



Writing Company
(a Stock Insurance Company)
(herein called Company)
3024 Harney Street
Omaha NE 68131

Crime Protection Policy

Common Policy Declarations

Policy No.: 00-XXX-000000-00

Item 1. Name of Insured
(herein called Insured):

Principal Address: [Street]
[City, State, Zip]

Item 2. Policy Period: From: XXXXXXXX 00, 0000 to XXXXXXXX 00, 0000

Both days at 12:01 a.m. local standard time at Principal Address listed in Item 1, above.

Item 3. Insuring Agreements, Limits of Insurance and Deductibles:

<u>Insuring Agreement</u>	<u>Limit of Insurance Per Occurrence</u>	<u>Deductible Amount Per Occurrence</u>
1. Employee Dishonesty	\$00,000,000	\$00,000,000
2. Forgery or Alteration	\$00,000,000	\$00,000,000
3. Inside the Premises	\$00,000,000	\$00,000,000
4. Outside the Premises	\$00,000,000	\$00,000,000
5. Computer Fraud	\$00,000,000	\$00,000,000
6. Money Orders and Counterfeit Paper Currency	\$00,000,000	\$00,000,000

If added by Endorsement,
Insuring Agreement(s):

STATE DISCLOSURE BOX
MUST BE ALL CAPS
BOLD
AND FOURTEEN FONT



xxxxxx	\$00,000,000	\$00,000,000
xxxxxx	\$00,000,000	\$00,000,000
xxxxxx	\$00,000,000	\$00,000,000

If "Not Covered" is inserted above opposite any specified Insuring Agreement, or if no amount is inserted, such Insuring Agreement and any other reference thereto in this Policy shall be deemed to be deleted.

Item 4. Endorsements Forming Part of This Policy When Issued: See attached schedule

Item 5. Cancellation of Prior Insurance:
By acceptance of this Policy you give us notice cancelling prior policy Nos.
00-XXX-000000-00

Item 6. Premium: \$00,000,000

In the event of a claim, please notify the following:

- By 24-hour toll free number:** 855-453-9675
- By Email:** claimsnotice@bhspecialty.com
- By Fax:** 617-507-8259
- By Mail:** Log on to www.bhspecialty.com/claims-reporting.html for mailing address

Signatures:



Mike Gottschalk, Secretary



Donald Wurster, President

XX/XX/XXXX
Dated

**STATE DISCLOSURE BOX
MUST BE ALL CAPS
BOLD
AND FOURTEEN FONT**