



<b>B. ON PREMISES</b>	\$<limit>	\$<deductible>
<b>C. IN TRANSIT</b>	\$<limit>	\$<deductible>
<b>D. FORGERY OR ALTERATION</b>	\$<limit>	\$<deductible>
<b>E. SECURITIES</b>	\$<limit>	\$<deductible>
<b>F. KIDNAP AND RANSOM</b>	\$<limit>	\$<deductible>
<b>G. COUNTERFEIT MONEY AND COUNTERFEIT MONEY ORDERS</b>	\$<limit>	\$<deductible>
<b>H. CLAIM EXPENSE</b>	\$<limit>	\$<deductible>
<b>I. AGENTS OF LIFE INSURANCE COMPANIES</b> Coverage I.1. General Agents Coverage I.2. Soliciting Agents	\$<limit> \$<limit>	\$<deductible> \$<deductible>
<b>J. SERVICING CONTRACTORS</b>	\$<limit>	\$<deductible>
<b>K. THIRD PARTY ADMINISTRATORS</b>	\$<limit>	\$<deductible>
<b>L. REAL PROPERTY MORTGAGES – DEFECTIVE SIGNATURES</b>	\$<limit>	\$<deductible>
<b>M. COMPUTER SYSTEMS</b> Coverage M.1. Computer Fraud Coverage M.2. Fraudulent Instructions Coverage M.3. Remote Access PBX System Fraud Coverage M.4. Restoration Expenses	\$<limit> \$<limit> \$<limit> \$<limit>	\$<deductible> \$<deductible> \$<deductible> \$<deductible>

**ITEM 6 AGGREGATE LIMIT OF INSURANCE:**

**Aggregate Limit of Insurance –  
All Insuring Agreements:**

\$<aggregate or Not Applicable>

The Aggregate Limit of Insurance for each **Bond Period** is defined in section **VI. CONDITIONS, E. AGGREGATE LIMIT OF INSURANCE** of this bond.

**ITEM 7 PREVIOUS BONDS OR POLICIES:**

The Insured, by acceptance of this bond, gives notice to the Company canceling or terminating prior bond or policy numbers:

<bond or policy number>  
<bond or policy number>

such cancellation or termination to be effective as of the time this bond becomes effective.

**ITEM 8 DISCOVERY PERIOD:**

Additional Premium Percentage: <percentage>% of the annualized premium

Additional Months: 12 months

(If exercised in accordance with section **VI. CONDITIONS, T. DISCOVERY PERIOD**)

**ITEM 9 FORMS AND ENDORSEMENTS ATTACHED AT ISSUANCE:**

<form number/edition date>  
<form number/edition date>  
<form number/edition date>  
<form number/edition date>  
<form number/edition date>  
<form number/edition date>  
<form number/edition date>  
<form number/edition date>

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**PRODUCER INFORMATION:**

<agency name>  
<agency address>  
<agency city, state, zip>

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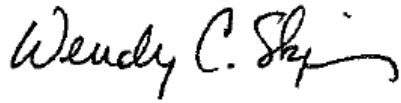
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Countersigned By

IN WITNESS WHEREOF, the Company has caused this bond to be signed by its authorized officers.



President, Bond & Specialty Insurance



Corporate Secretary

Specimen