



EMPLOYEE DISHONESTY

For Use With Businessowners

This endorsement is attached to and made a part of *your* Businessowners Coverage form.
Refer to the Declarations if information is not shown on this form.
The coverage under this endorsement is subject to the *terms* contained in *your* policy.

Amount of Insurance: \$ _____

1. WHAT WE PAY FOR

We pay up to the Amount of Insurance shown above per occurrence for the loss to tangible *business* property and *money* and *securities* which results from any fraudulent or dishonest act committed by any of *your employees*, whether identified or not, and whether acting alone or in collusion with others, except *you* or *your* partners. This coverage is subject to the following:

- a. *You* must sustain a loss as a result of the act or acts committed, and the *employee* who caused *you* to sustain a loss must have intended to receive a financial benefit not earned in the regular scope of employment with *your business* for his or herself, any other *employee*, or any other person or organization;
- b. For any loss, *our* payment will not exceed the replacement value of the property. *Securities* may be determined by market value at the time of settlement;
- c. All loss caused by, or involving, one or more people, whether the result of a single act or a series of acts, is considered to be one occurrence and is subject to only one payment under this coverage;
- d. *We* will only pay for loss sustained during the policy period and discovered no later than one year following the end of the policy period;
- e. *Our* payment is not increased regardless of the number of *insureds*, policies or claims; and
- f. Regardless of the numbers of years the policy is in force, the amount of insurance is not cumulative from year to year.

2. WHAT WE DO NOT PAY FOR

We do not pay for:

Loss or damage resulting directly or indirectly from the following:

- a. Any dishonest or criminal act by *you*, *your* partners, members, officers, directors, trustees or joint venturers, whether acting alone or in collusion with others;
- b. Loss for which *your* only evidence is an inventory computation;
- c. Loss for which *your* only evidence is a profit and loss computation;
- d. *Your* inability to generate income;
- e. Payment of compensatory or punitive damages to third parties for which *you* are legally liable;
- f. Payment of costs, fees or expenses *you* incur in proving *your* loss under this coverage;
- g. Payment of attorneys' fees, filing fees or costs for any related legal action;
- h. Loss caused by an *employee* for whom similar insurance has been previously canceled;
- i. The failing to sign, issue or cancel a warehouse receipt or any documents connected with it;
- j. Dishonest or fraudulent signing, issuance or cancellation of a warehouse receipt or any documents connected with it;
- k. Mysterious disappearance or unexplained shortage of property;
 - l. Trading;
- m. *Electronic data* security breach;
- n. Any claim for *Additional Expense* coverage;
- o. Any claim for *Loss Of Income* coverage; or
- p. Any claim for consequential loss.

This coverage is applicable only when there is no other valid and collectible insurance.

All other *terms* and conditions remain unchanged.