Policy No. [Policy Number]

This Policy consists of the Policy Declarations and one or more Coverage Declarations, General Conditions, and Coverage forms. It may also include one or more endorsements that change coverage. In return for the premium shown below, Travelers provides this Policy, which is the entire agreement between Travelers and the Insured.

Insurer	Throughout this policy, Travelers means **[Underwriting Rating Company Name]**, which is a capital stock company located at One Tower Square, Hartford, Connecticut 06183.
Named Insured	Throughout this Policy, Named Insured means: [Insured Name][dba][dba Name];and Insured Name]

Primary Address	[Named Insured Address] [Named Insured Address] [Named Insured Address]	**Mailing Address**	[Named Insured Address] [Named Insured Address] [Named Insured Address]

Policy Period	Beginning Date: [Month/dd/yyyy] Ending Date: [Month/dd/yyyy] 12:01 A.M. local time on Beginning and Ending Dates at the Primary Address.
Included Coverages	[Coverage Name]

Policy Premium	[$amount]	[Annual Installment:] [$amount]	
State Charges	[$amount][N/A]	[Annual Installment:] [$amount]	[Name Of State Charge]
Total	[$amount]	[Annual Installment:] [$amount]	

Agent Or Broker	[Agency Or Broker Name] [Agent Or Broker Address] [Agent Or Broker Address] [Agent Or Broker Address] [Agent Or Broker Phone Number]

Claim Reporting	Mail: [Travelers Bond & Specialty Insurance Claim PO Box 2989 Hartford CT 06104-2989] Email: [BSIClaims@travelers.com]	Overnight Mail: [Travelers Bond & Specialty Insurance Claim One Tower Square, MN06 Hartford CT 06183] Fax: [1-888-460-6622]
	[For questions related to claim reporting or handling, please call 1-800-842-8496.]	

SPECIMEN

Authorized officers of Insurer:

[*Jeffy P. Kh*] [*signature*]   [*Wendy C. Skin*]

President, Bond & Specialty Insurance   Corporate Secretary

_____

Countersignature

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

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Named Insured Continued:
[Insured Name;
Insured Name; and
Insured Name]

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

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