

Underwritten by National Casualty Company  
Home Office:  
Columbus, Ohio 43215  
Administrative Office:  
8877 North Gainey Center Drive • Scottsdale, Arizona 85258

## GOVERNMENT CRIME POLICY DECLARATIONS

In return for the payment of the premium, and subject to all the terms and conditions of this Policy, we agree with you to provide the insurance as stated in this Policy.

**Coverage Is Written:**

Primary    Excess    Coindemnity    Concurrent

<b>Company Name:</b>
<b>Producer Name:</b>
<b>Named Insured</b> (also list any Employee Benefit Plan(s) included as Insureds):
<b>Mailing Address:</b>
<b>Policy Period</b>
<b>From:</b> <span style="float: right;"><b>To:</b></span>
12:01 AM at your mailing address shown above.

Insuring Agreements	Limit of Insurance Per Occurrence	Deductible Amount Per Occurrence
1. Employee Theft—Per Loss Coverage	\$	\$
2. Employee Theft—Per Employee Coverage	\$	\$
3. Forgery or Alteration	\$	\$
4. Inside the Premises—Theft of Money and Securities	\$	\$
5. Inside the Premises—Robbery or Safe Burglary of Other Property	\$	\$
6. Outside the Premises	\$	\$
7. Computer and Funds Transfer Fraud	\$	\$
8. Money Orders and Counterfeit Money	\$	\$
If "Not Covered" is inserted above opposite any specified Insuring Agreement, such Insuring Agreement and any other reference thereto in this Policy are deleted.		

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If Added by Endorsement:		
Insuring Agreement(s)	Limit of Insurance Per Occurrence	Deductible Amount Per Occurrence
	\$	\$
	\$	\$
	\$	\$

Endorsements Forming Part of This Policy When Issued:

**Cancellation of Prior Insurance Issued by Us:**  
 By acceptance of this Policy, you give us notice cancelling prior Policy Numbers \_\_\_\_\_; the cancellation to be effective at the time this Policy becomes effective.

**Countersignature of Authorized Representative**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

