



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/28/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER  Kwan Insurance Services 11960 Silvergate Dr Ste 101 Dublin, CA 94568	CONTACT NAME: Karson Kwan	
	PHONE (A/C, No, Ext): (925)828-9933 FAX (A/C, No): (925)828-9922	
	E-MAIL ADDRESS: karson@kwaninsurance.com	
INSURED  Ark of Refuge, Inc 500 Capitol Mall Suite 2350 Sacramento, CA 95814	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Travelers Casualty and Surety Company of America	31194
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	EXCESS LIAB						\$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> N/A					E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime Coverage			107792093	02/24/2023	02/24/2024	Employee Theft \$500,000
A	Non-Profit Organization Directors & Officers Liability			107792093	02/24/2023	02/24/2024	Forgery or Alteration \$100,000 On Premises Theft \$25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Non-Profit Organization Directors & Officers Liability: \$500,000  
In Transit: \$25,000  
Money Orders and Counterfeit Money: \$25,000  
Computer Fraud: \$100,000  
Funds Transfer Fraud: \$100,000  
Identity Fraud Expense Reimbursement: \$10,000 per insured person for each Identity Fraud  
Deductible: \$5,000

CERTIFICATE HOLDER CANCELLATION

California Governor's Office of Emergency Services c/o Domestic Violence American Rescue Plan (RP) Program Subaward RP 21-01-1393 (\$65,000) c/o Domestic Violence Housing First (XD) Program Subaward XD22-01-1393 (\$350,000) 3650 Schriever Ave, Mather, CA 95655	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  KHK
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**POLICY CHANGES ENDORSEMENT**

This endorsement changes the following:

Non-Profit Organization Directors and Officers Liability, Crime, Identity Fraud Expense Reimbursement

**It is agreed that:**

1. As of the Effective Date of this endorsement, the Declarations is amended as indicated below by ☒:

☐ **ITEM 1:**

☐ **NAMED INSURED/INSURANCE REPRESENTATIVE:**

☐ D/B/A:

☐ Principal Address:

☐ **ITEM 2:**

**POLICY PERIOD:**

Inception Date:

Expiration Date:

12:01 A.M. local time both dates at the Principal Address stated in ITEM 1.

☐ **ITEM 5:**

☐ **NON-PROFIT ORGANIZATION DIRECTORS AND OFFICERS LIABILITY** (but only for **Claims** first made on or after the Effective Date of this endorsement)

☐ **Limit of Liability:** for all **Claims**

☐ **Additional Defense Coverage:** ☐ Applicable ☐ Not Applicable

☐ **Additional Defense Limit of Liability:** for all **Claims**

☐ **Retention:** for each **Claim** under Insuring Agreement A.  
for each **Claim** under Insuring Agreement B.

Issuing Company: Travelers Casualty and Surety Company of America

Effective Date: 03/03/2023

Policy Number: 107792093

for each **Claim** under Insuring Agreement C.

☐ **Prior and Pending Proceeding Date:**

☐ **Continuity Date:**

☐ **CRIME** (but only for direct loss that the **Insured** sustains which is directly caused by a **Single Loss Discovered** on or after the Effective Date of this endorsement)

INSURING AGREEMENT	Single Loss Limit of Insurance	Single Loss Retention
<input type="checkbox"/> <b>A. Fidelity</b> 1. Employee Theft 2. ERISA Fidelity 3. Employee Theft of Client Property		
<input type="checkbox"/> <b>B. Forgery or Alteration</b>		
<input type="checkbox"/> <b>C. On Premises</b>		
<input type="checkbox"/> <b>D. In Transit</b>		
<input type="checkbox"/> <b>E. Money Orders and Counterfeit Money</b>		
<input type="checkbox"/> <b>F. Computer Crime</b> 1. Computer Fraud 2. Computer Program and Electronic Data Restoration Expense		
<input type="checkbox"/> <b>G. Funds Transfer Fraud</b>		
<input type="checkbox"/> <b>H. Personal Accounts Protection</b> 1. Personal Accounts Forgery or Alteration 2. Identity Fraud Expense Reimbursement		
<input type="checkbox"/> <b>I. Claim Expense</b>		

☐ **Policy Aggregate Limit of Insurance:** ☐ Applicable ☐ Not Applicable

If a Policy Aggregate Limit of Insurance is applicable, then the Policy Aggregate Limit of Insurance for each **Policy Period** for Insuring Agreements A through H, inclusive, is: .

If a Policy Aggregate Limit of Insurance is not included, then this **Crime Policy** is not subject to a Policy Aggregate Limit of Insurance as set forth in section **V. CONDITIONS, B.1.a.**

☐ **INSURED'S PREMISES COVERED:**

All Premises of the **Insured** in the United States of America, its territories and possessions, Canada, or any other country throughout the world, except:

☐ **IDENTITY FRAUD EXPENSE REIMBURSEMENT** (but only for **Expenses** incurred by the **Insured Person** as a direct result of an **Identity Fraud Discovered** on or after the Effective Date of this endorsement)

☐ **Limit of Insurance:**

per **Insured Person** for each  
**Identity Fraud**

☐ **Retention:**

per **Insured Person** for each  
**Identity Fraud**

☐ **ITEM 6:**

☐ **PREMIUM FOR THE POLICY PERIOD FOR ALL COVERAGES:**

Policy Premium

☐ **ITEM 7:**

☐ **TYPE OF CLAIM DEFENSE FOR LIABILITY COVERAGES** (subject to LIA-3001):

☐ Reimbursement

☐ Duty-to-Defend

☐ Varies by Coverage - See Expanded Claim Defense Options Endorsement

Only the type of CLAIM DEFENSE marked "☒" is included in this policy.

☐ **ITEM 8:**

☐ **EXTENDED REPORTING PERIOD FOR LIABILITY COVERAGES** (subject to LIA-3001):

Additional Premium Percentage:

Additional Months:

(If exercised in accordance with the applicable EXTENDED REPORTING PERIOD)

☐ **ITEM 9:**

**RUN-OFF EXTENDED REPORTING PERIOD FOR LIABILITY COVERAGES** (subject to LIA-3001):

Additional Premium Percentage:

Additional Months:

(If exercised in accordance with the applicable CHANGE OF CONTROL condition)

☐ **ITEM 10:**

**ANNUAL REINSTATEMENT OF THE LIABILITY COVERAGE LIMIT OF LIABILITY FOR LIABILITY COVERAGES** (subject to LIA-3001):

☐ Applicable

☐ Not Applicable

Only those coverage features marked "☒ Applicable" are included in this policy.

☐ **ITEM 12:**

**LIABILITY COVERAGE SHARED LIMIT OF LIABILITY FOR LIABILITY COVERAGES** (subject to LIA-3001):

☐ Applicable

☐ Not Applicable

for all **Claims** under the following Liability Coverages that are subject to the Terms & Conditions in LIA-3001:

If the **Liability Coverages** selected in ITEM 12 are also **Scheduled Coverages** selected in ITEM 13, then the amount of the **Liability Coverage Shared Limit of Liability** set forth in ITEM 12 is part of, and not in addition to, the **Shared Limit of Liability/Limit of Insurance for Scheduled Coverages** set forth in ITEM 13.

☐ **ITEM 13:**

**SHARED LIMIT OF LIABILITY/LIMIT OF INSURANCE FOR SCHEDULED COVERAGES:**

☐ Applicable

☐ Not Applicable

for all **Claims** and limits of insurance under the following **Scheduled Coverages**:

The Company's maximum liability for the **Policy Period** for all **Claims** and limits of insurance under the **Scheduled Coverages** listed in ITEM 13 will not exceed the amount of the **Shared Limit of Liability/Limit of Insurance for Scheduled Coverages**. Any Additional Defense Limit of Liability, Supplemental Personal Indemnification Limit of Liability, or Identity Fraud Expense Reimbursement Limit of Insurance is in addition to, and not part of, the **Shared Limit of Liability/Limit of Insurance for Scheduled Coverages**.

2. As of the Effective Date of this endorsement, this policy is amended as indicated below by ☒:

☒ Forms and endorsements added:

CRI-7019-0109

☐ Forms and endorsements deleted:

☐ Forms and endorsements amended:

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Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, exclusions or limitations of the above-mentioned policy, except as expressly stated herein. This endorsement is part of such policy and incorporated therein.

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## JOINT LOSS PAYABLE ENDORSEMENT

This endorsement modifies the following coverage:

### Crime

#### It is agreed that:

1. This endorsement modifies all Insuring Agreements forming part of this **Crime Policy**, unless specified below as indicated by the corresponding ☒ and then only to those so indicated:
  - ☒ A. FIDELITY
    - ☒ Employee Theft ☐ ERISA Fidelity ☐ Employee Theft of Client Property
  - ☒ B. FORGERY OR ALTERATION
  - ☒ C. ON PREMISES
  - ☒ D. IN TRANSIT
  - ☒ E. MONEY ORDERS AND COUNTERFEIT MONEY
  - ☒ F. COMPUTER CRIME
    - ☒ Computer Fraud ☐ Computer Program and Electronic Data Restoration Expense
  - ☒ G. FUNDS TRANSFER FRAUD
  - ☐ H. PERSONAL ACCOUNTS PROTECTION
  - ☐ I. CLAIM EXPENSE
2. The **Insured** agrees that any loss payable under the Insuring Agreement(s) indicated above and involving **Money** or **Other Property** in which the designated Loss Payee has an interest shall be paid jointly to the **Named Insured** and to the Loss Payee designated below:

<u>Loss Payee Name</u>	<u>Loss Payee Address</u>
<b>California Governor's Office of Emergency Services. Grant Subaward #: XD22 01 1393</b>	<b>3650 Schriever Ave, Mather, CA 95655</b>
3. The **Company's** liability under the Insuring Agreement(s) indicated above as extended by this endorsement are not cumulative.
4. No rights or benefits are bestowed on the Loss Payee other than payment of the loss as set forth herein.

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, exclusions or limitations of the above-mentioned policy, except as expressly stated herein. This endorsement is part of such policy and incorporated therein.

Issuing Company: Travelers Casualty and Surety Company of America

Policy Number: 107792093



**PO Box 2950  
Hartford, CT 06104-2950**

February 27, 2023

ARK OF REFUGE INC  
500 CAPITOL MALL  
SACRAMENTO, CA 95814-4737

Re: Important Information about Claims Information Line

Dear ARK OF REFUGE INC

Travelers Bond & Specialty Insurance is pleased to announce its **1-800-842-8496** Claims Information Line. This line is designed to provide insureds with an additional resource on how to report claims or those circumstances or events which may become claims.

Policyholders will be able to obtain assistance on the following topics from the Claims Information Line:

- The information that needs to be included with the claim notice
- The address, electronic mail address and/or facsimile number to which the policyholder can send claims related information
- Get questions on the claim process answered

The Declarations Page of your policy sets forth where you should report claims and claims related information. You should also review the policy's reporting requirements to be aware of how much time you have to report a claim to Travelers. The sooner Travelers is notified, the sooner we can become involved in the process and offer assistance to our policyholder. A delay in reporting may result in all or part of a matter to fall outside of the coverage provided.

The Claims Information Line should streamline the claim reporting process and allow policyholders to ask questions on what information is needed as well as other questions which will assist them in working with Travelers. While the Claims Information Line provides policyholders a valuable resource by answering questions and providing information, the line does not replace the reporting requirements contained in the Policy.

We hope this improvement to customer service is something our policyholders will find helps them understand the claim process and provides them a resource for reporting.





P.O. Box 2950  
Hartford, CT 06104-2950

02/27/2023

ARK OF REFUGE INC

500 CAPITOL MALL  
SACRAMENTO, CA 95814-4737

**RE: Risk Management PLUS+ Online® from Travelers Bond & Specialty Insurance ([www.rmplusonline.com](http://www.rmplusonline.com))**

As a Travelers Bond & Specialty Insured you receive risk management services, at no additional cost, to help protect you and your business.

Risk Management PLUS+ Online, is a robust website to assist you in the mitigation of risk relative to employment practices, directors and officers, fiduciary liability, cyber, crime, kidnap & ransom, and identity fraud exposures.

Highlights of Risk Management PLUS+ Online include:

- ☒ Thousands of articles on a variety of risk management topics
- ☒ Topical webinars and podcasts on current issues
- ☒ Checklists to assist in managing risk
- ☒ Web based training
- ☒ Model Employee Handbook, including policies and forms for downloading or printing that reduce risks in the workplace.

The following Risk Management PLUS+ Online Registration Instructions contain easy, step-by-step instructions to register for this valuable tool. For more information, call 1-888-712-7667 and ask for your Risk Management PLUS+ Online representative. It's that simple.

Thank you for choosing Travelers Bond & Specialty Insurance for your insurance needs. Travelers is a market leader in providing management liability and crime coverages that are specifically customized for your organization.

Instructions for Registration & Orientation to Risk Management PLUS+ Online®

*Registration for Site Administrators:*

The Site Administrator is the person in your organization who will oversee Risk Management PLUS+ Online for the organization. The Site Administrator is typically a person who leads human resources and/or financial functions or is responsible for legal matters pertaining to personnel. The Site Administrator may add other Site Administrators later to assist with their responsibilities. To register:

1. Go to [www.rmplusonline.com](http://www.rmplusonline.com).
2. In the Sign-In box, click **Register**.
3. Enter the password/passcode: TRVP120000
4. Fill in the Registration Information and click **Submit**.
5. Your organization is registered, and you are registered as Site Administrator.

*Learning to Navigate the Site:*

1. Go to [www.rmplusonline.com](http://www.rmplusonline.com). On each page, you will see a box outlined in blue that contains the instructions for use of that page.
2. If you have any questions, just click on **Contact Us** on the front page. Enter your question in the form provided, and the System Administrator will get back to you quickly with the answer.
3. You can also schedule a live walk-through of the site by sending a request for a walk-through via the contact link on the front page.

This notice provides no coverage, nor does it change any policy terms. To determine the scope of coverage and the insured's rights and duties under the policy, read the entire policy carefully. For more information about the content of this notice, the insured should contact their agent or broker. If there is any conflict between the policy and this notice, the terms of the policy prevail.

**Privacy Policy Notice – AZ, CA, CT, GA, ME,  
MN, MT, NC, NJ, OR**

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Thank you for selecting Travelers Casualty and Surety Company of America as your Identity Fraud Expense Reimbursement insurer. At Travelers Casualty and Surety Company of America a subsidiary of Travelers, we recognize that privacy is important to you. That is why we are committed to protecting your privacy through adoption of the following privacy principles:

**Collection Of Information.**

We collect, retain, and use information about you, or about participants, beneficiaries or claimants under your Identify Fraud Expense Reimbursement coverage, only where we believe that it will help or is necessary to provide you products and services or otherwise conduct our business. We collect nonpublic personal financial information about you, or about participants, beneficiaries or claimants under your Identify Fraud Expense Reimbursement coverage, from the following sources:

1. information we receive from you or through your agent or broker on applications or other forms;
2. information we receive from or about you in the process of adjusting claims;
3. information about your other transactions, including risk control and other consulting services, with us, our affiliates, or other third parties;
4. information about your coverages and loss activity with other carriers; and
5. information we receive from a consumer reporting agency.

Such information includes identifying information such as policyholder, participant, beneficiary, or claimant name, address, and social security number; financial information such as income, payment history, or credit history; and, under certain circumstances, health information such as information about an illness, disability, or injury. It could also include information on claims with other insurance companies and us and the condition and maintenance of your property.

**Disclosure Of Information.**

We usually do not disclose nonpublic personal information about you, or about participants, beneficiaries or claimants under your Identify Fraud Expense Reimbursement coverage, without your consent. However, in some circumstances we may disclose information to others without your prior authorization. The most common disclosures are to the following persons:

1. our affiliated property and casualty insurance companies;
2. state insurance departments, for their regulation of our business;
3. other government authorities;
4. our agents and brokers as necessary to conduct our business;
5. organizations that perform underwriting and claims investigations;
6. another insurance company to which you have applied for a policy or submitted a claim;
7. insurance support agencies, law enforcement agencies, and our reinsurers; and
8. any other third party, as permitted or required by law.

**Confidentiality And Security.**

We restrict access to nonpublic personal information about you, or about participants, beneficiaries or claimants under your Identify Fraud Expense Reimbursement coverage, to those who need it to serve your insurance needs and to maintain and improve customer service. We maintain physical, electronic, and procedural safeguards that comply with federal and state laws and regulations to guard your nonpublic personal information.

**Disclosure And Protection Of Former Customers' Information.**

We may disclose all the personal information we have collected, as described above. However, even if you no longer have a customer relationship with us, we will continue to follow our privacy policies and practices to protect your information.

**Most importantly, Travelers Casualty and Surety Company of America does not and will not disclose or sell nonpublic personal information about you, or about participants, beneficiaries or claimants under your Identify Fraud Expense Reimbursement coverage, to anyone for marketing purposes.**

**Changes In Privacy Policy.**

We may choose to modify our policy regarding the treatment of personal information at any time. Before we do so, we will notify you and provide an updated privacy notice.

**How can I review and correct the personal information you have about me?**

If you have questions about what personal information we maintain about you, please make your request in writing and include your full name, mailing address, phone number and policy number. When we receive your written request, we will respond within thirty (30) business days. We will describe the personal information we maintain, whom we know we've shared it with in the last two (2) years, and how you may request a correction, if necessary. If we requested a consumer report, we will tell you the name and address of the consumer reporting agency. You may also see and copy the information we have, except for certain documents about claims and lawsuits. If you believe our information is incorrect, let us know in writing. We will review it, and, if we agree, we will correct it, notify you, and send a correction letter to anyone who received the original information. If we do not agree, you are allowed to file a letter with your comments. For questions about the right of access or correction to your information, please write to: Travelers, P.O. Box 2950, Hartford, CT 06104-2950, Attn: Privacy Office.

This notice provides no coverage, nor does it change any policy terms. To determine the scope of coverage and the insured's rights and duties under the policy, read the entire policy carefully. For more information about the content of this notice, the insured should contact their agent or broker. If there is any conflict between the policy and this notice, the terms of the policy prevail.

## **Independent Agent And Broker Compensation Notice**

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For information on how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: [www.travelers.com/w3c/legal/Producer\\_Compensation\\_Disclosure.html](http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html).

Or write or call:

**Travelers, Agency Compensation**  
**P.O. Box 2950**  
**Hartford, Connecticut 06104-2950**  
**(866) 904.8348**



# Identity Fraud Expense Reimbursement Coverage

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This document is a summary only and is intended to provide important information about the protection available to an Insured Person under the Identity Fraud Expense Reimbursement Policy (the "Policy"). Keep this coverage description for your records. This summary is not an insurance policy and does not amend, extend or alter the coverage afforded by the Policy described herein.

## ARK OF REFUGE INC

has purchased the Identity Fraud Expense Reimbursement policy from Travelers Casualty and Surety Company of America in order to provide you, your spouse, qualified domestic partner, children under 18 and parents\* with this valuable coverage.

Your Policy Number is: 107792093

Your Coverage Limit is: \$10,000

Your Deductible is: \$0

If you are a victim of Identity Fraud, please call Travelers to report your claim: 800.842.8496 or email at [BSIclaims@travelers.com](mailto:BSIclaims@travelers.com)

The coverage reimburses identity fraud victims for the following:

- Lost wages as a result of time taken off from work to meet with, or talk to, law enforcement agencies, credit agencies and/or legal counsel, to complete fraud affidavits, or due to wrongful incarceration arising solely from someone having committed a crime in the insured person's name, up to \$1,000 per week for five weeks up to the policy limit.
- Notary and certified mail charges for completing and delivering fraud affidavits.
- Fees to re-apply for loans that were denied because of erroneous credit information due to the identity fraud.
- Long distance telephone charges for calling merchants, law enforcement agencies or credit grantors to discuss an actual identity fraud.
- Attorney fees incurred, with Travelers' prior consent, for:
  - Defending suits brought incorrectly by merchants or their collection agencies
  - Removing criminal or civil judgments wrongly entered against the victim
  - Challenging information in a credit report
  - Release of medical records in cases of medical identity fraud
  - Contesting wrongfully incurred tax liability
  - Contesting the wrongful transfer of ownership of an insured person's tangible property
- Costs for daycare and eldercare coverage, if that coverage is necessary for an insured person to attend meetings or otherwise have the ability to restore financial health and credit history as a result of identity fraud.
- Travel and accommodations expense up to \$1,000 per week up to five weeks which are incurred in the process of resolving fraud.
- Expenses and fees for new government issued identification such as passports, drivers license and social security cards.
- Expense and fees for copies of health records for purpose of investigating medical identity fraud.

\*Unless modified by endorsement. Children and Parents must reside in your household in order to qualify for coverage.

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## travelersbond.com

Travelers Casualty and Surety Company of America and its property casualty affiliates. One Tower Square, Hartford, CT 06183

This material does not amend, or otherwise affect, the provisions or coverages of any insurance policy or bond issued by Travelers. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy or bond. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy or bond provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

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Travelers is pleased to supply this employee benefit card template which you may reproduce and distribute.



ARK OF REFUGE INC  
has purchased the Identity Fraud Expense Reimbursement policy from Travelers  
Casualty and Surety Company of America in order to provide you and certain  
members of your family with this valuable coverage.

Your Policy Number is: 107792093  
Your Coverage Limit is: \$10,000  
Your Deductible is: \$0

If you are a victim of Identity Fraud, please call Travelers to report your claim:  
800.842.8496 or email at [BSIclaims@travelers.com](mailto:BSIclaims@travelers.com)



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members of your family with this valuable coverage.

Your Policy Number is: 107792093  
Your Coverage Limit is: \$10,000  
Your Deductible is: \$0

If you are a victim of Identity Fraud, please call Travelers to report your claim:  
800.842.8496 or email at [BSIclaims@travelers.com](mailto:BSIclaims@travelers.com)



ARK OF REFUGE INC  
has purchased the Identity Fraud Expense Reimbursement policy from Travelers  
Casualty and Surety Company of America in order to provide you and certain  
members of your family with this valuable coverage.

Your Policy Number is: 107792093  
Your Coverage Limit is: \$10,000  
Your Deductible is: \$0

If you are a victim of Identity Fraud, please call Travelers to report your claim:  
800.842.8496 or email at [BSIclaims@travelers.com](mailto:BSIclaims@travelers.com)

**Travelers Casualty and Surety Company of America**  
**Hartford, Connecticut**  
(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 INSURED 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.**

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

ARK OF REFUGE INC

D/B/A:

Principal Address:  
500 CAPITOL MALL  
SACRAMENTO, CA 95814-4737

**ITEM 2 POLICY PERIOD:**

Inception Date: February 24, 2023      Expiration Date: February 24, 2024  
12:01 A.M. local time both dates at the Principal Address stated in ITEM 1.

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

Email: [BSIclaims@travelers.com](mailto:BSIclaims@travelers.com)  
Fax: 1-888-460-6622

Mail: Travelers Bond & Specialty Insurance Claim  
P.O. Box 2989  
Hartford, CT 06104-2989

Overnight Mail: Travelers Bond & Specialty Insurance Claim  
One Tower Square, S202A  
Hartford, CT 06183

For questions related to claim reporting or handling, please call 1-800-842-8496.

**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

**Crime Coverages**

Crime

**Other Coverage**

Identity Fraud Expense Reimbursement

**ITEM 5****LIABILITY COVERAGES** (subject to LIA-3001)**NON-PROFIT ORGANIZATION DIRECTORS AND OFFICERS LIABILITY**

<b>Limit of Liability:</b>	\$500,000	for all <b>Claims</b>
<b>Additional Defense Coverage:</b>	<input type="checkbox"/> Applicable	<input checked="" type="checkbox"/> Not Applicable
<b>Additional Defense Limit of Liability:</b>	Not Covered	for all <b>Claims</b>
<b>Retention:</b>	\$0	for each <b>Claim</b> under Insuring Agreement A.
	\$5,000	for each <b>Claim</b> under Insuring Agreement B.
	\$5,000	for each <b>Claim</b> under Insuring Agreement C.
<b>Prior and Pending Proceeding Date:</b>	February 24, 2023	
<b>Continuity Date:</b>	February 24, 2023	

**CRIME COVERAGES****CRIME**

<b>INSURING AGREEMENT</b>	<b>SINGLE LOSS LIMIT OF INSURANCE</b>	<b>SINGLE LOSS RETENTION</b>
<b>A. Fidelity</b>		
1. Employee Theft	\$500,000	\$5,000
2. ERISA Fidelity	\$100,000	\$0
3. Employee Theft of Client Property	Not Covered	
<b>B. Forgery or Alteration</b>	\$100,000	\$5,000
<b>C. On Premises</b>	\$25,000	\$5,000
<b>D. In Transit</b>	\$25,000	\$5,000
<b>E. Money Orders and Counterfeit Money</b>	\$25,000	\$5,000

<b>F. Computer Crime</b> 1. Computer Fraud 2. Computer Program and Electronic Data Restoration Expense	\$100,000 Not Covered	\$5,000
<b>G. Funds Transfer Fraud</b>	\$100,000	\$5,000
<b>H. Personal Accounts Protection</b> 1. Personal Accounts Forgery or Alteration 2. Identity Fraud Expense Reimbursement	Not Covered Not Covered	
<b>I. Claim Expense</b>	\$5,000	\$0

**Policy Aggregate Limit of Insurance:**

☐ Applicable ☒ Not Applicable

If a Policy Aggregate Limit of Insurance is applicable, then the Policy Aggregate Limit of Insurance for each **Policy Period** for Insuring Agreements A through H, inclusive, is: Not Applicable

If a Policy Aggregate Limit of Insurance is not included, then this **Crime Policy** is not subject to a Policy Aggregate Limit of Insurance as set forth in section V. CONDITIONS, B.1.a.

**Cancellation of Prior Insurance:**

By acceptance of this **Crime Policy**, the **Insured** gives the Company notice canceling prior policies or bonds issued by the Company that are designated by policy or bond numbers Not Applicable, such cancellation to be effective at the time this **Crime Policy** becomes effective.

**INSURED'S PREMISES COVERED:**

All Premises of the **Insured** in the United States of America, its territories and possessions, Canada, or any other country throughout the world, except:

Not Applicable

**OTHER COVERAGES**

**IDENTITY FRAUD EXPENSE REIMBURSEMENT**

**Limit of Insurance:** \$10,000 per **Insured Person** for each **Identity Fraud**  
**Retention:** \$0 per **Insured Person** for each **Identity Fraud**

**ITEM 6**

**PREMIUM FOR THE POLICY PERIOD FOR ALL COVERAGES:**

\$1,047.00 Policy Premium for all purchased Coverages

<b>ITEM 7</b>	<b>TYPE OF CLAIM DEFENSE FOR LIABILITY COVERAGES</b> (subject to LIA-3001): <div style="margin-left: 20px;"> <input type="checkbox"/> Reimbursement  <input checked="" type="checkbox"/> Duty-to-Defend  <input type="checkbox"/> Varies by Coverage - See Expanded Claim Defense Options Endorsement         </div> <p>Only the type of CLAIM DEFENSE marked "☑" is included in this policy.</p>
<b>ITEM 8</b>	<b>EXTENDED REPORTING PERIOD FOR LIABILITY COVERAGES</b> (subject to LIA-3001): <div style="margin-left: 20px;">           Additional Premium Percentage: 75%            Additional Months: 12         </div> <p>(If exercised in accordance with the applicable EXTENDED REPORTING PERIOD condition)</p>
<b>ITEM 9</b>	<b>RUN-OFF EXTENDED REPORTING PERIOD FOR LIABILITY COVERAGES</b> (subject to LIA-3001): <div style="margin-left: 20px;">           Additional Premium Percentage: Not Applicable            Additional Months: Not Applicable         </div> <p>(If exercised in accordance with the applicable CHANGE OF CONTROL condition)</p>
<b>ITEM 10</b>	<b>ANNUAL REINSTATEMENT OF THE LIABILITY COVERAGE LIMIT OF LIABILITY FOR LIABILITY COVERAGES SUBJECT TO LIA-3001:</b> <div style="margin-left: 20px;"> <input type="checkbox"/> Applicable      <input checked="" type="checkbox"/> Not Applicable         </div> <p>Only those coverage features marked "☑ Applicable" are included in this policy.</p>
<b>ITEM 11</b>	<b>FORMS AND ENDORSEMENTS ATTACHED AT ISSUANCE FOR ALL COVERAGES:</b> ACF-7007-0811; ACF-7006-0511; AFE-19029-0719; AFE-19030-0920; LIA-3001-0109; LIA-7097-0109; LIA-10001-0610; LIA-19002-1111; LIA-19097-0315; LIA-19137-0517; NDO-3001-0109; NDO-7002-0109; NDO-7003-0109; NDO-7009-0109; NDO-7018-0109; NDO-19001-0512; NDO-19006-1112; NDO-19009-0713; NDO-19005-0216; NDO-19016-0517; NDO-7012-0819; NDO-7017-0720; NDO-19030-0122; LIA-7009-0109; LIA-7011-0109; LIA-7112-0109; LIA-7134-0109; LIA-7184-0109; LIA-7115-0911; ACF-4031-0211; CRI-3001-0109; CRI-19060-0713; CRI-19072-0315; CRI-19101-1117; CRI-19086-0719; CRI-19122-1120; CRI-5005-0810; IDF-3001-0109; IDF-7019-0110; IDF-19002-0315; LIA-5004-1107
<b>ITEM 12</b>	<b>LIABILITY COVERAGE SHARED LIMIT OF LIABILITY FOR LIABILITY COVERAGES</b> (subject to LIA-3001): <div style="margin-left: 20px;"> <input type="checkbox"/> Applicable      <input checked="" type="checkbox"/> Not Applicable         </div> <p>N/A for all <b>Claims</b> under the following <b>Liability Coverages</b> that are subject to the Terms &amp; Conditions in LIA-3001:</p> <p>If the <b>Liability Coverages</b> selected in ITEM 12 are also <b>Scheduled Coverages</b> selected in ITEM 13, then the amount of the <b>Liability Coverage Shared Limit of Liability</b> set forth in ITEM 12 is part of, and not in addition to, the <b>Shared Limit of Liability/Limit of Insurance for Scheduled Coverages</b> set forth in ITEM 13.</p>
<b>ITEM 13</b>	<b>SHARED LIMIT OF LIABILITY/LIMIT OF INSURANCE FOR SCHEDULED COVERAGES:</b>

☐ Applicable

☒ Not Applicable

N/A

for all **Claims** and limits of insurance under the following **Scheduled Coverages**:

The Company's maximum liability for the **Policy Period** for all **Claims** and limits of insurance under the **Scheduled Coverages** listed in ITEM 13 will not exceed the amount of the **Shared Limit of Liability/Limit of Insurance for Scheduled Coverages**. Any Additional Defense Limit of Liability, Supplemental Personal Indemnification Limit of Liability, or Identity Fraud Expense Reimbursement Limit of Insurance is in addition to, and not part of, the **Shared Limit of Liability/Limit of Insurance for Scheduled Coverages**.

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**PRODUCER INFORMATION:**

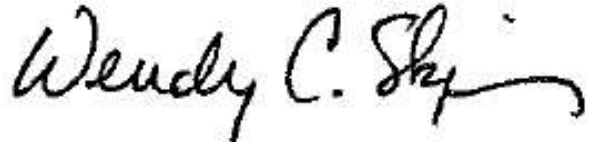
CAVALRY INSURANCE SERV  
PO BOX 4699  
HAYWARD, CA 94540

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



President



Corporate Secretary