Crime Coverages

Coverage:	Crime and Employee Dishonesty	
Form	**Limit**	**Terms**
Money & Securities (within premises)	$300,000	Each and every loss
Money & Securities (outside premises)	$300,000	Each and every loss
Commercial Blanket Bond (including Faithful Performance)	$300,000	Each and every loss (excludes employees known to have committed fraudulent or dishonest acts).
Depositors Forgery	$300,000	Each and every loss
Maintenance Deductible	$500	Per occurrence

Notes:

1. The reporting period for crime losses is one year from expiration.
2. Excludes those persons required by state statute to be bonded.

COMMERCIAL CRIME POLICY

TravelersInsurance
A member of citigroup

DECLARATIONS

☒ **Travelers Casualty and Surety Company of America**
☐ **Travelers Casualty and Surety Company**
Hartford, Connecticut 06183-9062

☐ **Travelers Casualty and Surety Company of Illinois**
Naperville, Illinois 60563-8458

(Stock Insurance Companies, herein called the Company.)

This Policy consists of this Declarations Form, the Common Policy Conditions, the Crime General Provisions Form and the Coverage Forms indicated as applicable.

POLICY NO.: **008 BY 103545879 BCM**

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

1. NAMED INSURED: **UTAH ASSOCIATION OF COUNTIES INSURANCE MUTUAL**

2. MAILING ADDRESS: **5397 SOUTH VINE STREET**
SALT LAKE CITY, UTAH 84107

3. POLICY PERIOD: From: **January 01, 2001** To: **Until Cancelled**
(12:01 A.M. Standard Time at your mailing address shown above)

4. COVERAGE, LIMITS OF INSURANCE AND DEDUCTIBLE

Coverage Forms Forming Part of This Policy	Limit of Insurance	Deductible Amount
Cvg Frm O - Public Emp. Dis. per Loss	$500,000.00	$500.00

5. ENDORSEMENTS FORMING PART OF THIS POLICY WHEN ISSUED: **CR-0121 04-97, IL-0266 02-87, CR-1044 12-93**

6. CANCELLATION OF PRIOR INSURANCE: By acceptance of this Policy you give us notice cancelling prior policy or bond Nos.: **B2810583**

the cancellation to be effective at the time this Policy becomes effective.

Countersigned by (if required)

Authorized Company Representative