

# NOT AN OFFICIAL DOCUMENT

4  
**TRAVELERS** 

Wrap+®

**CRIME  
DECLARATIONS**

POLICY NO. 107021389

Travelers Casualty and Surety Company of America  
Hartford, Connecticut  
(A Stock Insurance Company, herein called the Company)

|               |  |
|---------------|--|
| <p>ITEM 1</p> | <p><b>NAMED INSURED:</b><br/>Hammond City Clerks Office</p> <p>D/B/A:</p> <p>APPROVED THIS <u>5<sup>th</sup></u> day of <u>December</u>, 20<u>23</u></p> <p>By: <u>[Signature]</u><br/>Thomas M. McDermott, Jr.<br/>Mayor, City of Hammond</p> <p>Principal Address:<br/>5925 Calmet Avenue<br/>HAMMOND, IN 46320</p> <p>GINA PIMENTEL<br/>RECORDER<br/>STATE OF INDIANA<br/>LAKE COUNTY<br/>RECORDED AS PRESENTED</p> <p><b>2023-033284</b><br/>2:08 PM 2023 Dec 6</p>  |
| <p>ITEM 2</p> | <p><b>POLICY PERIOD:</b></p> <p>Inception Date: January 1, 2024      Expiration Date: January 1, 2025<br/>12:01 A.M. standard time both dates at the Principal Address stated in ITEM 1.</p>   |
| <p>ITEM 3</p> | <p><b>ALL NOTICES OF CLAIM OR LOSS MUST BE SENT TO THE COMPANY BY EMAIL, FACSIMILE, OR MAIL AS SET FORTH BELOW:</b></p> <p>Email: <a href="mailto:BS1claims@travelers.com">BS1claims@travelers.com</a><br/>Fax: 1-888-460-8622</p> <p>Mail: Travelers Bond &amp; Specialty Insurance Claim<br/>P.O. Box 2989<br/>Hartford, CT 06104-2989</p> <p>Overnight Mail: Travelers Bond &amp; Specialty Insurance Claim<br/>One Tower Square, S202A<br/>Hartford, CT 06183</p> <p>For questions related to claim reporting or handling, please call 1-800-842-8496.</p> |
| <p>ITEM 4</p> | <p><b>COVERAGE INCLUDED AS OF THE INCEPTION DATE IN ITEM 2:</b></p> <p>Crime</p> <p style="text-align: right;">NC<br/>RM</p>   |

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| ITEM 5  | CRIME              |                                   |                          |
|---|--------------------|-----------------------------------|--------------------------|
|   | Insuring Agreement | Single Loss<br>Limit of Insurance | Single Loss<br>Retention |
| <b>A. Fidelity</b>  |                    |                                   |                          |
| 1. Employee Theft   | See Endorsement    |                                   |                          |
| 2. ERISA Fidelity   | Not Covered        |                                   |                          |
| 3. Employee Theft of Client Property                        | Not Covered        |                                   |                          |
| <b>B. Forgery or Alteration</b>                             | \$150,000          | \$1,000                           |                          |
| <b>C. On Premises</b>                                       | \$150,000          | \$1,000                           |                          |
| <b>D. In Transit</b>  | \$150,000          | \$1,000                           |                          |
| <b>E. Money Orders and Counterfeit Money</b>                | \$150,000          | \$1,000                           |                          |
| <b>F. Computer Crime</b>                                    |                    |                                   |                          |
| 1. Computer Fraud   | \$150,000          | \$1,000                           |                          |
| 2. Computer Program and Electronic Data Restoration Expense | Not Covered        |                                   |                          |
| <b>G. Funds Transfer Fraud</b>                              | \$150,000          | \$1,000                           |                          |
| <b>H. Personal Accounts Protection</b>                      |                    |                                   |                          |
| 1. Personal Accounts Forgery or Alteration                  | Not Covered        |                                   |                          |
| 2. Identity Fraud Expense Reimbursement                     | Not Covered        |                                   |                          |
| <b>I. Claim Expense</b>                                     | \$5,000            | \$0                               |                          |



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THE DECLARATIONS, THE APPLICATION, THE CRIME TERMS AND CONDITIONS, ANY PURCHASED INSURING AGREEMENTS, AND ANY ENDORSEMENTS ATTACHED THERETO, CONSTITUTE THE ENTIRE AGREEMENT BETWEEN THE COMPANY AND THE NAMED INSURED.

*Robert J. Golec*

Countersigned By: ROBERT J. GOLEC, HAMMOND CITY CLERK

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

*James P. KUH*

President

*Wendy C. Shy*

Corporate Secretary

Property of Lake County Recorder