OBLIGEE

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This endorsement modifies insurance provided under the following:

GOVERNMENT CRIME COVERAGE FORM  
GOVERNMENT CRIME POLICY  
GOVERNMENT FIDELITY AND FORGERY POLICY

SCHEDULE

|  |
| --- |
| **Name Of Obligee** |
|  |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. |

The following is added to Section **E.1. Conditions Applicable To All Insuring Agreements:**

1. We agree to indemnify the Obligee shown in the Schedule for loss covered by this insurance.

2. This insurance may be cancelled by you, or by the Obligee shown in the Schedule, in accordance with the Cancellation Or Termination Condition. If we cancel, we agree to mail our notice to both the Obligee and to you.

3. The following is added to the Cancellation Or Termination Condition:

This insurance terminates as to any "employee":

a. As soon as:

(1) The Obligee or a "designated person"; or

(2) An "employee" in your Human Resources Department or its equivalent;

not in collusion with the "employee", learns of "theft" or any other fraudulent or dishonest act committed by the "employee", whether before or after becoming employed by you; or

b. On the date specified in a notice mailed to both the Obligee and to the first Named Insured. That date will be at least 30 days after the date of mailing.

We will mail or deliver our notice to the Obligee and the first Named Insured's last mailing addresses known to us. If notice is mailed, proof of mailing will be sufficient proof of notice.

4. By acceptance of this insurance, both the Obligee and you give us notice cancelling any prior insurance as shown in the Declarations.