewal: 05/01/09
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization</b> (if applicable)	n/a
<b>17. Reference Organization # &amp; Title</b>	n/a
<b>18. Company's Date of Filing</b>	11/04/08
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

<b>20. This filing transmittal is part of Company Tracking #</b>	CCR-08-6009-AR
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<b>21. Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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See Memorandum

<b>22. Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
---

**Check #:** EFT FILING  
**Amount:** \$50.00

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

**FORM FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes forms)  
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>CCR-08-6009-AR</b>			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	<b>N/A</b>			
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	INCREASED LIMIT OF INSURANCE FOR SPECIFIED DAYS		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CA 201 01 99	
02	COMMERCIAL CRIME INSURANCE IMPORTANT CHANGES IN YOUR COVERAGE (JANUARY 1		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CA 402 01 86	
03	PROTECTIVE DEVICES OR SERVICES PROVISION		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CA 406 01 91	
04	EMPLOYEE DISHONESTY-PROFIT SHARING ENDORSEMENT		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CA 415 07 93	
05	EMPLOYMENT DISHONESTY COVERAGE FORM		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CA 417 01 95	
06	CRIME (XC™) GENERAL PROVISIONS FORM		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CA 429 09 06	
07	CRIME (XC™) WELFARE AND PENSION PLAN ERISA COMPLIANCE		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CA 438 04 06	
08	CRIME COVERAGE PART DECLARATIONS		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CA 501 01 92	
09	CRIME COVERAGE PART ENDORSEMENT (AWR)		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CA 501E 01 92	
10	CinciPlus™ CRIME EXPANDED COVERAGE (XC™) COVERAGE PART ENDORSEMENT		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CA 501E XC 04 06	
11	CinciPlus™ CRIME EXPANDED COVERAGE (XC™) PLUS COVERAGE PART ENDORSEMENT		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CA 501E XCP 04 06	
12	CinciPlus™ CRIME EXPANDED COVERAGE (XC™) COVERAGE PART DECLARATIONS		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CA 501 XC 04 06	
13	CinciPlus™ CRIME EXPANDED COVERAGE (XC™) PLUS COVERAGE PART DECLARATIONS		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CA 501 XCP 04 06	

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14	CRIME COVERAGE PART DECLARATIONS LIABILITY FOR GUESTS PROPERTY (AWR VERSION)		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CA 502 01 92	
15	CRIME COVERAGE PART DECLARATIONS LIABILITY FOR GUESTS PROPERTY (AWR VERSION)		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CA 502E 01 92	
16	SAFE DEPOSITORY COVERAGE DECLARATIONS (AWR VERSION)		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CA 503 08 92	
17	SAFE DEPOSITORY COVERAGE ENDORSEMENT (AWR)		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CA 503E 08 92	
18	LIABILITY FOR GUEST PROPERTY SAFE DEPOSIT BOX COVERAGE DECLARATIONS (AWR)		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CA 504 01 92	
19	LIABILITY FOR GUEST PROPERTY SAFE DEPOSIT BOX COVERAGE ENDORSEMENT (AWR)		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CA 504E 01 92	
20	CRIME COVERAGE SUPPLEMENTAL ENDORSEMENT		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CA 902 01 92	
21	CRIME COVERAGE SUPPLEMENTAL ENDORSEMENT		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CA 903 01 92	
22	CRIME COVERAGE SUPPLEMENTAL ENDORSEMENT		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CA 904 01 92	
23	CRIME SUPPLEMENTAL ENDORSEMENT		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CA 906 01 92	
24	CRIME COVERAGE AMENDMENT (AWR VERSION)		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CA 908 01 92	
25	CRIME COVERAGE AMENDMENT (AWR VERSION)		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CA 909 01 92	
26	EMPLOYEE DISHONESTY COVERAGE FORM		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 00 01 01 86	
27	FORGERY OR ALTERATION COVERAGE FORM B		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 00 03 01 86	
28	THEFT, DISAPPEARANCE AND DESTRUCTION COVERAGE FORM		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 00 04 10 90	
29	ROBBERY AND SAFE BURGLARY COVERAGE FORM--PROPERTY OTHER THAN MONEY AND		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 00 05 10 90	

30	PREMISES BURGLARY COVERAGE FORM		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 00 06 10 90	
31	COMPUTER FRAUD COVERAGE FORM		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 00 07 10 90	
32	EXTORTION COVERAGE FORM		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 00 08 10 90	
33	PREMISES THEFT AND ROBBERY OUTSIDE THE PREMISES COVERAGE FORM		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 00 09 10 90	
34	LESSEES OF SAFE DEPOSIT BOXES COVERAGE FORM		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 00 10 10 90	
35	SECURITIES DEPOSITED WITH OTHERS COVERAGE FORM		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 00 11 10 90	
36	LIABILITY FOR GUESTS PROPERTY-SAFE DEPOSIT BOX COVERAGE FORM		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 00 12 10 90	
37	LIABILITY FOR GUESTS PROPERTY--PREMISES COVERAGE FORM		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 00 13 10 90	
38	SAFE DEPOSITORY LIABILITY COVERAGE FORM		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 00 14 10 90	
39	SAFE DEPOSITORY DIRECT LOSS COVERAGE FORM		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 00 15 10 91	
40	ROBBERY AND SAFE BURGLARY COVERAGE FORM--MONEY & SECURITIES		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 00 18 10 90	
41	MONEY ORDERS AND COUNTERFEIT PAPER CURRENCY COVERAGE FORM		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 00 19 06 95	
42	CRIME GENERAL PROVISIONS FORM		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 10 00 10 90	
43	CHANGE SCHEDULE		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 10 01 01 86	
44	EXCLUDE DESIGNATED PERSONS OR CLASSES OF PERSONS AS EMPLOYEES		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 10 02 01 86	
45	LIMIT DEDUCTIBLE TO SPECIFIED POSITIONS		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 10 03 01 86	

46	EXCLUDE TRADING LOSS		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 10 04 01 86	
47	EXCLUDE WAREHOUSE RECEIPTS LOSSES		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 10 05 01 86	
48	EXCLUDE UNAUTHORIZED ADVANCES, REQUIRE ANNUAL AUDIT		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 10 06 01 86	
49	EXCLUDE LOSS OF CLIENTS' PROPERTY		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 10 07 01 86	
50	EXCLUDE LOSS OF CLIENTS' PROPERTY EXCEPT WHILE ON YOUR PREMISES		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 10 08 01 86	
51	INCLUDES AS COVERED CAUSE OF LOSS FAITHFUL PERFORMANCE OF DUTY		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 10 09 01 86	
52	ADD BLANKET EXCESS LIMIT OF INSURANCE		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 10 10 01 86	
53	REA BORROWING CORPORATIONS--LIMIT AMOUNT OF INSURANCE ON COLLECTION AGENTS		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 10 11 01 86	
54	CREDIT, DEBIT OR CHARGE CARD FORGERY		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 10 12 01 86	
55	WAREHOUSE RECEIPTS FORGERY		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 10 13 01 86	
56	INCLUDE PERSONAL ACCOUNTS OF SPECIFIED PERSONS		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 10 14 01 86	
57	EXCESS EMPLOYEE DISHONESTY COVERAGE FOR SPECIFIED EMPLOYEES		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 10 15 01 86	
58	EMPLOYEE DISHONESTY COVERAGE FORM AS EXCESS INSURANCE		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 10 16 01 86	
59	INCLUDE AS EMPLOYEES THE SPOUSE AND CHILDREN OF BUILDING MANAGER		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 10 17 01 86	
60	INCLUDE THE CHAIRMAN AND MEMBERS OF SPECIFIED COMMITTEES AS EMPLOYEES		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 10 18 01 86	
61	INCLUDE SPECIFIED DIRECTORS OR TRUSTEES ON COMMITTEES AS		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 10 19 01 86	

62	INCLUDE PARTNERS AS EMPLOYEES		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 10 20 01 86	
63	INCLUDE AS EMPLOYEES OFFICERS AND EMPLOYEES OF FEDERAL RESERVE BANK ACTING		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 10 21 01 86	
64	INCLUDE VOLUNTEER WORKERS AS EMPLOYEES		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 10 22 01 86	
65	INCLUDE VOLUNTEER WORKERS OTHER THAN FUND SOLICITORS AS EMPLOYEES		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 10 23 01 86	
66	AMEND DEFINITION OF EMPLOYEE TO COMPLY WITH LABOR--MANAGEMENT		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 10 25 01 86	
67	INCLUDE SPECIFIED NON-COMPENSATED OFFICERS AS EMPLOYEES		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 10 26 01 86	
68	WELFARE AND PENSION PLAN ERISA COMPLIANCE		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 10 27 01 86	
69	WELFARE AND PENSION PLAN ERISA COMPLIANCE		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 10 28 01 86	
70	INSURED AT MILITARY CENTER		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 10 29 01 86	
71	LIMIT AMOUNT OF INSURANCE FOR TRADING LOSSES		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 10 31 01 86	
72	LIMIT AMOUNT OF INSURANCE FOR WAREHOUSE RECEIPTS LOSSES		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 10 32 01 86	
73	NOTICE OF CANCELLATION		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 10 35 01 89	
74	BANKS FOR COOPERATIVES AND FEDERAL INTERMEDIATE CREDIT BANKS		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 10 36 01 86	
75	EXCESS LIMITS OF INSURANCE FOR SPECIFIED EMPLOYEES OR POSITIONS		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 10 37 01 89	
76	EXCLUDE HIGH-GRADING LOSS		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 10 38 01 86	
77	JOINT INSURED		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 10 43 01 89	

78	INSURANCE EXCLUDE CERTAIN RISKS INHERENT IN OPERATIONS		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 10 45 01 89	
79	LOSS PAYABLE		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 10 46 01 89	
80	JOINT LOSS PAYABLE		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 10 47 01 89	
81	SCHOOL SYSTEM		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 10 48 01 89	
82	OBLIGEE		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 10 49 01 89	
83	SCHEDULE CHANGE		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 10 51 01 89	
84	COVERAGE FORM O - PER LOSS EXCESS OVER COVERAGE FORM P - PER EMPLOYEE		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 10 53 10 90	
85	EXCLUDE SPECIFIED PROPERTY		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 15 01 10 90	
86	INCLUDE ROBBERY OF A JANITOR		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 15 02 01 86	
87	INCLUDE VANDALISM		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 15 03 10 90	
88	INCREASED LIMIT FOR SPECIFIED PROPERTY SUBJECT TO SPECIAL LIMIT		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 15 04 10 90	
89	INCLUDE LOSS DURING FIRE IN PREMISES		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 15 05 10 90	
90	LIMIT COVERAGE TO OFFICE EQUIPMENT		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 15 06 10 90	
91	INCLUDE AUTOMOTIVE PRODUCTS IN OUTSIDE CONTAINERS		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 15 07 10 90	
92	LIMIT COVERAGE TO SPECIFIED PORTION OF PREMISES		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 15 08 10 90	
93	PROTECTIVE DEVICES OR SERVICES PROVISION		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 15 09 10 90	

94	FORCIBLE ENTRY INTO PREMISES REQUIREMENT		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 15 10 10 90	
95	INCLUDE OUTSIDE SHOWCASES OR SHOW WINDOWS AS PREMISES		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 15 11 10 90	
96	CONVERT TO SCHEDULE COVERAGE		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 15 12 10 90	
97	EXCLUDE DESIGNATED PREMISES, MESSENGERS OR ARMORED MOTOR VEHICLE		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 15 13 10 90	
98	REDUCE LIMIT OF INSURANCE FOR DESIGNATED PREMISES, MESSENGERS OR		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 15 14 10 90	
99	DECREASE LIMIT OF INSURANCE WHILE PREMISES NOT OPEN FOR BUSINESS		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 15 15 10 90	
100	EXCLUDE PERSONS AT DESIGNATED PREMISES		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 15 16 01 86	
101	INCLUDE PERSONAL EXTORTION FOR NAMED INDIVIDUALS		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 15 17 01 86	
102	CHANGE SCHEDULE COVERAGE		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 15 18 10 90	
103	LIMIT COVERAGE TO FIXTURES, FITTINGS OR APPLIANCES OR		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 15 19 10 90	
104	PROPERTY IN PUBLIC PROPERTY OF OTHERS		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 15 20 10 90	
105	THEFT OF OUTDOOR SIGNS		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 15 21 10 90	
106	REQUIRE RECORD OF CHECKS		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 15 22 10 90	
107	EXTEND DEFINITION OF PREMISES TO INCLUDE PORTION OF GROUNDS ENCLOSED BY FENCE OR		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 15 23 10 90	
108	INCREASE LIMIT OF INSURANCE FOR SPECIFIED PERIODS		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 15 24 10 90	
109	INCLUDE SELLING PRICE OR PROCESSING CHARGE		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 15 25 10 90	

110	EXTEND PREMISES TO ENTIRE PLOT OF GROUND UNDER YOUR CONTROL		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 15 26 10 90	
111	INCLUDE COVERED PROPERTY IN CUSTODY OF DESIGNATED AGENTS		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 15 27 10 90	
112	INCLUDE GUESTS' PROPERTY ACCEPTED FOR SAFEKEEPING		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 15 28 10 90	
113	INCLUDE SECURITIES HELD BY A DEPOSITORY IN TRUST		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 15 29 01 86	
114	INCLUDE BULKY PROPERTY		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 15 30 01 86	
115	EXCESS BANK BURGLARY AND ROBBERY		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 15 33 10 90	
116	BANK EXCESS SECURITIES		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 15 34 07 88	
117	SUBLIMITS FOR MONEY AND SECURITIES		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 15 36 10 90	
118	INCLUDE FIRE DAMAGE		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 30 01 01 86	
119	INCREASE LIMIT OF INSURANCE PER GUEST		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 30 02 01 86	
120	INCLUDE DAMAGE FROM FOOD OR LIQUID		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 30 03 01 86	
121	INCLUDE PROPERTY IN CUSTODY OR LAUNDRY OR CLEANER		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 30 04 01 86	
122	INCLUDE PROPERTY OF PERSONS OCCUPYING LEASED LODGING ACCOMMODATIONS		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 30 05 01 86	
123	INCLUDE SAMPLES AND ARTICLES FOR SALE OR DELIVERY		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 30 06 01 86	
124	SAFE DEPOSITORY GENERAL PROVISIONS		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 40 00 10 90	
125	SAFE DEPOSIT BOX TRANSFER		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 40 01 01 86	

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126	REDUCED LIMIT OF INSURANCE FOR SPECIFIED PREMISES		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 40 02 01 86	
127	INCLUDE MONEY FOR FULL OR PARTIAL LIMIT OF LIABILITY		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 40 03 01 86	
128	INCLUDE MONEY FOR FULL OR PARTIAL LIMIT OF LIABILITY		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 40 03 01 86	
129	POLICY CHANGE		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 50 01 10 90	
130	AMEND TERRITORIAL LIMITS		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 50 02 01 86	
131	CONTRIBUTING INSURANCE		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 50 03 01 86	
132	COINDEMNITY		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	CR 50 04 07 88	

**ARKANSAS  
DIVISION THREE - CRIME AND FIDELITY  
FORMS MEMORANDUM**

<b>NEW FORM</b>	<b>OLD/WITHDRAWN FORM</b>	<b>TITLE/DESCRIPTION OF CHANGE</b>
	CA 201 01 99	INCREASED LIMIT OF INSURANCE FOR SPECIFIED DAYS
	CA 402 01 86	COMMERCIAL CRIME INSURANCE IMPORTANT CHANGES IN YOUR COVERAGE (JANUARY 1, 1986)
	CA 406 01 91	PROTECTIVE DEVICES OR SERVICES PROVISION
	CA 415 07 93	EMPLOYEE DISHONESTY-PROFIT SHARING ENDORSEMENT
	CA 417 01 95	EMPLOYMENT DISHONESTY COVERAGE FORM
	CA 429 09 06	CRIME (XC™) GENERAL PROVISIONS FORM
	CA 438 04 06	CRIME (XC™) WELFARE AND PENSION PLAN ERISA COMPLIANCE
	CA 501 01 92	CRIME COVERAGE PART DECLARATIONS
	CA 501E 01 92	CRIME COVERAGE PART ENDORSEMENT (AWR)
	CA 501E XC 04 06	CinciPlus™ CRIME EXPANDED COVERAGE (XC™) COVERAGE PART ENDORSEMENT
	CA 501E XCP 04 06	CinciPlus™ CRIME EXPANDED COVERAGE (XC™) PLUS COVERAGE PART ENDORSEMENT
	CA 501 XC 04 06	CinciPlus™ CRIME EXPANDED COVERAGE (XC™) COVERAGE PART DECLARATIONS
	CA 501 XCP 04 06	CinciPlus™ CRIME EXPANDED COVERAGE (XC™) PLUS COVERAGE PART DECLARATIONS
	CA 502 01 92	CRIME COVERAGE PART DECLARATIONS LIABILITY FOR GUESTS PROPERTY (AWR VERSION)
	CA 502E 01 92	CRIME COVERAGE PART DECLARATIONS LIABILITY FOR GUESTS PROPERTY (AWR VERSION)
	CA 503 08 92	SAFE DEPOSITORY COVERAGE DECLARATIONS (AWR VERSION)

**ARKANSAS  
DIVISION THREE - CRIME AND FIDELITY  
FORMS MEMORANDUM**

CA 503E 08 92	SAFE DEPOSITORY COVERAGE ENDORSEMENT (AWR)
CA 504 01 92	LIABILITY FOR GUEST PROPERTY SAFE DEPOSIT BOX COVERAGE DECLARATIONS (AWR VERSION)
CA 504E 01 92	LIABILITY FOR GUEST PROPERTY SAFE DEPOSIT BOX COVERAGE ENDORSEMENT (AWR VERSION)
CA 902 01 92	CRIME COVERAGE SUPPLEMENTAL ENDORSEMENT
CA 903 01 92	CRIME COVERAGE SUPPLEMENTAL ENDORSEMENT
CA 904 01 92	CRIME COVERAGE SUPPLEMENTAL ENDORSEMENT
CA 906 01 92	CRIME SUPPLEMENTAL ENDORSEMENT
CA 908 01 92	CRIME COVERAGE AMENDMENT (AWR VERSION)
CA 909 01 92	CRIME COVERAGE AMENDMENT (AWR VERSION)
CR 00 01 01 86	EMPLOYEE DISHONESTY COVERAGE FORM
CR 00 03 01 86	FORGERY OR ALTERATION COVERAGE FORM B
CR 00 04 10 90	THEFT, DISAPPEARANCE AND DESTRUCTION COVERAGE FORM
CR 00 05 10 90	ROBBERY AND SAFE BURGLARY COVERAGE FORM--PROPERTY OTHER THAN MONEY AND SECURITIES
CR 00 06 10 90	PREMISES BURGLARY COVERAGE FORM
CR 00 07 10 90	COMPUTER FRAUD COVERAGE FORM
CR 00 08 10 90	EXTORTION COVERAGE FORM
CR 00 09 10 90	PREMISES THEFT AND ROBBERY OUTSIDE THE PREMISES COVERAGE FORM
CR 00 10 10 90	LESSEES OF SAFE DEPOSIT BOXES COVERAGE FORM
CR 00 11 10 90	SECURITIES DEPOSITED WITH OTHERS COVERAGE FORM

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CR 00 12 10 90	LIABILITY FOR GUESTS PROPERTY-SAFE DEPOSIT BOX COVERAGE FORM
CR 00 13 10 90	LIABILITY FOR GUESTS PROPERTY--PREMISES COVERAGE FORM
CR 00 14 10 90	SAFE DEPOSITORY LIABILITY COVERAGE FORM
CR 00 15 10 91	SAFE DEPOSITORY DIRECT LOSS COVERAGE FORM
CR 00 18 10 90	ROBBERY AND SAFE BURGLARY COVERAGE FORM--MONEY & SECURITIES
CR 00 19 06 95	MONEY ORDERS AND COUNTERFEIT PAPER CURRENCY COVERAGE FORM
CR 10 00 10 90	CRIME GENERAL PROVISIONS FORM
CR 10 01 01 86	CHANGE SCHEDULE
CR 10 02 01 86	EXCLUDE DESIGNATED PERSONS OR CLASSES OF PERSONS AS EMPLOYEES
CR 10 03 01 86	LIMIT DEDUCTIBLE TO SPECIFIED POSITIONS
CR 10 04 01 86	EXCLUDE TRADING LOSS
CR 10 05 01 86	EXCLUDE WAREHOUSE RECEIPTS LOSSES
CR 10 06 01 86	EXCLUDE UNAUTHORIZED ADVANCES, REQUIRE ANNUAL AUDIT
CR 10 07 01 86	EXCLUDE LOSS OF CLIENTS' PROPERTY
CR 10 08 01 86	EXCLUDE LOSS OF CLIENTS' PROPERTY EXCEPT WHILE ON YOUR PREMISES
CR 10 09 01 86	INCLUDES AS COVERED CAUSE OF LOSS FAITHFUL PERFORMANCE OF DUTY
CR 10 10 01 86	ADD BLANKET EXCESS LIMIT OF INSURANCE
CR 10 11 01 86	REA BORROWING CORPORATIONS--LIMIT AMOUNT OF INSURANCE ON COLLECTION AGENTS

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CR 10 12 01 86	CREDIT, DEBIT OR CHARGE CARD FORGERY
CR 10 13 01 86	WAREHOUSE RECEIPTS FORGERY
CR 10 14 01 86	INCLUDE PERSONAL ACCOUNTS OF SPECIFIED PERSONS
CR 10 15 01 86	EXCESS EMPLOYEE DISHONESTY COVERAGE FOR SPECIFIED EMPLOYEES
CR 10 16 01 86	EMPLOYEE DISHONESTY COVERAGE FORM AS EXCESS INSURANCE
CR 10 17 01 86	INCLUDE AS EMPLOYEES THE SPOUSE AND CHILDREN OF BUILDING MANAGER
CR 10 18 01 86	INCLUDE THE CHAIRMAN AND MEMBERS OF SPECIFIED COMMITTEES AS EMPLOYEES
CR 10 19 01 86	INCLUDE SPECIFIED DIRECTORS OR TRUSTEES ON COMMITTEES AS EMPLOYEES
CR 10 20 01 86	INCLUDE PARTNERS AS EMPLOYEES
CR 10 21 01 86	INCLUDE AS EMPLOYEES OFFICERS AND EMPLOYEES OF FEDERAL RESERVE BANK ACTING AS EFTS AGENT
CR 10 22 01 86	INCLUDE VOLUNTEER WORKERS AS EMPLOYEES
CR 10 23 01 86	INCLUDE VOLUNTEER WORKERS OTHER THAN FUND SOLICITORS AS EMPLOYEES
CR 10 25 01 86	AMEND DEFINITION OF EMPLOYEE TO COMPLY WITH LABOR--MANAGEMENT DISCLOSURE ACT OF 1959
CR 10 26 01 86	INCLUDE SPECIFIED NON-COMPENSATED OFFICERS AS EMPLOYEES
CR 10 27 01 86	WELFARE AND PENSION PLAN ERISA COMPLIANCE
CR 10 28 01 86	WELFARE AND PENSION PLAN ERISA COMPLIANCE
CR 10 29 01 86	INSURED AT MILITARY CENTER

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CR 10 31 01 86	LIMIT AMOUNT OF INSURANCE FOR TRADING LOSSES
CR 10 32 01 86	LIMIT AMOUNT OF INSURANCE FOR WAREHOUSE RECEIPTS LOSSES
CR 10 35 01 89	NOTICE OF CANCELLATION
CR 10 36 01 86	BANKS FOR COOPERATIVES AND FEDERAL INTERMEDIATE CREDIT BANKS
CR 10 37 01 89	EXCESS LIMITS OF INSURANCE FOR SPECIFIED EMPLOYEES OR POSITIONS
CR 10 38 01 86	EXCLUDE HIGH-GRADING LOSS
CR 10 43 01 89	JOINT INSURED
CR 10 45 01 89	INSURANCE EXCLUDE CERTAIN RISKS INHERENT IN OPERATIONS
CR 10 46 01 89	LOSS PAYABLE
CR 10 47 01 89	JOINT LOSS PAYABLE
CR 10 48 01 89	SCHOOL SYSTEM
CR 10 49 01 89	OBLIGEE
CR 10 51 01 89	SCHEDULE CHANGE
CR 10 53 10 90	COVERAGE FORM O - PER LOSS EXCESS OVER COVERAGE FORM P - PER EMPLOYEE
CR 15 01 10 90	EXCLUDE SPECIFIED PROPERTY
CR 15 02 01 86	INCLUDE ROBBERY OF A JANITOR
CR 15 03 10 90	INCLUDE VANDALISM
CR 15 04 10 90	INCREASED LIMIT FOR SPECIFIED PROPERTY SUBJECT TO SPECIAL LIMIT
CR 15 05 10 90	INCLUDE LOSS DURING FIRE IN PREMISES

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CR 15 06 10 90	LIMIT COVERAGE TO OFFICE EQUIPMENT
CR 15 07 10 90	INCLUDE AUTOMOTIVE PRODUCTS IN OUTSIDE CONTAINERS
CR 15 08 10 90	LIMIT COVERAGE TO SPECIFIED PORTION OF PREMISES
CR 15 09 10 90	PROTECTIVE DEVICES OR SERVICES PROVISION
CR 15 10 10 90	FORCIBLE ENTRY INTO PREMISES REQUIREMENT
CR 15 11 10 90	INCLUDE OUTSIDE SHOWCASES OR SHOW WINDOWS AS PREMISES
CR 15 12 10 90	CONVERT TO SCHEDULE COVERAGE
CR 15 13 10 90	EXCLUDE DESIGNATED PREMISES, MESSENGERS OR ARMORED MOTOR VEHICLE
CR 15 14 10 90	REDUCE LIMIT OF INSURANCE FOR DESIGNATED PREMISES, MESSENGERS OR ARMORED MOTOR VEHICLE COMPANIES
CR 15 15 10 90	DECREASE LIMIT OF INSURANCE WHILE PREMISES NOT OPEN FOR BUSINESS
CR 15 16 01 86	EXCLUDE PERSONS AT DESIGNATED PREMISES
CR 15 17 01 86	INCLUDE PERSONAL EXTORTION FOR NAMED INDIVIDUALS
CR 15 18 10 90	CHANGE SCHEDULE COVERAGE
CR 15 19 10 90	LIMIT COVERAGE TO FIXTURES, FITTINGS OR APPLIANCES OR PROPERTY IN PUBLIC ENTRANCES, HALLWAYS OR STOREROOMS
CR 15 20 10 90	PROPERTY OF OTHERS
CR 15 21 10 90	THEFT OF OUTDOOR SIGNS
CR 15 22 10 90	REQUIRE RECORD OF CHECKS

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CR 15 23 10 90	EXTEND DEFINITION OF PREMISES TO INCLUDE PORTION OF GROUNDS ENCLOSED BY FENCE OR WALL
CR 15 24 10 90	INCREASE LIMIT OF INSURANCE FOR SPECIFIED PERIODS
CR 15 25 10 90	INCLUDE SELLING PRICE OR PROCESSING CHARGE
CR 15 26 10 90	EXTEND PREMISES TO ENTIRE PLOT OF GROUND UNDER YOUR CONTROL
CR 15 27 10 90	INCLUDE COVERED PROPERTY IN CUSTODY OF DESIGNATED AGENTS
CR 15 28 10 90	INCLUDE GUESTS' PROPERTY ACCEPTED FOR SAFEKEEPING
CR 15 29 01 86	INCLUDE SECURITIES HELD BY A DEPOSITORY IN TRUST
CR 15 30 01 86	INCLUDE BULKY PROPERTY
CR 15 33 10 90	EXCESS BANK BURGLARY AND ROBBERY
CR 15 34 07 88	BANK EXCESS SECURITIES
CR 15 36 10 90	SUBLIMITS FOR MONEY AND SECURITIES
CR 30 01 01 86	INCLUDE FIRE DAMAGE
CR 30 02 01 86	INCREASE LIMIT OF INSURANCE PER GUEST
CR 30 03 01 86	INCLUDE DAMAGE FROM FOOD OR LIQUID
CR 30 04 01 86	INCLUDE PROPERTY IN CUSTODY OR LAUNDRY OR CLEANER
CR 30 05 01 86	INCLUDE PROPERTY OF PERSONS OCCUPYING LEASED LODGING ACCOMMODATIONS
CR 30 06 01 86	INCLUDE SAMPLES AND ARTICLES FOR SALE OR DELIVERY
CR 40 00 10 90	SAFE DEPOSITORY GENERAL PROVISIONS

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CR 40 01 01 86	SAFE DEPOSIT BOX TRANSFER
CR 40 02 01 86	REDUCED LIMIT OF INSURANCE FOR SPECIFIED PREMISES
CR 40 03 01 86	INCLUDE MONEY FOR FULL OR PARTIAL LIMIT OF LIABILITY
CR 50 01 10 90	POLICY CHANGE
CR 50 02 01 86	AMEND TERRITORIAL LIMITS
CR 50 03 01 86	CONTRIBUTING INSURANCE
CR 50 04 07 88	COINDEMNITY