

ENDORSEMENT # 73

This endorsement, effective *12:01 am July 01, 2019* forms a part of policy number *01-606-08-20* issued to **MEMBERS OF THE ALLIANT CRIME INSURANCE PROGRAM (ACIP)** *(as endorsed)*

by *National Union Fire Insurance Company of Pittsburgh, Pa.*

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**POLICY CHANGE
(DISCOVERY FORM)**

This endorsement modifies insurance provided under the Discovery Form version of the following:

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

Change No:	_____
Date of Issue:	<u>06/21/2019</u>
Effective Date of Change:	<u>07/01/2019 12:01 A.M.</u> Standard Time

A. Schedule*

<input type="checkbox"/>	1. The Named Insured is changed to:	_____
<input type="checkbox"/>	2. The following Insured(s) is added as a Named Insured:	_____
<input type="checkbox"/>	3. The following Insured(s) is deleted as a Named Insured:	_____
<input type="checkbox"/>	4. The Mailing Address is changed to:	_____
<input checked="" type="checkbox"/>	5. The Policy Period is:	extended to <u>07/01/20</u> or reduced to _____
<input type="checkbox"/>	6. The following Insuring Agreement(s) is:	_____

- Added to the Coverage Form/Policy
- Deleted from the Coverage Form/Policy
- Changed as respects the Limit(s) of Insurance and/or Deductible Amount(s)

Insuring Agreement	Limit Of Insurance	Deductible Amount
_____	\$ _____	\$ _____
_____	_____	_____
_____	_____	_____

- 7. The following Endorsement(s) is:
 - Added to the Coverage Form/Policy
 - Deleted from the Coverage Form/Policy
 - Changed as respects the Limit(s) of Insurance

Endorsement	Limit Of Insurance
_____	\$ _____
_____	_____
_____	_____

* Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations.

B. Provisions

1. Application of changes affected by this Endorsement:

a. Addition Of Coverage, Increase In Limit Of Insurance, Addition Of Deductible Or Increase In Deductible Amount

This change applies to loss or damage resulting from acts committed or events occurring at any time and discovered by you on or after the Effective Date of Change.

b. Deletion Of Coverage

This change applies to loss or damage resulting from acts committed or events occurring:

(1) On or after the Effective Date of Change; and also

(2) Before the Effective Date of Change if discovered by you after 60 days from that date.

c. All Changes Other Than In Paragraphs a. And b. Above

This change applies to loss or damage resulting from acts committed or events occurring at any time and discovered by you on or after the Effective Date of Change.

2. No Limit of Insurance during any period will be cumulative with any other amount applicable to the same coverage during any other period.



AUTHORIZED REPRESENTATIVE