TRAVELERS

FIDUCIARY DISHONESTY BOND FOR EMPLOYEE BENEFIT PLANS

Declarations Bond No.

St. Paul Fire and Marine Insurance Company
St. Paul, Minnesota
(A Stock Insurance Company, herein called the Underwriter)

ITEM 1	**Fiduciary:** Address:
ITEM 2	**Insured Plans:** The **Insured Plans** under this bond are all employee benefit plans subject to the Employee Retirement Income Security Act of 1974, and any amendments thereto, for which the entity identified in ITEM 1 acts as a **Fiduciary** under written contract at any time during the **Bond Period**.
ITEM 3	**Bond Period:** From 12:01 a.m. on (Inception Date) to 12:01 a.m. on (Expiration Date) 12:01 A.M. standard time both dates at the **Fiduciary** Address stated in ITEM 1.
ITEM 4	**Aggregate Limit of Liability:**
ITEM 5	**Single Loss Occurrence Limit of Liability for Each Insured Plan:** The maximum **Single Loss Occurrence** limit of liability for each **Insured Plan** shall be 10% of the amount of the **Insured Plan's Property Handled** by the **Fiduciary** at the beginning of the **Insured Plan's** fiscal year or $500,000.00, whichever is less, but in no event less than $1,000.00.
ITEM 6	The liability of the Underwriter is subject to the terms of the following riders attached hereto:
ITEM 7	The **Fiduciary** by the acceptance of this bond gives notice to the Underwriter terminating or canceling prior bond(s) or policy(ies) No.(s) Not Applicable, such termination or cancellation to be effective as of the time this bond becomes effective.

Subject to the Terms, Conditions and Limitations as stated in this Bond, the intent of the Coverage provided by this Bond is to be in compliance with the Bonding requirements specified in Section 412 of the Employee Retirement Income Security Act of 1974 and any amendment thereto.

Countersigned: **ST. PAUL FIRE AND MARINE INSURANCE COMPANY**

Authorized Representative

Countersignature Date

Countersigned At

SPECIMEN