

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

<p><b>ITEM 1</b></p>	<p><b>NAMED INSURED:</b></p> <p><b>ACCOUNTING DEPARTMENT.COM, LLC</b></p> <p>D/B/A:</p> <p>Principal Address:  <b>9223 ISLA BELLA CIRCLE</b>  <b>BONITA SPRINGS, FL 34135</b></p>
<p><b>ITEM 2</b></p>	<p><b>POLICY PERIOD:</b></p> <p>Inception Date: <b>December 8, 2019</b>      Expiration Date: <b>December 8, 2022</b>          12:01 A.M. standard time both dates at the Principal Address stated in ITEM 1.</p>
<p><b>ITEM 3</b></p>	<p><b>ALL NOTICES OF CLAIM OR LOSS MUST BE SENT TO THE COMPANY BY EMAIL, FACSIMILE, OR MAIL AS SET FORTH BELOW:</b></p> <div data-bbox="277 1293 857 1540" data-label="Image"> </div> <p><b>Claim</b> <b>303F</b></p>
<p><b>ITEM 4</b></p>	<p><b>COVERAGE INCLUDED AS OF THE INCEPTION DATE IN ITEM 2:</b></p> <p>Crime</p>

**ITEM 5**

<b>CRIME</b>		
<b>Insuring Agreement</b>	<b>Single Loss Limit of Insurance</b>	<b>Single Loss Retention</b>
<b>A. Fidelity</b>		
1. Employee Theft	<b>\$100,000</b>	<b>\$2,500</b>
2. ERISA Fidelity	<b>Not Covered</b>	
3. Employee Theft of Client Property	<b>\$100,000</b>	<b>\$2,500</b>
<b>B. Forgery or Alteration</b>	<b>Not Covered</b>	
<b>C. On Premises</b>	<b>Not Covered</b>	
<b>D. In Transit</b>	<b>Not Covered</b>	
<b>E. Money Orders and Counterfeit Money</b>	<b>Not Covered</b>	
<b>F. Computer Crime</b>		
1. Computer Fraud	<b>\$100,000</b>	<b>\$2,500</b>
2. Computer Program and Electronic Data Restoration Expense	<b>\$100,000</b>	<b>\$2,500</b>
<b>G. Funds Transfer Fraud</b>	<b>\$100,000</b>	<b>\$2,500</b>
<b>H. Personal Accounts Protection</b>		
1. Personal Accounts Forgery or Alteration	<b>Not Covered</b>	
2. Identity Fraud Expense Reimbursement	<b>Not Covered</b>	
<b>I. Claim Expense</b>	<b>\$5,000</b>	<b>\$0</b>



THE DECLARATIONS, THE APPLICATION, THE CRIME TERMS AND CONDITIONS, ANY PURCHASED INSURING AGREEMENTS, AND ANY ENDORSEMENTS ATTACHED THERETO, CONSTITUTE THE ENTIRE AGREEMENT BETWEEN THE COMPANY AND THE NAMED INSURED.




Countersigned By

IN WITNESS WHEREOF, the Company has caused this policy to be signed by its authorized officers.



Executive Vice President



Corporate Secretary