

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

**CHANGE SCHEDULE  
EXCESS LIMIT OF INSURANCE FOR SPECIFIED  
EMPLOYEES OR POSITIONS  
(LOSS SUSTAINED FORM)**

This endorsement modifies insurance provided under the following:

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

and applies to the Employee Theft Insuring Agreement when amended by an Add Schedule Excess Limit of Insurance for Specified Employees or Positions Endorsement:

**A. Schedule\***

Item No.	Name Schedule Coverage	Position Schedule Coverage			Excess Limit Of Insurance Each "Employee"
	Names Of Covered "Employees"	Titles Of Covered Positions	Location Of Covered Positions	No. Of "Employees" Each Position	
	<b>Add</b>	<b>Add</b>			
	<b>Delete</b>	<b>Delete</b>			

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

**B. Provisions**

1. The item or items shown in the Schedule above are an addition to or a deletion from the item or items appearing in the Schedule of the Excess Limit of Insurance For Specified Employees or Positions Endorsements **CR 25 34** or **CR 25 35**, or a prior version of this Endorsement **CR 25 39**.
2. Application of changes affected by this endorsement:

**a. Addition Of A Name Or Title Or Increase In Limit Of Insurance**

This change applies to loss or damage resulting from acts committed on or after the Effective Date of Change.

**b. Deletion Of A Name Or Title Or Decrease In Limit Of Insurance**

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

- (1) On or after the Effective Date of Change; and also
- (2) Before the Effective Date of Change if discovered by you after 1 year from the date.

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

SAMPLE

POLICY NUMBER:  
EFFECTIVE DATE:

COMMERCIAL CRIME  
DCT SCHEDULE FOR CR 25 39 03 00

# CHANGE SCHEDULE EXCESS LIMIT OF INSURANCE FOR SPECIFIED EMPLOYEES OR POSITIONS – FOR FORM CR 25 34 (LOSS SUSTAINED FORM)

## SCHEDULE

SAMPLE

Name Schedule Coverage			
Names of Covered "Employees"			Excess Limit of Insurance Each "Employee"
Add			
Delete			
Position Schedule Coverage			
Titles of Covered Positions	Location of Covered Positions	No. of "Employees" Each Position	Excess Limit of Insurance Each "Employee"
Add			
Delete			

POLICY NUMBER:  
EFFECTIVE DATE:

COMMERCIAL CRIME  
DCT SCHEDULE FOR CR 25 39 03 00

# CHANGE SCHEDULE EXCESS LIMIT OF INSURANCE FOR SPECIFIED EMPLOYEES OR POSITIONS – FOR FORM CR 25 35 (LOSS SUSTAINED FORM)

## SCHEDULE

SAMPLE

Name Schedule Coverage			
Names of Covered "Employees"			Excess Limit of Insurance Each "Employee"
Add			
Delete			
Position Schedule Coverage			
Titles of Covered Positions	Location of Covered Positions	No. of "Employees" Each Position	Excess Limit of Insurance Each "Employee"
Add			
Delete			