

Underwritten by: Scottsdale Indemnity Company
Home Office: One Nationwide Plaza • Columbus, Ohio 43215
Administrative Office: 8877 North Gainey Center Drive • Scottsdale, Arizona 85258
1-800-423-7675 • A Stock Company

EXCESS INSURANCE POLICY Crime and Fidelity

DEPENDING UPON THE TERMS OF THE FOLLOWED POLICY, THIS POLICY MAY APPLY ONLY TO LOSSES FIRST DISCOVERED DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF APPLICABLE, AND THE LIMIT OF LIABILITY MAY BE REDUCED BY PAYMENT OF DEFENSE COSTS. PLEASE READ AND REVIEW THE POLICY CAREFULLY.

DECLARATIONS

Item 1. Named Insured & Mailing Address: _____ _____	Policy No.: _____ Agent No.: _____ Renewal No.: _____																														
Item 2. Limit of Liability (maximum amount payable by the Insurer under this Policy)* A. Single Loss Limit (Commercial Crime or Financial Institution Bond): \$ _____ B. Aggregate Limit (Financial Institution Bond only): \$ _____ *Aggregate Limit is applicable to FI Bond only																															
Item 3. Policy Period: _____ to _____ 12:01 A.M. standard time at Named Insured's Mailing Address																															
Item 4. Schedule of Underlying Policies: "Followed Policy" means the policy or coverage section identified below in the Schedule of Underlying Policies , as constituted at its inception (unless the Insurer consents to any change thereto by written endorsement to this Policy).																															
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 10%;">Followed Policy</th> <th style="text-align: left; width: 35%;">Underlying Insurer</th> <th style="text-align: left; width: 15%;">Underlying Policy</th> <th style="text-align: left; width: 20%;">Limit of Liability <input type="checkbox"/> Single <input type="checkbox"/> Aggregate</th> <th style="text-align: left; width: 20%;">Policy Period</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"><input type="checkbox"/></td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		Followed Policy	Underlying Insurer	Underlying Policy	Limit of Liability <input type="checkbox"/> Single <input type="checkbox"/> Aggregate	Policy Period	<input type="checkbox"/>	_____	_____	_____	_____		_____	_____	_____	_____		_____	_____	_____	_____		_____	_____	_____	_____		_____	_____	_____	_____
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"Underlying Limits" means the following amount: \$ _____. Single Loss Limit (Financial Institution Bond or Commercial Crime): \$ _____ Aggregate Limit (Financial Institution Bond only): \$ _____ "Underlying Policies" means all policies or coverage sections of policies identified in the above Schedule of Underlying Policies , as constituted at their inception (unless the Insurer consents to any change thereto by written endorsement to this Policy). "Underlying Insurer" means any insurer identified in the above Schedule of Underlying Policies as issuing an Underlying Policy .																															
Item 5. Premium: \$ _____ Terrorism Premium: \$ _____ Total Premium: \$ _____																															
Item 6. <u>Notice of Claims to:</u> Nationwide Management Liability and Specialty Attention: Claims Manager 7 World Trade Center, 37 th Floor 250 Greenwich Street New York, NY 10007 mlsreportclaim@nationwide.com	<u>Other Notices to:</u> Nationwide Management Liability and Specialty Attention: Claims Manager 7 World Trade Center, 37 th Floor 250 Greenwich Street New York, NY 10007 mlsreportclaim@nationwide.com																														

These Declarations, together with the application (as defined in the **Followed Policy**) and any information submitted therewith, the Policy, and any written endorsement(s) attached thereto, shall constitute the contract between the **Insureds** and the **Insurer**.