

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## OBLIGEE

This endorsement modifies insurance provided under the following:

GOVERNMENT CRIME COVERAGE FORM  
GOVERNMENT CRIME POLICY

**A. Schedule\***

SAMPLE

<b>Name Of Obligee</b>

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

**B. Provisions**

1. We agree to indemnify the Obligee shown in the Schedule, for loss covered by this insurance.
2. This insurance may be cancelled by you or by the Obligee shown in the Schedule in accordance with the Cancellation of Policy Condition. If we cancel, we agree to mail our notice to both the Obligee and to you.
3. The **Cancellation As To Any Employee** Condition is replaced by the following:  
This insurance is cancelled as to any "employee";
  - a. Immediately upon discovery by:
    - (1) The Obligee or you; or

- (2) Any official or employee authorized to manage, govern or control your "employees" who is not in collusion with the "employee";

of theft or any other dishonest act committed by the "employee" whether before or after becoming employed by you.

- b. On the date specified in a notice mailed to both the Obligee and to the first Named Insured. That date will be at least 30 days after the date of mailing.

We will mail or deliver our notice to the first Named Insured's last mailing address known to us. If notice is mailed, proof of mailing will be sufficient proof of mailing.

4. By acceptance of this insurance both the Obligee and you give us notice cancelling any prior insurance as shown in the Declarations.