

July 9, 2024

Debra Hardwick  
Alliant Insurance Services Inc  
100 Pine St  
11th Floor  
San Francisco, CA 94111-5102

**Fidelity / Crime Division**

100 Pine St, STE 1400  
San Francisco, CA 94111-5167  
[www.CrimeInsurance.com](http://www.CrimeInsurance.com)  
415-805-9583  
5137685192 (Fax)

**Re:** Town of Fairfax, City of Novato, City of Larkspur, Town of San Anselmo, City of Redwood City, City of Pleasanton, Town of Corte Madera  
Excess Commercial Crime Coverage Binder & Invoice Letter

Dear Debra,

Thank you for the order! Per your instructions, coverage is bound per the terms and conditions set forth below. **Please consider this letter as our invoice.**

**EXCESS COMMERCIAL CRIME COVERAGE**

**NAMED INSURED:** Town of Fairfax, City of Novato, City of Larkspur, Town of San Anselmo, City of Redwood City, City of Pleasanton, Town of Corte Madera

**ADDRESS:** 400 Magnolia Ave.  
Larkspur, CA 94939

**POLICY NUMBER:** GVT 559-47-19-16-00

**EFFECTIVE DATES:** 12:01 A.M. on **July 1, 2024** to 12:01 A.M. on **July 1, 2025**

**ISSUING COMPANY:** Great American Insurance Company  
A.M. Best Rated "A+" (Superior) Class XV  
Standard & Poor's Rated "A+" (Strong)  
Admitted in all 50 States & Canada

**POLICY FORM:** Great American Excess Follow Form Certificate (Ed. 03/15)

**LIMIT PROVIDED:** \$2,000,000

**COVERAGES PROVIDED:** Insuring Agreements Employee Theft, Forgery or Alteration, Inside the Premises, Outside the Premises, Computer and Funds Transfer Fraud, Money Orders and Counterfeit Money (\$1,000,000 limit of Faithful Performance for each entity) for the following cities:

Town of Corte Madera  
Town of Fairfax  
City of Larkspur  
City of Novato  
City of Pleasanton  
City of Redwood City  
Town of San Anselmo

**EXCESS OF:**

GAIC: \$2,000,000 excess over \$1,000,000 x \$10K deductible with Zurich

**TOTAL PREMIUM:** \$ 32,663**COMMISSION PAYABLE:** 15 % (Commission Payable on Total Premium)**NET PREMIUM DUE:** \$ 27,763.55 (Due Within 45 Days of the Effective Date)**FORMS:**

SEQ	FORM #	DESCRIPTION
1	0790FIC	Great American Insurance Fidelity & Crime Policy Cover
2	SDM683	Important Notice Fidelity Crime Division Claims
3	SDM705	Important Information to Policyholders - California - To Obtain Information or to Make a Complaint
4	CXS1001	Excess Follow Form Certificate
5	CXS1002	Exclude All Sub-Limited Coverage(s)
6	CXS1009	California Premium Endorsement
7	CXS1011	General Manuscript Endorsement - SUB-LIMIT FOR TOWN OF FAIRFAX, TOWN OF CORTE MADERA, AND CITY OF PLEASANTON
8	CXS1011	General Manuscript Endorsement - EXCLUDE ALL NON - FUNGIBLE TOKENS
9	IL7268	In Witness Clause

**UNDERLYING COVERAGE SCHEDULE:**Primary Policy

Company: Fidelity and Deposit Company of Maryland  
 Single Loss Limit: \$ 1,000,000  
 Deductible: \$ 10,000  
 Policy Number: CCP 6893481-02  
 Policy Period: 07/01/2024 - 07/01/2025

**SUBJECTIVITIES:**

No subjectivities are required. File is current.

**PAYMENT OF PREMIUM:****ALL PAYMENTS MUST BE SENT TO GREAT AMERICAN INSURANCE GROUP.**

If you are using first class mail:

Great American Insurance Group  
3561 Solutions Center  
Chicago, IL 60677-3005

If you are using overnight mail:

PNC Bank c/o Great American Insurance Group  
Lockbox Number 773561  
350 East Devon Avenue  
Itasca, IL 60143

Please feel free to contact me with any questions. Thank you for the opportunity to provide terms on this account!

Best Regards,



Melanie Delos Santos  
Senior Account Executive  
415-805-9583  
[mdelossantos@GAIG.COM](mailto:mdelossantos@GAIG.COM)

Attachments

*The foregoing binder for coverage is issued under the condition that there has been no material change in the risk the Company has assumed in issuing the binder. The Insured shall promptly provide to the Company any information of which the Insured becomes aware of that has not previously been disclosed to the Company, and which relates to any proposed Insured's claim history or risk exposure, or which could change the Company's underwriting evaluation of the Insured. In the event that the Insured should fail to disclose this information to the Company prior to the inception date of the Policy, the Company, at its sole discretion, shall have the right to rescind the Policy upon learning of this information.*