

**THE  
CINCINNATI INSURANCE COMPANIES**

THE CINCINNATI INSURANCE COMPANY    THE CINCINNATI INDEMNITY COMPANY  
 THE CINCINNATI CASUALTY COMPANY

**Named Insured:**   SHENANDOAH VALLEY WORK FORCE DEVELOPMENT BOARD INC.

**Policy Number:**   ENP 019 98 38

**Policy Period:**   07-01-2017 to 07-01-2020

**Effective Date of Change:**   07-01-2019

**Endorsement Number:**   2

**Agency Name:**   LD&B INSURANCE AND FINANCIAL SERVICE 45-122  
HARRISONBURG, VA

**Explanation of Billing**

A change was recently made to your policy with The Cincinnati Insurance Companies. Attached to this summary is the endorsement that amends your policy.

**The additional premium for this endorsement is \$**

This premium is for the time period of 07-01-2019 to 07-01-2020. You will receive a statement based on the payment option you have selected.

Please contact your agency if you have any questions concerning your policy or statement:

LD&B INSURANCE AND FINANCIAL SERVICE  
205 S LIBERTY ST STE A  
HARRISONBURG, VA 22801-3638

540-433-2796

**This is not a bill. No payment is necessary at this time.**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## GENERAL CHANGE ENDORSEMENT

Attached to and forming part of:

Auto / Garage  
Policy Number

All Other  
Policy Number ENP 019 98 38

Effective Date  
of Endorsement 07-01-2019

Issued to SHENANDOAH VALLEY WORK FORCE DEVELOPMENT BOARD INC.  
Agent LD&B INSURANCE AND FINANCIAL SERVICE 45-122  
HARRISONBURG, VA

Endorsement # 2

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### PREMIUM INFORMATION

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Additional Premium Due at Endorsement Effective Date REFER TO IA4319

Subsequent Semi-Annual Installments Increased by \$ \_\_\_\_\_

Revised Semi-Annual Installment Payment(s) \$ \_\_\_\_\_

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It is agreed that the policy is amended as indicated by

Policy Installment Premium Amended to:

Annual  Semi-Annual  Quarterly

Named Insured

SHENANDOAH VALLEY WORK FORCE DEVELOPMENT BOARD INC.

Mailing Address

Form(s) Added

Form(s) Deleted

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### All Other Reason for Change

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AMENDING IA904 TO DELETE:

LOC 3 - 334 N HAWKSBILL ST LURAY VA 22835

AMENDING FM502 BLANKET BUSINESS PERSONAL PROPERTY

AMENDING GA532 TO DELETE 61227 LOC 3 PER REVISED ATTACHED

AMENDING MA573 ELECTRONIC DATA PROCESSING EQUIPMENT LIMIT TO 123,000

AMENDING CA516 EMPLOYEE THEFT LIMIT OF INSURANCE TO 4,000,000

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### Auto / Garage Reason for Change

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IA 4329 12 09

Page 1 of 1

# THE CINCINNATI INSURANCE COMPANY

A Stock Insurance Company

## CRIME AND FIDELITY COVERAGE PART DECLARATIONS (COMMERCIAL ENTITIES)

Attached to and forming part of POLICY NUMBER: ENP 019 98 38

Named Insured is the same as it appears in the Common Policy Declarations

Item Location (address)

Employee Benefit Plan(s) Included as Insureds:

Coverage is Written:

Primary       Excess       Coindemnity       Concurrent

Coverage is provided only for the Crime Coverage for which a Limit of Insurance is shown below:

Insuring Agreements Forming Part of This Coverage Part	Limit of Insurance	Deductible Amount
	Per Occurrence	Per Occurrence
1. Employee Theft	\$ 4,000,000	\$ 500
2. Forgery or Alteration	\$	\$
3. Inside the Premises - Theft of Money and Securities	\$	\$
4. Inside the Premises - Robbery or Safe Burglary of Other Property	\$	\$
5. Outside the Premises	\$	\$
6. Computer Fraud	\$	\$
7. Funds Transfer Fraud	\$	\$
8. Money Orders and Counterfeit Money	\$	\$
	\$	\$

Forms and endorsements applicable to this Coverage Part at policy inception.

CR0020 05/06 COMMERCIAL CRIME COVERAGE FORM (DISCOVERY FORM)

CA440 08/07 COMMERCIAL CRIME COVERAGE FORM AMENDATORY ENDORSEMENT

The Crime and Fidelity Coverage Part (Commercial Entities) consist of this Declaration Form and the Commercial Crime Coverage Form.



**Declarations**

POLICY NO. 105650565

**Travelers Casualty and Surety Company of America**  
**One Tower Square**  
**Hartford, Connecticut 06183**  
(A Stock Insurance Company, herein called the Company)

**LIABILITY COVERAGES, SEPARATE LIABILITY COVERAGES, AND THIRD PARTY LIABILITY INSURING AGREEMENTS ARE WRITTEN ON A CLAIMS-MADE BASIS AND COVER ONLY CLAIMS MADE AGAINST INSUREDS DURING THE POLICY PERIOD.**

**THE LIMIT OF LIABILITY AVAILABLE TO PAY SETTLEMENTS OR JUDGMENTS WILL BE REDUCED BY DEFENSE EXPENSES, AND DEFENSE EXPENSES WILL BE APPLIED AGAINST THE RETENTION. THE COMPANY HAS NO DUTY TO DEFEND ANY CLAIM UNLESS DUTY-TO-DEFEND COVERAGE HAS BEEN SPECIFICALLY PROVIDED HEREIN.**

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**ITEM 1 NAMED INSURED/INSURANCE REPRESENTATIVE:**

Shenandoah Valley Work Force Investment Board, Inc.

D/B/A:

Principal Address:  
P O Box 869  
HARRISONBURG, VA 22803

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**ITEM 2 POLICY PERIOD:**

Inception Date: July 01, 2019                      Expiration Date: July 01, 2020  
12:01 A.M. local time both dates at the Principal Address stated in ITEM 1.

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**ITEM 3 ADDRESS INFORMATION FOR NOTICES TO COMPANY:**

Email: [BSIclaims@travelers.com](mailto:BSIclaims@travelers.com)  
Fax: (888) 460-6622

Mail: Travelers Bond & Specialty Insurance Claim  
385 Washington St. – Mail Code 9275-NB03F  
St Paul, MN 55102

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**ITEM 4 COVERAGES INCLUDED AS OF THE INCEPTION DATE IN ITEM 2:**

Liability Coverages (subject to LIA-3001 Terms & Conditions)

Non-Profit Organization Directors and Officers Liability

Employment Practices Liability

Other Coverage

Identity Fraud Expense Reimbursement

ITEM 5

LIABILITY COVERAGES (subject to LIA-3001)

**NON-PROFIT ORGANIZATION DIRECTORS AND OFFICERS LIABILITY**

**Limit of Liability :** \$2,000,000 for all **Claims**

**Additional Defense Coverage:**  Applicable  Not Applicable

**Additional Defense Limit of Liability :** Not Covered for all **Claims**

**Retention:**

\$0 for each **Claim** under Insuring Agreement A.

\$5,000 for each **Claim** under Insuring Agreement B.

\$5,000 for each **Claim** under Insuring Agreement C.

**Prior and Pending Proceeding Date:** July 01, 2004

**Continuity Date:** July 01, 2004

**EMPLOYMENT PRACTICES LIABILITY**

**Limit of Liability :** \$2,000,000 for all **Claims**

**Third Party Claim Coverage:**  Applicable  Not Applicable

**Additional Defense Coverage:**  Applicable  Not Applicable

**Additional Defense Limit of Liability :** Not Covered for all **Claims**

**Retention:** \$5,000 for each **Claim** under Insuring Agreement A.  
\$5,000 for each **Claim** under Insuring Agreement B., if applicable

**Prior and Pending Proceeding Date:** **Claims for Wrongful Employment Practices:** June 13, 2007  
**Claims for Third Party Wrongful Acts:** July 01, 2015

**Continuity Date:** **Claims for Wrongful Employment Practices:** June 13, 2007