



GREAT AMERICAN INSURANCE COMPANIES
Subsidiaries of American Financial Corporation
580 WALNUT STREET, CINCINNATI, OHIO 45202

CR 00 07
(Ed. 10 90)
Coverage Form F

COMPUTER FRAUD COVERAGE FORM

A. COVERAGE – We will pay for loss of, and loss from damage to, Covered Property resulting directly from the Covered Causes of Loss.

1. Covered Property: “Money,” “Securities” and “Property Other Than Money and Securities.”
2. Covered Cause of Loss: “Computer Fraud.”

B. LIMIT OF INSURANCE

The most we will pay for loss in any one “occurrence” is the applicable Limit of Insurance shown in the Declarations.

C. DEDUCTIBLE

We will not pay for loss in any one “occurrence” unless the amount of loss exceeds the Deductible Amount in the Declarations. We will then pay the amount of loss in excess of the Deductible Amount, up to the Limit of Insurance. In the event more than one Deductible Amount could apply to the loss, only the highest Deductible Amount may be applied.

D. ADDITIONAL EXCLUSIONS, CONDITIONS AND DEFINITIONS: In addition to the provisions in the Crime General Provisions, this Coverage Form is subject to the following:

1. Additional Exclusions: We will not pay for loss as specified below:

- a. Acts of Employees, Directors, Trustees or Representatives: Loss resulting from any dishonest or criminal act committed by any of your “employees,” directors, trustees or authorized representatives:

- (1) acting alone or in collusion with other persons; or
- (2) while performing services for you or otherwise.

b. Inventory Shortages: Loss, or that part of any loss, the proof of which as to its existence or amount is dependent upon:

- (1) an inventory computation; or
- (2) a profit and loss computation.

2. Additional Conditions:

a. Duties in the Event of Loss: If you have reason to believe that any loss of, or loss from damage to, Covered Property involves a violation of law, you must notify the police.

b. Special Limit of Insurance for Specified Property: We will only pay up to \$5,000 for any one “occurrence” of loss of, and loss from damage to, manuscripts, drawings, or records of any kind or the cost of reconstructing them or reproducing any information contained in them.

3. Additional Definitions:

a. “Banking Premises” means the interior of that portion of any building occupied by a banking institution or similar safe depository.

b. “Computer Fraud” means “theft” of property following and directly related to the use of any computer to fraudulently cause a transfer of that property from inside the “premises” or “banking premises” to a person (other than a “messenger”) outside those “premises” or to a place outside those “premises.”

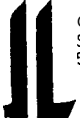
c. “Messenger” means you, any of your partners or any “employee” while having care and custody of the property outside the “premises.”

d. "Occurrence" means an:

- (1) act or series of related acts involving one or more persons; or
- (2) act or event, or a series of related acts or events not involving any person.

e. "Premises" means the interior of that portion of any building you occupy in conducting your business.

f. "Theft" means any act of stealing.



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CR 01 36
(Ed. 12 97)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ALASKA CHANGES

This endorsement modifies insurance provided under the following:

COMMERCIAL CRIME COVERAGE PART

A. Paragraph b. of the Duties in the Event of Loss General Condition of the Crime General Provisions is replaced by the following:

b. Submit to examination under oath at our request at such times as may be reasonably required and give us a signed statement of your answers. Any insured has the right to have legal counsel present at the examination.

B. Paragraph c. of the Legal Action Against Us General Condition of the Crime General Provisions is replaced by the following:

c. Unless brought within 3 years from the date you discover the loss.

C. The Concealment, Misrepresentation or Fraud General Condition of the Crime General Provisions is replaced by the following:

CONCEALMENT, MISREPRESENTATION OR FRAUD

We will not pay for any loss or damage in any case of fraud by you as it relates to this insurance at any time. We also will not pay for any loss or damage if you or any other insured, at any time, intentionally conceal or misrepresent a material fact concerning:

1. This insurance;
2. the Covered Property;
3. your interest in the Covered Property; or
4. a claim under this insurance.



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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADD FAITHFUL PERFORMANCE OF DUTY

This endorsement applies only to PUBLIC EMPLOYEE DISHONESTY COVERAGE FORM O or P.

PROVISIONS

1. The following is added as a Covered Cause of Loss:

Failure of any "employee" to faithfully perform his or her duties as prescribed by law, when such failure has as its direct and immediate result a loss of your Covered Property.

2. The following Additional Exclusion is added:

Depository Failure: loss resulting from the failure of any entity acting as a depository for your property or property for which you are responsible.

3. Part 2.a.(1) of the Coverage Form is deleted and the following substituted:

Immediately upon discovery by you or any official or employee authorized to manage, govern or control your employees of any act on the part of an "employee" whether before or after becoming employed by you which would constitute a loss covered under the terms of this Coverage Form, as amended by this endorsement

4. Part 2.c. of the Coverage Form is deleted and the following substituted:

Indemnification: We will indemnify any of your officials who are required by law to give bonds for the faithful performance of their service against loss through the failure of any "employee" under the supervision of that official to faithfully perform his or her duties as prescribed by law, when such failure has as its direct and immediate result a loss of your Covered Property.



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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

INCLUDE THE CHAIRMAN AND MEMBERS OF SPECIFIED
COMMITTEES AS EMPLOYEES

This endorsement applies to the CRIME GENERAL PROVISIONS FORM and all Crime Coverage Forms forming part of the Policy.

A. SCHEDULE

Names of Committees

ALL BOARDS AND COMMISSIONS WHILE PERFORMING DUTIES FOR THE INSURED

B. PROVISIONS

"Employee" also includes any natural person, whether or not compensated, while performing services for you as the chairman, or a member of any committee named in the SCHEDULE.



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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

INCLUDE SPECIFIED DIRECTORS OR TRUSTEES ON COMMITTEES AS EMPLOYEES

This endorsement applies to the **CRIME GENERAL PROVISIONS FORM** and all **Crime Coverage Forms** forming part of the **Policy**.

1. SCHEDULE

Directors or Trustees

ALL

3. PROVISIONS

"Employee" also includes any of your directors or trustees who are shown in the **SCHEDULE** while acting as a member of any of your elected or appointed committees to perform on your behalf specific, as distinguished from general, directorial acts.

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

INCLUDE SPECIFIED NON-COMPENSATED OFFICERS AS EMPLOYEES

This endorsement applies to the CRIME GENERAL PROVISIONS FORM and all Crime Coverage Forms forming part of the Policy.

A. SCHEDULE

Names or Titles of Non-Compensated Officers

ALL

B. PROVISIONS

"Employee" also includes your non-compensated officers shown in the Schedule,



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CR 88 02 (Ed. 0186)

BUSINESSPRO GENERAL ENDORSEMENT

ENDORSEMENT NO. 1

SUBJECT TO THE PROVISIONS OF THE ATTACHED BOND WITH RESPECT TO THE LIMIT OF INSURANCE AND DEDUCTIBLE AMOUNT, THE LIMIT OF INSURANCE AND THE DEDUCTIBLE AMOUNT FOR EACH OF THE FOLLOWING INSUREDS APPLIES TO THAT INSURED.

NAMED INSURED	LIMIT OF INSURANCE	DEDUCTIBLE AMOUNT
'ADVOCATES FOR VICTIMS OF VIOLENCE	\$ 40,000	\$ 1,000
ENMONAK WOMEN'S SHELTER	40,000	1,000
S.A.F.E.	40,000	1,000
KODIAC WOMEN'S RESOURCE CENTER	50,000	1,000
SITKANS AGAINST FAMILY VIOLENCE (SAFV)	53,000	1,000
W.V.R.C.	75,000	1,000
WOMEN'S RESOURCE CRISIS CENTER	75,000	1,000
AWARE, INC.	103,000	2,500
WOMEN IN CRISIS - COUNSELING	250,000	2,500
CORDOVA FAMILY RESOURCE CENTER	40,000	1,000



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BUSINESSPRO GENERAL ENDORSEMENT

ENDORSEMENT NO. 2

THIS ENDORSEMENT APPLIES ONLY TO THE EMPLOYEE DISHONESTY COVERAGE FORM

ITEM D.1.B. IS AMENDED TO INCLUDE:

WHERE THE INSURED ESTABLISHES WHOLLY APART FROM SUCH COMPARISON THAT IT HAS SUSTAINED A LOSS COVERED UNDER COVERAGE FORM 0, THEN IT MAY OFFER ITS INVENTORY RECORDS AND ACTUAL PHYSICAL COUNT OF INVENTORY IN SUPPORT OF THE AMOUNT OF LOSS CLAIMED.



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BUSINESSPRO GENERAL ENDORSEMENT

ENDORSEMENT NO. 3

THIS ENDORSEMENT APPLIES ONLY TO PUBLIC EMPLOYEE DISHONESTY COVERAGE FORM.

COVERAGE FORM 0 IS AMENDED BY DELETING THE FOLLOWING ADDITIONAL EXCLUSIONS:

D. 1. C. BONDED EMPLOYEES

D. 1. D. TREASURER OR TAX COLLECTOR