

From Jan 1, 2000	Policy Period To continuous	Policy Number 018-980940624-78	2000 MAR 17 AM 10:57
Premium Payment <input type="checkbox"/> Advance <input checked="" type="checkbox"/> Installment		Coverage is provided in the <input checked="" type="checkbox"/> Peerless Insurance Company, Keene, New Hampshire <input type="checkbox"/> Netherlands Insurance Company, Keene, New Hampshire	
Named insured and address Town Of Highland 3333 Ridge Road Highland, IN. 46322		Producer Horgash Insurance Agency 9621 E. 5th Street Highland, IN. 46322	

018-98-94-62

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

COMMERCIAL CRIME POLICY DECLARATIONS

POLICY PERIOD: 12:01 A.M., STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

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.

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COVERAGE, LIMITS OF INSURANCE, DEDUCTIBLE AND PREMIUM

COVERAGE FORMS FORMING PART OF THIS POLICY	LIMIT OF INSURANCE	DEDUCTIBLE AMOUNT	PREMIUM
<input type="checkbox"/> CR 0001 Employee Dishonesty (Blanket)			
<input type="checkbox"/> CR 0002 Employee Dishonesty (Schedule)			
<input type="checkbox"/> CR 0003 Forgery or Alteration			
<input type="checkbox"/> CR 0004 Theft, Disappearance and Destruction			
<input checked="" type="checkbox"/> CR 0017 Public Employee Dishonesty- Per Employee	\$ 15,000	Nil	

ENDORSEMENTS

ENDORSEMENTS FORMING PART OF THIS POLICY WHEN ISSUED:
CR 1044; CR 1049

CANCELLATION OF PRIOR INSURANCE

BY ACCEPTANCE OF THIS POLICY YOU GIVE US NOTICE CANCELLING PRIOR POLICY OR BOND NUMBERS:

THE CANCELLATION TO BE EFFECTIVE AT THE TIME THIS POLICY BECOMES EFFECTIVE.

COUNTERSIGNED: 2/24/00
(DATE)

BY: Michael E. Page
(AUTHORIZED REPRESENTATIVE)

N.C.
E.P.