COMBINATION CRIME ENDORSEMENT

Refer to ~~Supplemental~~the Declarations if information is not shown ~~in~~on this form.

~~For an additional premium, *we* provide~~The coverage under this endorsement is subject to the ***terms*** contained in ~~the General Policy Provisions~~***your*** policy.

~~Policy No. _____.~~
~~***Named Insured*** _____.~~

~~Amounts of Insurance: Agreement 1 $ _____ Agreement 2 $ _____ Agreement 3 $ _____~~

~~WHAT *WE* PAY FOR~~

~~***We*** pay up to the amount of insurance stated on each Agreement for covered loss incurred by ***you***, for:~~

~~**Agreement 1. Employee Dishonesty Coverage** meaning ***loss*** of ***money***, ***securities*** or other ***business*** property that ***you*** incur through any fraudulent or dishonest acts committed by ***your employees***, acting alone or in collusion with others.~~

~~**Agreement 2. Loss Inside the *Insured Premises*** meaning ***loss*** of ***money*** or ***securities*** by their destruction, disappearance or wrongful abstraction from within the ***premises*** or within any ***banking premises*** or similar recognized places of safe deposit. This agreement does not include any loss caused by ***employee*** dishonesty.~~

~~**Agreement 3. Loss Outside the *Insured Premises*** meaning ***loss*** of ***money*** or ***securities*** by their destruction, disappearance or wrongful abstraction outside the ***premises*** while being conveyed by a ***messenger*** or any Armored Motor Vehicle Company. This agreement does not include any ***loss*** caused by ***employee*** dishonesty.~~

~~From each adjusted claim for ***loss*** or damage in a single ***occurrence***, ***we*** will deduct $ _____.~~
~~Name and address of prior Surety; number and expiration date of replaced bond _____~~

SCHEDULE

Coverages	Amount of Insurance
A. ***Employee*** Dishonesty	
B. ***Money*** And ***Securities***-Loss On The ***Insured Premises***	
C. ***Money*** And ***Securities***-Loss Off The ***Insured Premises***	

We pay up to the Amount of Insurance less the following deductible: $_____

DEFINITIONS

The following definition applies to this policy form:

1. ***Messenger*** means any agent who has been authorized to have care, custody or control of ***your*** property.

~~***Banking Premises*** means the interior of that portion of any building occupied by a banking institution in the conduct of its ***business*** as a bank.~~

~~***Employee*** means a natural person engaged in the service usual to ***your business*** operations and to whom ***you*** pay salary, wages or commission. ***You*** have the exclusive right to direct this person in the performance of the job. This definition excludes any broker, factor, commission merchant, consignee, contractor or other agent or representative.~~

~~***Loss*** includes damage.~~

© 2016 URB®

Messenger means ***you***, a partner, an officer or any authorized ***employee*** who has care and custody of ***your*** property outside ***your premises***.

Money means currency, coins, bank notes and bullion; and travelers checks, register checks and ***money*** orders held for sale to the public.

Premises means the interior portion of any building at the location designated on the Declaration Page which is occupied by ***you*** in conducting ***your business***.

Securities means all negotiable and non-negotiable instruments or contracts representing either ***money*** or other property and includes revenue and other stamps in current use, tokens and tickets, but does not include ***money***.

WHAT *WE* DO NOT PAY FOR

This endorsement does not apply:

1. to ***loss*** due to any fraudulent, dishonest or criminal act by ***you***, ***your*** partners, officers, executives, trustees or joint venturers, whether acting alone or in collusion with others;
2. to ***loss***, the proof of which, either as to its factual existence or its amount, is dependent upon an inventory computation or a profit and loss computation. However, this exclusion does not apply to ***loss*** which ***you*** can prove through evidence wholly apart from such computations;
3. to ***loss*** of manuscripts, books of account or records;
4. to ***loss*** due to giving or surrendering of ***money*** or ***securities*** in exchange for any purchase;
5. to ***loss*** of ***money*** contained in any coin operated amusement device or vending machine unless the device or machine has an instrument that records the amount of ***money*** deposited; and
6. to ***loss*** due to accounting or arithmetical errors or omissions.

Special Conditions Applicable to Agreement 1 Employee Dishonesty

This endorsement does not apply:

1. to any ***loss*** discovered later than one year from the end of the policy period;
2. to any ***loss*** perpetrated at any time before or after the policy period;
3. to any ***loss*** perpetrated by any ***employee*** employed outside of the United States of America and Canada; and
4. to any ***loss*** due to mysterious or unexplained disappearance.

General Conditions Applicable to Agreement 1 Employee Dishonesty

Ownership of Property: Interests covered ***we*** will pay for covered loss of covered property owned by ***you*** or property of others held by ***you*** in any capacity.

Joint *insureds* if more than one ***insured*** is covered by this agreement, the first named ***insured*** shall act for itself and all other ***insureds***. All rights, obligations and duties in this contract shall be the responsibility of the first named ***insured*** and ***us***.

Loss* caused by unidentifiable *employees if, after good faith efforts, ***you*** are unable to identify the perpetrators, ***we*** will pay up to the amount of insurance upon receipt of satisfactory evidence reasonably proving that the ***loss*** was due solely to the fraud or dishonesty of one or more of ***your employees***.

Books and Records ***you*** must keep records in such a manner that ***we*** can accurately determine the amount of loss from those records.

Prior Fraud, Dishonesty or Cancellation this agreement shall immediately terminate as to any ***employee*** in ***your*** service on discovery of fraud or dishonesty perpetrated by that ***employee***, while in ***your*** service or otherwise, whether such dishonesty or fraud be committed before or after the date of employment by ***you***.

Cancellation of the entire contract shall be effected in accordance with the ***terms*** set out in the General Policy provisions.

© 2016 URB®

Recoveries and Subrogation If ***you*** sustain a loss in excess of the amount of insurance stated in this agreement, ***you*** shall be entitled to all recoveries made (excepting reinsurance, surety or other assets pledged as collateral to ***us***) until ***you*** are indemnified for ***your*** reasonable recovery expenses incurred and the ***loss*** in excess of ***your*** deductible. The remainder then shall be applied to ***our*** recovery until ***we*** have achieved full restitution. ***You*** may then recover ***your*** deductible amount.

In the event of payment by ***us*** under this agreement, ***we*** are subrogated to all of ***your*** rights of recovery therefor against any person or organization responsible for such loss and ***you*** shall execute and deliver such instruments and papers to secure ***our*** rights. ***You*** shall do whatever is reasonably necessary to secure ***our*** rights and ***you*** shall do nothing before or after any loss to prejudice ***our*** rights.

Notice, Proof of Loss and Action against *Us* Upon knowledge or discovery of any loss or ***occurrence*** which may give rise to any claim for loss under Agreement I ***Employee*** Dishonesty, ***you*** must give notice thereof (in writing when requested) as soon as practicable to ***us*** or to ***our*** authorized agent or broker.

Within 90 days of ***our*** request, ***you*** shall file with ***us*** a detailed proof of ***loss***, signed and sworn to, establishing in detail, to the extent of ***your*** knowledge and information, the methods by which the alleged ***loss*** was perpetrated, the identity of the alleged perpetrators and the amount of the alleged ***loss***.

Upon ***our*** request, ***you*** shall separately submit to examination by ***us***, subscribe same, under oath if required, and produce for ***our*** examination all pertinent records, all at such reasonable times and places as ***we*** shall designate and ***you*** shall cooperate with ***us*** in all matters pertaining to ***loss*** or claims.

No action shall lie against ***us*** unless all of the conditions of this policy have been complied with fully, nor shall any action be initiated until the lapse of 90 days after conforming proofs of ***loss*** have been filed with ***us***, nor at all unless commenced within 2 years from the date that ***you*** discover the ***loss***.

Noncumulative terms Any ***loss***, without regard to the number of policy terms or service periods involved, constitutes a single ***occurrence*** subject to a single amount of insurance. In no event will the ***terms*** or conditions of this agreement be cumulative in effect or application.

Newly Acquired *employees* Additional ***employees*** acquired through merger, consolidation or additional hiring are covered for the remainder of the policy period. ***Your*** failure to notify ***us*** within 30 days and to pay the additional premium due will result in the prorationing of the amount of insurance on the basis that the number of employees declared bears to the total number of employees in ***your*** service at the time of discovery of the loss.

GENERAL CONDITIONS APPLICABLE TO THIS ENDORSEMENT

1. **Valuation *securities*** will be valued on the basis of their actual cash value stated at the close of ***business*** on the ***business*** day preceding the day on which the loss was discovered. A covered ***Money loss*** will be reimbursed at the rate of exchange on the day of the loss. All other property will be valued at its actual cash value at the time of ***loss***.
2. **Changes** no ***terms*** of this endorsement may be waived or changed except by endorsement issued by ***us*** to form a part of this policy.
3. **Property of Others** It is ***our*** option to adjust any claim for ***loss*** of property with the owner of such property.

PROPERTY COVERAGES

A. *EMPLOYEE* DISHONESTY

1. **WHAT *WE* PAY FOR**

   We pay up to the Amount of Insurance shown in the Schedule per occurrence for the loss to tangible ***business*** property and ***money*** and ***securities*** which results from any fraudulent or dishonest act committed by any of ***your employees***, whether identified or not, and whether acting alone or in collusion with others, except ***you*** or ***your*** partners. This coverage is subject to the following:

   a. ***You*** must sustain a loss as a result of the act or acts committed, and the ***employee*** who caused ***you*** to sustain a loss must have intended to receive a financial benefit not earned in the regular scope of employment with ***your business*** for his or herself, any other ***employee***, or any other person or organization;

   b. For any loss, ***our*** payment will not exceed the replacement value of the property. ***Securities*** may be determined by market value at the time of settlement;

© 2016 URB®

c. All loss caused by, or involving, one or more people, whether the result of a single act or a series of acts, is considered to be one occurrence and is subject to only one payment under this coverage;
d. ***We*** will only pay for loss sustained during the policy period and discovered no later than one year following the end of the policy period;
e. ***Our*** payment is not increased regardless of the number of ***insureds***, policies or claims; and
f. Regardless of the numbers of years the policy is in force, the Amount of Insurance is not cumulative from year to year.

2. **WHAT *WE* DO NOT PAY FOR**

We do not pay for:

Loss or damage resulting directly or indirectly from the following:

a. Any dishonest or criminal act by ***you***, ***your*** partners, members, officers, directors, trustees or joint venturers, whether acting alone or in collusion with others;
b. Loss for which ***your*** only evidence is an inventory computation;
c. Loss for which ***your*** only evidence is a profit and loss computation;
d. ***Your*** inability to generate income;
e. Payment of compensatory or punitive damages to third parties for which ***you*** are legally liable;
f. Payment of costs, fees or expenses ***you*** incur in proving ***your*** loss under this coverage;
g. Payment of attorneys' fees, filing fees or costs for any related legal action;
h. Loss caused by an ***employee*** for whom similar insurance has been previously canceled;
i. The failing to sign, issue or cancel a warehouse receipt or any documents connected with it;
j. Dishonest or fraudulent signing, issuance or cancellation of a warehouse receipt or any documents connected with it;
k. Mysterious disappearance or unexplained shortage of property;
l. Trading;
m. ***Electronic data*** security breach; or
n. Any claim for consequential loss.

This coverage is applicable only when there is no other valid and collectible insurance.

B. *MONEY* AND *SECURITIES*-LOSS ON THE *INSURED PREMISES*

1. **WHAT *WE* PAY FOR**

We pay up to the Amount of Insurance shown in the Schedule for loss of ***money*** or ***securities*** by the actual destruction, disappearance or ***theft*** of ***money*** and ***securities*** on the ***insured premises***, or within a bank or savings institution.

2. **WHAT *WE* DO NOT PAY FOR**

We do not pay for:

a. Loss due to any fraudulent, dishonest or criminal act by ***you***, ***your employees***, partners, members, officers, directors, trustees, joint venturers or authorized representatives, whether acting alone or in collusion with others;
b. Loss caused by ***you***, ***your employees***, partners, members, officers, directors, trustees, joint venturers or authorized representatives, whether acting alone or in collusion with others;
c. Loss due to giving or surrendering of ***money*** or ***securities*** in any exchange or purchase;
d. Loss of ***money*** contained in coin-operated amusement devices or vending machines, unless the device or machine has an instrument that records the amount of ***money*** deposited; or
e. Loss due to accounting or arithmetical errors or omissions.

C. *MONEY* AND *SECURITIES*-LOSS OFF THE *INSURED PREMISES*

1. **WHAT *WE* PAY FOR**

We pay up to the Amount of Insurance shown in the Schedule for loss of ***money*** or ***securities*** by the actual destruction, disappearance or ***theft*** of ***money*** and ***securities*** off the ***insured premises*** while in the

© 2016 URB®

care, custody or control, or within the living quarters, of a ***messenger***.

2. **WHAT *WE* DO NOT PAY FOR**

We do not pay for:

a. Loss due to any fraudulent, dishonest or criminal act by ***you***, ***your employees***, partners, members, officers, directors, trustees, joint venturers or authorized representatives, whether acting alone or in collusion with others;

b. Loss caused by ***you***, ***your employees***, partners, members, officers, directors, trustees, joint venturers or authorized representatives, whether acting alone or in collusion with others;

c. Loss due to giving or surrendering of ***money*** or ***securities*** in any exchange or purchase;

d. Loss of ***money*** contained in coin-operated amusement devices or vending machines, unless the device or machine has an instrument that records the amount of ***money*** deposited; or

e. Loss due to accounting or arithmetical errors or omissions.

All other ***terms*** and conditions remain unchanged.

© 2016 URB®