CRIME AND FIDELITY COVERAGE PART  
DECLARATIONS (COMMERCIAL ENTITIES)

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The Crime And Fidelity Coverage Part (Commercial Entities) consists of this Declarations form and the Commercial Crime Coverage Form.

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| **Named Insured:** | | | | | | | |
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|  | | | | | | | |
| 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 Coverage Part will be deemed to be deleted therefrom. | | | | | | | |
| **Insuring Agreements** | | | | **Limit Of Insurance Per Occurrence** | | **Deductible Amount Per Occurrence** | |
| **1.** | **Fidelity** | | |  |  |  |  |
|  | **a.** | | **Employee Theft** | **$** |  | **$** |  |
|  | **b.** | | **ERISA Plan Official Dishonesty** | **$** |  |  | **N/A** |
|  | **c.** | | **Employee Theft Of Clients' Property** | **$** |  | **$** |  |
| **2.** | **Forgery Or Alteration** | | |  |  |  |  |
|  | **a.** | **Forgery Of Negotiable Instruments** | | **$** |  | **$** |  |
|  | **b.** | **Forgery Of Payment Card Instruments** | | **$** |  |  | **N/A** |
| **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 And Funds Transfer Fraud** | | | **$** |  | **$** |  |
| **7.** | **Fraudulent Impersonation** | | | **$** |  | **$** |  |
| **8.** | **Money Orders And Counterfeit Money** | | | **$** |  | **$** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **If Added By Endorsement:** | | | | | | |
| **Insuring Agreement(s) Or Coverage(s)** | **Limit Of Insurance Per Occurrence** | | | | **Deductible Amount Per Occurrence** | |
|  | **$** | |  | | **$** |  |
|  | **$** | |  | | **$** |  |
|  | **$** | |  | | **$** |  |
|  | **$** | |  | | **$** |  |
| **Percentage Of Deductible Amount Over Which** | |  | |  | | |
| **Losses Must Be Reported:** | |  | | **%** | | |
| **Percentage Of Total Assets Applicable To** | |  | |  | | |
| **Subsidiary Acquisitions:** | |  | | **%** | | |

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| **Endorsements Forming Part Of This Coverage Part When Issued:** | | |
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| **Cancellation Of Prior Insurance Issued By Us:** | | |
| **By acceptance of this Coverage Part, you give us notice cancelling prior Policy Numbers** | |  |
|  | **, the cancellation to be effective at the time this Coverage Part becomes** | |
| **effective.** | |