

SERFF Tracking Number: UTCX-125829236 State: Arkansas  
First Filing Company: Utica Mutual Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: CR AR10092CGF01  
TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft  
Product Name: Commercial Crime  
Project Name/Number: Commercial Crime/CR AR10092CGF01

## Filing at a Glance

Companies: Utica Mutual Insurance Company, Graphic Arts Mutual Insurance Company  
Product Name: Commercial Crime SERFF Tr Num: UTCX-125829236 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: CR AR10092CGF01 State Status: Fees verified and received  
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins  
Author: SPI UticaNational Disposition Date: 09/23/2008  
Date Submitted: 09/23/2008 Disposition Status: Approved  
Effective Date Requested (New): 03/01/2009 Effective Date (New): 03/01/2009  
Effective Date Requested (Renewal): Effective Date (Renewal): 03/01/2009

State Filing Description:

## General Information

Project Name: Commercial Crime Status of Filing in Domicile:  
Project Number: CR AR10092CGF01 Domicile Status Comments:  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 09/23/2008  
State Status Changed: 09/23/2008 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:

With this filing we are amending our Commercial Crime Dec Pages to correspond to ISO Advisory Declarations language. Specifically we are revising the language referring to enties (or lack of same) in limits schedules of all forms, allowing either "Not Covered" or simply leaving spaces blank to signal no coverage for specific coverages.

## Company and Contact

SERFF Tracking Number: UTCX-125829236 State: Arkansas  
 First Filing Company: Utica Mutual Insurance Company, ... State Tracking Number: EFT \$50  
 Company Tracking Number: CR AR10092CGF01  
 TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft  
 Product Name: Commercial Crime  
 Project Name/Number: Commercial Crime/CR AR10092CGF01

**Filing Contact Information**

Tina Cirelli, Senior State Filings Coordinator tina.cirelli@uticanational.com  
 180 Genesee Street (315) 734-2129 [Phone]  
 New Hartford, NY 13413 (315) 734-2252[FAX]

**Filing Company Information**

Utica Mutual Insurance Company	CoCode: 25976	State of Domicile: New York
180 Genesee Street	Group Code: 201	Company Type:
New Hartford, NY 13413	Group Name: Utica National Insurance Group	State ID Number:
(315) 734-2000 ext. [Phone]	FEIN Number: 15-0476880	

Graphic Arts Mutual Insurance Company	CoCode: 25984	State of Domicile: New York
180 Genesee Street	Group Code: 201	Company Type:
New Hartford, NY 13413	Group Name: Utica National Insurance Group	State ID Number:
(315) 734-2000 ext. [Phone]	FEIN Number: 13-5274760	

**Filing Fees**

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Utica Mutual Insurance Company	\$50.00	09/23/2008	22665802
Graphic Arts Mutual Insurance Company	\$0.00	09/23/2008	

SERFF Tracking Number: UTCX-125829236 State: Arkansas  
First Filing Company: Utica Mutual Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: CR AR10092CGF01  
TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft  
Product Name: Commercial Crime  
Project Name/Number: Commercial Crime/CR AR10092CGF01

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	09/23/2008	09/23/2008

SERFF Tracking Number: UTCX-125829236 State: Arkansas  
First Filing Company: Utica Mutual Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: CR AR10092CGF01  
TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft  
Product Name: Commercial Crime  
Project Name/Number: Commercial Crime/CR AR10092CGF01

## Disposition

Disposition Date: 09/23/2008  
Effective Date (New): 03/01/2009  
Effective Date (Renewal): 03/01/2009  
Status: Approved  
Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: UTCX-125829236 State: Arkansas  
 First Filing Company: Utica Mutual Insurance Company, ... State Tracking Number: EFT \$50  
 Company Tracking Number: CR AR10092CGF01  
 TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft  
 Product Name: Commercial Crime  
 Project Name/Number: Commercial Crime/CR AR10092CGF01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Commercial Crime Coverage Part Declarations	Approved	Yes
Form	Commercial Crime Policy Declarations	Approved	Yes
Form	Government Crime Coverage Part Declarations	Approved	Yes
Form	Government Crime Policy Declarations	Approved	Yes
Form	Employee Theft and Forgery Policy Declarations	Approved	Yes

SERFF Tracking Number: UTCX-125829236 State: Arkansas  
 First Filing Company: Utica Mutual Insurance Company, ... State Tracking Number: EFT \$50  
 Company Tracking Number: CR AR10092CGF01  
 TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft  
 Product Name: Commercial Crime  
 Project Name/Number: Commercial Crime/CR AR10092CGF01

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Commercial Crime Coverage Part Declarations	8-D-CR01	Ed. 09-2008	Declaration Replaced s/Schedule	Replaced Form #:0.00 8-D-CR01 Previous Filing #:	8-D-	CR01.PDF
Approved	Commercial Crime Policy Declarations	8-D-CR02	Ed. 09-2008	Declaration Replaced s/Schedule	Replaced Form #:0.00 8-D-CR02 Previous Filing #:	8-D-	CR02.PDF
Approved	Government Crime Coverage Part Declarations	8-D-CR03	Ed. 09-2008	Declaration Replaced s/Schedule	Replaced Form #:0.00 8-D-CR03 Previous Filing #:	8-D-	CR03.PDF
Approved	Government Crime Policy Declarations	8-D-CR04	Ed. 09-2008	Declaration Replaced s/Schedule	Replaced Form #:0.00 8-D-CR04 Previous Filing #:	8-D-	CR04.PDF
Approved	Employee Theft and Forgery Policy Declarations	8-D-CR05	Ed. 09-2008	Declaration Replaced s/Schedule	Replaced Form #:0.00 8-D-CR05 Previous Filing #:	8-D-	CR05.PDF



POLICY NUMBER:

NAMED INSURED:

MAILING ADDRESS:

FORM OF BUSINESS:

BUSINESS DESCRIPTION:

POLICY PERIOD: FROM \_\_\_\_\_ TO \_\_\_\_\_ 12:01 A.M. at your address shown above.

**COMMERCIAL CRIME COVERAGE PART DECLARATIONS**

The Commercial Crime Coverage Part consists of this Declarations Form and the Commercial Crime Coverage Form.

EMPLOYEE BENEFIT PLAN(S) INCLUDED AS NAMED INSURED(S):

**INSURING AGREEMENTS, LIMITS OF INSURANCE AND DEDUCTIBLES:**

INSURING AGREEMENTS	LIMIT OF INSURANCE Per Occurrence	DEDUCTIBLE AMOUNT Per Occurrence	PREMIUM
1. Employee Theft	\$	\$	\$
2. Forgery Or Alteration			
3. Inside The Premises - Theft Of Money And Securities			
4. Inside The Premises - Robbery Or Safe Burglary Of Other Property			
5. Outside The Premises			
6. Computer Fraud			
7. Funds Transfer Fraud			
8. Money Orders And Counterfeit Paper Currency			
 If Added by Endorsement, Insuring Agreement(s):	 \$	 \$	 \$
	\$	\$	\$
	\$	\$	\$
			<b>Total \$</b>

Coverage is provided only if an amount is shown opposite an Insuring Agreement. If the amount is left blank or "Not Covered" is inserted, such Insuring Agreement and any other reference thereto in this policy is deleted.

**CANCELLATION OF PRIOR INSURANCE:** By acceptance of this Coverage Part you give us notice canceling prior policy Nos. \_\_\_\_\_

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

COUNTERSIGNED \_\_\_\_\_ (Date) BY: \_\_\_\_\_ (Authorized Representative)

# COMMERCIAL CRIME SUPPLEMENTAL DECLARATIONS

FORMS AND ENDORSEMENTS FORMING PART OF THIS COVERAGE PART WHEN ISSUED:



POLICY NUMBER:

NAMED INSURED:

MAILING ADDRESS:

FORM OF BUSINESS:

BUSINESS DESCRIPTION:

POLICY PERIOD: FROM \_\_\_\_\_ TO \_\_\_\_\_ 12:01 A.M. at your address shown above.

**COMMERCIAL CRIME POLICY DECLARATIONS**

In return for the payment of the premium, and subject to all the terms and conditions of this policy, we agree with you to provide the insurance as stated in this policy.

**EMPLOYEE BENEFIT PLAN(S) INCLUDED AS NAMED INSUREDS:**

**INSURING AGREEMENTS, LIMITS OF INSURANCE AND DEDUCTIBLES:**

<b>INSURING AGREEMENTS</b>	<b>LIMIT OF INSURANCE Per Occurrence</b>	<b>DEDUCTIBLE AMOUNT Per Occurrence</b>	<b>PREMIUM</b>
1. Employee Theft	\$	\$	\$
2. Forgery Or Alteration			
3. Inside The Premises - Theft Of Money And Securities			
4. Inside The Premises - Robbery Or Safe Burglary Of Other Property			
5. Outside The Premises			
6. Computer Fraud			
7. Funds Transfer Fraud			
8. Money Orders And Counterfeit Paper Currency			
 If Added by Endorsement, Insuring Agreement(s):			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
			<b>Total \$</b>

Coverage is provided only if an amount is shown opposite an Insuring Agreement. If the amount is left blank or "Not Covered" is inserted, such Insuring Agreement and any other reference thereto in this policy is deleted.

**CANCELLATION OF PRIOR INSURANCE:** By acceptance of this Policy, you give us notice canceling prior policy Nos. \_\_\_\_\_ the cancellation to be effective at the time this Policy becomes effective.

COUNTERSIGNED \_\_\_\_\_ BY: \_\_\_\_\_  
(Date) (Authorized Representative)

# **COMMERCIAL CRIME SUPPLEMENTAL DECLARATIONS**

**FORMS AND ENDORSEMENTS FORMING PART OF THIS COVERAGE PART WHEN ISSUED:**



POLICY NUMBER:

NAMED INSURED:

MAILING ADDRESS:

FORM OF BUSINESS:

BUSINESS DESCRIPTION:

POLICY PERIOD: FROM TO 12:01 A.M. at your address shown above.

GOVERNMENT CRIME COVERAGE PART DECLARATIONS

The Government Crime Coverage Part consists of this Declarations Form and the Government Crime Coverage Form.

EMPLOYEE BENEFIT PLAN(S) INCLUDED AS NAMED INSURED(S):

INSURING AGREEMENTS, LIMITS OF INSURANCE AND DEDUCTIBLES:

Table with 4 columns: INSURING AGREEMENTS, LIMIT OF INSURANCE Per Occurrence, DEDUCTIBLE AMOUNT Per Occurrence, PREMIUM. Rows include Employee Theft - Per Loss Coverage, Employee Theft - Per Employee Coverage, Forgery Or Alteration, Inside The Premises - Theft Of Money And Securities, Inside The Premises - Robbery Or Safe Burglary Of Other Property, Outside The Premises, Computer Fraud, Funds Transfer Fraud, Money Orders And Counterfeit Paper Currency.

If Added by Endorsement, Insuring Agreement(s):

Summary table for endorsements with columns for Limit of Insurance, Deductible Amount, and Premium, ending with a Total \$ row.

Coverage is provided only if an amount is shown opposite an Insuring Agreement. If the amount is left blank or "Not Covered" is inserted, such Insuring Agreement and any other reference thereto in this policy is deleted.

CANCELLATION OF PRIOR INSURANCE: By acceptance of this Coverage Part you give us notice canceling prior policy Nos. \_\_\_\_\_

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

COUNTERSIGNED \_\_\_\_\_ (Date) BY: \_\_\_\_\_ (Authorized Representative)

# COMMERCIAL CRIME SUPPLEMENTAL DECLARATIONS

FORMS AND ENDORSEMENTS FORMING PART OF THIS COVERAGE PART WHEN ISSUED:



POLICY NUMBER:

NAMED INSURED:

MAILING ADDRESS:

FORM OF BUSINESS:

BUSINESS DESCRIPTION:

POLICY PERIOD: FROM TO 12:01 A.M. at your address shown above.

GOVERNMENT CRIME POLICY DECLARATIONS

In return for the payment of the premium, and subject to all the terms and conditions of this policy, we agree with you to provide the insurance as stated in this policy.

EMPLOYEE BENEFIT PLAN(S) INCLUDED AS NAMED INSURED(S):

INSURING AGREEMENTS, LIMITS OF INSURANCE AND DEDUCTIBLES:

Table with 4 columns: INSURING AGREEMENTS, LIMIT OF INSURANCE Per Occurrence, DEDUCTIBLE AMOUNT Per Occurrence, PREMIUM. Rows include Employee Theft - Per Loss Coverage, Employee Theft - Per Employee Coverage, Forgery Or Alteration, Inside The Premises - Theft Of Money And Securities, Inside The Premises - Robbery Or Safe Burglary Of Other Property, Outside The Premises, Computer Fraud, Funds Transfer Fraud, Money Orders And Counterfeit Paper Currency. Includes a Total \$ row.

Coverage is provided only if an amount is shown opposite an Insuring Agreement. If the amount is left blank or "Not Covered" is inserted, such Insuring Agreement and any other reference thereto in this policy is deleted.

CANCELLATION OF PRIOR INSURANCE: By acceptance of this Policy you give us notice canceling prior policy Nos. \_\_\_\_\_ the cancellation to be effective at the time this Policy becomes effective.

COUNTERSIGNED \_\_\_\_\_ BY: \_\_\_\_\_ (Date) (Authorized Representative)

# **COMMERCIAL CRIME SUPPLEMENTAL DECLARATIONS**

**FORMS AND ENDORSEMENTS FORMING PART OF THIS COVERAGE PART WHEN ISSUED:**



POLICY NUMBER:

NAMED INSURED:

MAILING ADDRESS:

FORM OF BUSINESS:

BUSINESS DESCRIPTION:

POLICY PERIOD: FROM TO 12:01 A.M. at your address shown above.

EMPLOYEE THEFT AND FORGERY POLICY DECLARATIONS

In return for the payment of the premium, and subject to all the terms and conditions of this policy, we agree with you to provide the insurance as stated in this policy.

EMPLOYEE BENEFIT PLAN(S) INCLUDED AS NAMED INSURED(S):

INSURING AGREEMENTS, LIMITS OF INSURANCE AND DEDUCTIBLES:

INSURING AGREEMENTS	LIMIT OF INSURANCE Per Occurrence	DEDUCTIBLE AMOUNT Per Occurrence	PREMIUM
1. Employee Theft	\$	\$	\$
2. Forgery Or Alteration			
<b>If Added by Endorsement, Insuring Agreement(s):</b>	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
			<b>Total \$</b>

Coverage is provided only if an amount is shown opposite an Insuring Agreement. If the amount is left blank or "Not Covered" is inserted, such Insuring Agreement and any other reference thereto in this policy is deleted.

CANCELLATION OF PRIOR INSURANCE: By acceptance of this Policy, you give us notice canceling prior policy Nos. \_\_\_\_\_ the cancellation to be effective at the time this Policy becomes effective.

COUNTERSIGNED \_\_\_\_\_ (Date) BY: \_\_\_\_\_ (Authorized Representative)

# **COMMERCIAL CRIME SUPPLEMENTAL DECLARATIONS**

**FORMS AND ENDORSEMENTS FORMING PART OF THIS COVERAGE PART WHEN ISSUED:**

<i>SERFF Tracking Number:</i>	<i>UTCX-125829236</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Utica Mutual Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>CR AR10092CGF01</i>		
<i>TOI:</i>	<i>26.0 Burglary &amp; Theft</i>	<i>Sub-TOI:</i>	<i>26.0001 Commercial Burglary &amp; Theft</i>
<i>Product Name:</i>	<i>Commercial Crime</i>		
<i>Project Name/Number:</i>	<i>Commercial Crime/CR AR10092CGF01</i>		

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: UTCX-125829236 State: Arkansas  
First Filing Company: Utica Mutual Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: CR AR10092CGF01  
TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft  
Product Name: Commercial Crime  
Project Name/Number: Commercial Crime/CR AR10092CGF01

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty

**Review Status:**

Approved

09/23/2008

**Comments:**

**Attachments:**

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

AR - NAIC FORM FILING SCHEDULE.PDF

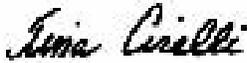
## Property & Casualty Transmittal Document

<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: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

<b>3. Group Name</b>	<b>Group NAIC #</b>			
Utica National Insurance Group	0201			
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
Utica Mutual Insurance Company	NY	25976	15-0476880	
Graphic Arts Mutual Insurance Company	NY	25984	13-5274760	

<b>5. Company Tracking Number</b>	CR AR10092CGF01
-----------------------------------	-----------------

**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

<b>6.</b>	<b>Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
	Tina D. Cirelli 180 Genesee Street New Hartford NY 13413	Senior State Filings Coordinator	800-274-1914 Ext. 2129	315-734-2252	tina.cirelli@uticanational.com
<b>7.</b>	Signature of authorized filer				
<b>8.</b>	Please print name of authorized filer		Tina D. Cirelli		

**Filing Information** (see General Instructions for descriptions of these fields)

<b>9.</b>	<b>Type of Insurance (TOI)</b>	26.0 Burglary & Theft
<b>10.</b>	<b>Sub-Type of Insurance (Sub-TOI)</b>	26.0001 Commercial Burglary & Theft
<b>11.</b>	<b>State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>	
<b>12.</b>	<b>Company Program Title (Marketing Title)</b>	Revised Dec Pages
<b>13.</b>	<b>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.</b>	<b>Effective Date(s) Requested</b>	New: 03/01/2009      Renewal: 03/01/2009
<b>15.</b>	<b>Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16.</b>	<b>Reference Organization (if applicable)</b>	
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	
<b>18.</b>	<b>Company's Date of Filing</b>	9/23/08
<b>19.</b>	<b>Status of filing in domicile</b>	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	CR AR10092CGF01
------------	--	-----------------

<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
------------	--

With this filing we are amending our Commercial Crime Dec Pages to correspond to ISO Advisory Declarations language. Specifically we are revising the language referring to enties (or lack of same) in limits schedules of all forms, allowing either "Not Covered" or simply leaving spaces blank to signal no coverage for specific coverages.

<b>22.</b>	<b>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]
<p><b>Check #:</b> N/A  <b>Amount:</b> \$50.00</p> <p>Sending \$50.00 filing fee via EFT.</p> <p style="text-align: center;"><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>	

\*\*\*Refer to 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>	CR AR10092CGF01
-----------	--	-----------------

<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	
-----------	---	--

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Commercial Crime Coverage Part Declarations	8-D-CR01 Ed. 09-2008	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	8-D-CR01 Ed. 05-2003	
02	Commercial Crime Policy Declarations	8-D-CR02 Ed. 09-2008	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	8-D-CR02 Ed. 05-2003	
03	Government Crime Coverage Part Declarations	8-D-CR03 Ed. 09-2008	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	8-D-CR03 Ed. 05-2003	
04	Government Crime Policy Declarations	8-D-CR04 Ed. 09-2008	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	8-D-CR04 Ed. 05-2003	
05	Employee Theft and Forgery Policy Declarations	8-D-CR05 Ed. 09-2008	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	8-D-CR05 Ed. 05-2003	
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		