

**<Travelers Casualty and Surety Company of America>
One Tower Square
Hartford, Connecticut
(A Stock Insurance Company, herein called the Company)**

THE LIABILITY COVERAGES ARE WRITTEN ON A CLAIMS-MADE BASIS. THE LIABILITY COVERAGES COVER ONLY CLAIMS FIRST MADE AGAINST INSURED DURING THE POLICY PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY SETTLEMENTS OR JUDGMENTS WILL BE REDUCED BY DEFENSE EXPENSES, AND DEFENSE EXPENSES WILL BE APPLIED AGAINST THE RETENTION. THE COMPANY HAS NO DUTY TO DEFEND ANY CLAIM UNLESS DUTY-TO-DEFEND COVERAGE HAS BEEN SPECIFICALLY PROVIDED HEREIN.

ITEM 1 **NAMED INSURED:**
 <named insured>

D/B/A:
 <name of d/b/a>

Principal Address:
 <address>
 <address>
 <city, state, zip>

ITEM 2 **POLICY PERIOD:**

Inception Date: <date> Expiration Date: <date>
12:01 A.M. standard time both dates at the Principal Address stated in ITEM 1.

ITEM 3 **ALL NOTICES OF CLAIM OR LOSS MUST BE SENT TO THE COMPANY BY EMAIL, FACSIMILE, OR MAIL AS SET FORTH BELOW:**

<Email: BSIClaims@travelers.com>
<Fax: 1-888-460-6622>

<Mail: Travelers Bond & Specialty Insurance Claim
P.O. Box 2989
Hartford, CT 06104-2989

Overnight Mail: Travelers Bond & Specialty Insurance Claim
One Tower Square, MN06
Hartford, CT 06183>

<For questions related to claim reporting or handling, please call 1-800-842-8496.>

ITEM 4 **COVERAGE INCLUDED AS OF THE INCEPTION DATE IN ITEM 2:**

Financial Institution Professional Liability

ITEM 5 Only those coverage features marked "☒ Applicable" are included in this policy.

If "Not Covered" is inserted opposite any specified Insuring Agreement below, or if no amount is included in the Limit of Liability, such Insuring Agreement and any other reference thereto is deemed to be deleted from this **Liability Coverage**.

FINANCIAL INSTITUTION PROFESSIONAL LIABILITY

Financial Institution Professional Liability

Aggregate Limit of Liability: \$<amount> for all **Claims**

**Insuring Agreement A
Lender Liability Coverage**

Limit of Liability: \$<amount> for all **Claims**

**Insuring Agreement B
Professional Services Liability Coverage**

Limit of Liability: \$<amount> for all **Claims**

**Insuring Agreement C
Trust Services Liability Coverage**

Limit of Liability: \$<amount> for all **Claims**

The Financial Institution Professional Liability Aggregate Limit of Liability is applicable to all Insuring Agreements of this **Liability Coverage**. The Limits of Liability for Lender Liability Coverage, Professional Services Liability Coverage and Trust Services Liability Coverage, if applicable, are included within, and are not in addition to, the Financial Institution Professional Liability Aggregate Limit of Liability.

**Additional Defense
Coverage:**

☐ Applicable

☐ Not Applicable

**Additional Defense
Limit of Liability:**

\$<amount> for all **Claims**

Retention:

\$<amount>

\$<amount>

\$<amount>

for each **Claim** under Insuring Agreement A.

for each **Claim** under Insuring Agreement B.

for each **Claim** under Insuring Agreement C.

**Prior and Pending
Proceeding Date:**

<date>

<date>

<date>

for all **Claims** under Insuring Agreement A.

for all **Claims** under Insuring Agreement B.

for all **Claims** under Insuring Agreement C.

Continuity Date:

<date>

<date>

<date>

for all **Claims** under Insuring Agreement A.

for all **Claims** under Insuring Agreement B.

for all **Claims** under Insuring Agreement C.

ITEM 6 PREMIUM FOR THE POLICY PERIOD:

\$<amount> Policy Premium

\$<amount> Annual Installment Premium

ITEM 7 TYPE OF CLAIM DEFENSE:

☐ Reimbursement

☐ Duty-to-Defend

Only the type of CLAIM DEFENSE marked "☒" is included in this policy.

ITEM 8 LIABILITY COVERAGE EXTENDED REPORTING PERIOD:

Additional Premium Percentage: <percentage>%

Additional Months: <number of months>

(If exercised in accordance with section **III. CONDITIONS, O. EXTENDED REPORTING PERIOD** of the Liability Coverage Terms and Conditions)

ITEM 9 LIABILITY COVERAGE RUN-OFF EXTENDED REPORTING PERIOD:

Additional Premium Percentage: <percentage>%

Additional Months: <number of months>

(If exercised in accordance with section **III. CONDITIONS, K. CHANGE OF CONTROL** of the Liability Coverage Terms and Conditions)

ITEM 10 ANNUAL REINSTATEMENT OF THE LIABILITY COVERAGE LIMIT OF LIABILITY:

☐ Applicable

☐ Not Applicable

Only those coverage features marked "☒ Applicable" are included in this policy.

ITEM 11 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>
<form number/edition date>

PRODUCER INFORMATION:

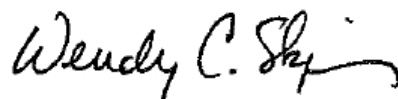
<agency name>
<agency address>
<agency city, state, zip>

Countersigned By

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



President, Bond & Specialty Insurance



Corporate Secretary