40000FS 1743434396

Previous Policy Number

S 1743434

Policy Number

S 1743434

COMMERCIAL CRIME COVERAGE DECLARATION

Policy Effective Date: JULY 28, 2013

Coverage Effective Date: JULY 28, 2013

Business of Named Insured: WASTE WATER DISTRICT

Insurance is provided only for those coverages which are shown in the following coverage schedule.

Coverage Schedule			
Coverage Form	Coverage	Limit	Deductible
	EMPLOYEE THEFT -SCHEDULED	SEE CR0408	SEE CR0408

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Lake Dalecarlia Regional Waste District 15901 Briargate Place Lowell, IN 46356

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Forms and Endorsements:

Refer to "Commercial Policy Forms and Endorsement Schedule"

Premium Amount \$250.00 (This premium may be) (subject to adjustment)

EMPLOYEE THEFT — NAME OR POSITION SCHEDULE

POLICY NUMBER: S 1743434

CRIME AND FIDELITY
CR 04 08 05 06

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

COMMERCIAL CRIME COVERAGE FORM COMMERCIAL CRIME POLICY EMPLOYEE THEFT AND FORGERY POLICY GOVERNMENT CRIME COVERAGE FORM GOVERNMENT CRIME POLICY

SCHEDULE



Information required to complete this Schedule, if not shown above, will be shown in the Declaration.



6. Under Section F. Definitions:

a. The definition of "occurrence" is replaced by the following:

"Occurrence" means:

- (1) An individual act:
- (2) The combined total of all separate acts whether or not related; or
- (3) A series of acts whether or not related;

committed by each "employee" acting alone or in collusion with other persons, during the Policy Period shown in the Declarations, before such Policy Period or both.

b. The definition of "employee" is replaced by the following:

"Employee" means:

- (1) Any person named in the Schedule, if coverage applies on a Named Schedule basis; or
- (2) Any person you engage to perform the duties of a position shown in the Schedule, if coverage applies on a Position Schedule basis.

