for Asset Managers

## [Binder][Quote][Number]

Coverage Agreements	Single Loss Limit	Deductible	Coverage Agreement Aggregate Limit
Fidelity Coverages			
<b>Employee Dishonesty</b>	[\$limit] [Not elected]	[\$deductible]	None
Data Restoration—			
Employee Event	[\$limit] [Not elected]	[\$deductible]	None
<b>ERISA Fraud Or Dishonesty</b>	[\$limit] [Not elected]	[None]	None
Customer Capital	[\$limit] [Not elected]	[\$deductible]	None
Other Coverages			
On Premises	[\$limit] [Not elected]	[\$deductible]	None
In Transit	[\$limit] [Not elected]	[\$deductible]	None
Forgery Or Alteration	[\$limit] [Not elected]	[\$deductible]	None
Securities	[\$limit] [Not elected]	[\$deductible]	None
<b>Counterfeit Money</b>	[\$limit] [Not elected]	[\$deductible]	None
Computer Fraud	[\$limit] [Not elected]	[\$deductible]	None
<b>Claim And Audit Costs</b>	[\$limit] [Not elected]	[\$deductible]	None
Fraudulent Instructions— Customer's Property	[\$limit] [Not elected]	[\$deductible]	None
Funds Transfer Fraud— Insured's Property	[\$limit] [Nøt elected]	[\$deductible]	None
Social Engineering Fraud	[\$limit] [Not elected]	[\$deductible]	[\$limit] [None]

## [Policy Forms List

Loss Reporting Threshold: [\$amount]

This Policy Forms List shows all forms attached to this Policy as of the Effective Date shown below.

Form Number	Form Title
[Form Number] [Ed/Rev Date]	[Form Title]
[Form Number] [Ed/Rev Date]	[Form Title]
[Form Number] [Ed/Rev Date]	[Form Title]
[Form Number] [Ed/Rev Date]	[Form Title]
[Form Number] [Ed/Rev Date]	[Form Title]]

[Name of Insured	[Policy Number	[Effective Date [Month/dd/yyyy]]
[Insured Name]]	[Policy No]]	[Processing Date [Month/dd/yyyy]]