

Western Surety Company

DISHONESTY BOND

(FOR ANY TYPE OF BUSINESS)

Bond No63224376	
In consideration of the agreed premium, Western Surety Company, a South Dakota corporation (the "Surety	") hereby
agrees to indemnify oon wade kader), nereby
11017 Cr 525, Mansfield, TX 76063	
(the "Insured"), against any loss of money or other property which the Insured shall sustain or for which the shall incur liability to any Customer or Subscriber of the Insured through any fraudulent or dishonest accommitted by any Employee or Employees of the Insured acting alone or in Collusion with others, the arindemnity on each of such Employees beingFive Thousand and 00/100	
DOLLARS (\$5,000.00).
THE FOREGOING AGREEMENT IS SUBJECT TO THE FOLLOWING CONDITIONS AND LIMITATIONS:	
TERM OF BOND:	
SECTION 1. The term of this bond begins with the1st day of June2	2017
standard time, at the address of the Insured above given, and ends at 12.00 o'clock night, standard time, on the	effective
date of the cancellation of this bond in its entirety.	
EXCLUSION:	
SECTION 2. This bond does not apply to loss, or to that part of any loss, as the case may be, the proof of which, to its factual existence or as to its amount, is dependent upon an inventory computation or a profit and loss com In addition, the policy does not apply to the defense of any legal proceedings brought against the Insured, or to for expenses incurred or paid by the Insured in prosecuting or defending any legal proceedings whether or proceedings results or would result in a loss to the Insured covered by this policy. In addition, the Company she liable for any costs, fees and other expenses incurred by the Insured in establishing the existence or the amount covered under this policy. DISCOVERY PERIOD: SECTION 3. Loss is covered under this bond only (a) if sustained through any act or acts committed by any En Insured while this bond is in force as to such Employee, and (b) if discovered prior to the expiration or sooner case of this bond in its entirety as provided in Section 10, or from its cancellation or termination in its entirety in a manner, whichever shall first happen.	nputation. ees, costs not such all not be not of loss
DEFINITION OF EMPLOYEE:	
SECTION 4. The word Employee or Employees, as used in this bond, shall be deemed to mean, respectively, one of the natural posterior (expert directions).	
of the natural persons (except directors or trustees of the Insured, if a corporation, who are not also officers or a	mmlarras
the color in some other capacity) while in the regular service of the Insured in the ordinary course of the Insured in the Insured i	
during the term of this bond, and whom the Insured compensates by salary or wages and has the right to govern and direct	
in the performance of such service, and who are engaged in such service within any of the States of the II-it is	C1 1 C
Timerica, or within the District of Columbia. Puerto Rico, the Virgin Islands or elegiphore for a limited named 1	
mean brokers, factors, commission merchants, consignees, contractors, or other agents or representatives of general character.	the same
FRAUDULENT OR DISHONEST ACT:	
SECTION 5. A FRAUDULENT OR DISHONEST ACT OF AN EMPLOYEE OF THE INSURED SHALL MEAN	
OCCURRED FOR WHICH SAID EMPLOYEE IS TRUED AND CONFIGURATION WITHIN WHICH	AN ACT CH ACT PROPER
MERGER OR CONSOLIDATION:	
SECTION 6. If any natural persons shall be taken into the regular service of the Insured through merger or conswith some other concern, the Insured shall give the Surety written notice thereof and shall pay an additional preany increase in the number of Employees covered under this bond as a result of such merger or consolidation or pro rata from the date of such merger or consolidation to the end of the current premium period.	

SECTION 7. Regardless of the number of years this bond shall continue in force and the number of premiums which shall be payable or paid, the liability of the Surety under this bond shall not be cumulative in amounts from year to year or from

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period to period. Form 1432-7-2016

NON-ACCUMULATION OF LIABILITY:



PO Box 5077 Sioux Falls SD 57117-5077

TO THE INSURED:

Enclosed is the FIDELITY or DISHONESTY BOND you requested. You have now taken the first step toward protecting yourself from potential losses due to embezzlement by employees.

To more completely protect yourself, you should make sure your business has the following four internal controls:

- 1. An ANNUAL AUDIT, preferably by someone outside the business.
- 2. Someone other than the bookkeeper RECONCILE THE BANK STATEMENT every month.
- 3. Require TWO SIGNATURES ON EVERY CHECK.
- 4. Require every employee to TAKE A VACATION every year.

With these controls and a bond, the likelihood of an embezzlement loss to your business is substantially reduced.

Sincerely,

Paul T. Bruflat

Senior Vice President

Enclosure

NOTICE TO INSUREDS ON DISHONESTY BONDS (FOR ANY TYPE OF BUSINESS).

To protect you and your employees against unjustified allegations of dishonesty, the employee must be <u>convicted</u> before coverage will apply.

Figure: 28 TAC §1.601(a)(3)

IMPORTANT NOTICE

- 1 To obtain information or make a complaint:
- 2 You may contact Western Surety Company, Surety Bonding Company of America or Universal Surety of America at 605-336-0850.
- 3 You may call Western Surety Company's, Surety Bonding Company of America's or Universal Surety of America's toll-free telephone number for information or to make a complaint at:

1-800-331-6053

4 You may also write to Western Surety Company, Surety Bonding Company of America or Universal Surety of America at:

P.O. Box 5077 Sioux Falls, SD 57117-5077

5 You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

1-800-252-3439

6 You may write the Texas Department of Insurance:

P.O. Box 149104 Austin, TX 78714-9104 Fax: (512) 490-1007 Web: www.tdi.texas.gov

E-Mail: ConsumerProtection@tdi.texas.gov

7 PREMIUM OR CLAIM DISPUTES:

Should you have a dispute concerning your premium or about a claim you should contact Western Surety Company, Surety Bonding Company of America or Universal Surety of America first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

8 ATTACH THIS NOTICE TO YOUR POLICY:

This notice is for information only and does not become a part or condition of the attached document.

AVISO IMPORTANTE

Para obtener informacion o para someter una queja:

Puede comunicarse con Western Surety Company, Surety Bonding Company of America o Universal Surety of America al 605-336-0850.

Usted puede llamar al numero de telefono gratis de Western Surety Company's, Surety Bonding Company of America's o Universal Surety of America's para informacion o para someter una queja al:

1-800-331-6053

Usted tambien puede escribir a Western Surety Company, Surety Bonding Company of America o Universal Surety of America:

P.O. Box 5077 Sioux Falls, SD 57117-5077

Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al:

1-800-252-3439

Puede escribir al Departamento de Seguros de Texas:

P.O. Box 149104 Austin, TX 78714-9104 Fax: (512) 490-1007 Web: www.tdi.texas.gov

E-Mail: ConsumerProtection@tdi.texas.gov

DISPUTAS SOBRE PRIMAS O RECLAMOS:

Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con el Western Surety Company, Surety Bonding Company of America o Universal Surety of America primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

UNA ESTE AVISO A SU POLIZA: Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.