TRAVELERS

IDENTITY FRAUD EXPENSE REIMBURSEMENT DECLARATIONS

POLICY NO.

Hartford, Connecticut
(A Stock Insurance Company, herein called the Company)

ITEM 1	**INSURANCE REPRESENTATIVE:** D/B/A: Principal Address:
ITEM 2	**POLICY PERIOD:** Inception Date: Expiration Date: 12:01 A.M. standard time both dates at the Principal Address stated in ITEM 1.
ITEM 3	**ALL NOTICES OF CLAIM OR LOSS MUST BE SENT TO THE COMPANY BY EMAIL, FACSIMILE OR MAIL AS SET FORTH BELOW:** **Email: claims@travelers.com** **Fax: (860) 555-9876** **Mail: Travelers Bond & Financial Products** **P.O. Box 5050** **Hartford, CT 06183** **Overnight Mail: Travelers Bond & Financial Products** **One Tower Square** **06102-5050** **For questions related to claim reporting or handling, please call 1-800-842-8496.**
ITEM 4	**COVERAGE INCLUDED AS OF THE INCEPTION DATE IN ITEM 2:** Identity Fraud Expense Reimbursement

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ITEM 5	**IDENTITY FRAUD EXPENSE REIMBURSEMENT**	
	Limit of Insurance:	per **Insured Person** for each **Identity Fraud**
	Retention:	per **Insured Person** for each **Identity Fraud**
ITEM 6	**PREMIUM FOR THE POLICY PERIOD:**	
	Policy Premium	
	Annual Installment Premium	
ITEM 7	**FORMS AND ENDORSEMENTS ATTACHED AT ISSUANCE:**	

THE DECLARATIONS, THE APPLICATION, THE IDENTITY FRAUD EXPENSE REIMBURSEMENT TERMS AND CONDITIONS, AND ANY ENDORSEMENTS ATTACHED THERETO, CONSTITUTE THE ENTIRE AGREEMENT BETWEEN THE COMPANY, THE INSURANCE REPRESENTATIVE, AND THE INSURED PERSON.

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Countersigned By
(where applicable)

IN WITNESS WHEREOF, the Company has caused this policy to be signed by its authorized officers.

President, Bond & Specialty Insurance

Corporate Secretary

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