



PLEASE READ THE ENTIRE POLICY CAREFULLY.

**Policy Number**

**SXXXXXXXXXXXXXXXXXX**

**Accelerant Specialty Insurance**

400 Northridge Rd.  
Suite 800  
Sandy Springs, GA 30350

**Item 1. NAMED INSURED**  
<<Name of Insured>>

**Item 2. POLICY PERIOD**  
Inception Date: <<policy inception>> Expiration Date: <<policy expiration>>  
(12:01 AM standard time at the address shown in Item 1. of the Common Policy Declarations Page)

**Item 3. INSURING AGREEMENTS, LIMITS OF LIABILITY AND RETENTIONS**

<b>Insuring Agreement</b>	<b>Limits of Liability</b>	<b>Retentions</b>
A. <u>Employee Theft</u>	\$<<LIMIT>>	\$<<Retention>>
B. <u>In Transit</u>	\$<<LIMIT>>	\$<<Retention>>
C. <u>Inside the Premises</u>	\$<<LIMIT>>	\$<<Retention>>
D. <u>Forgery or Alteration</u>	\$<<LIMIT>>	\$<<Retention>>
E. <u>Computer Fraud</u>	\$<<LIMIT>>	\$<<Retention>>
F. <u>Funds Transfer Fraud Coverage</u>	\$<<LIMIT>>	\$<<Retention>>
G. <u>Credit Card Fraud</u>	\$<<LIMIT>>	\$<<Retention>>
H. <u>Money Orders and Counterfeit Currency Fraud</u>	\$<<LIMIT>>	\$<<Retention>>
I. <u>Client Coverage</u>	\$<<LIMIT>>	\$<<Retention>>
J. <u>False Pretense</u>	\$<<LIMIT>>	\$<<Retention>>



**Item 4. EXPENSE LIMITS**

Expense Limit	\$<<LIMIT>>
Computer Fraud Expense Limit	\$<<LIMIT>>
Information Reproduction Limit	\$<<LIMIT>>

**Item 4. PREMIUM FOR COVERAGE PART**

\$ <<Premium>>

In witness whereof, the Insurer has caused this Policy to be executed, but it shall not be valid unless also signed by a duly authorized representative of the Insurer.

Hugh Burgess, Chief Underwriting Officer