CHUBB GROUP OF INSURANCE COMPANIES

15 Mountain View Road
Warren, NJ 07059

MAIL INSURANCE AFFIDAVIT AND AGREEMENT

FEDERAL INSURANCE COMPANY

SECTION I DESCRIPTION OF SECURITIES MAILED BY:

POLICY NO:
BOND NO:
AFFIDAVIT NO:

Place of mailing:

Date of mailing:

Certificate or Bond number(s) | Share or Principal Amt.

Mail To:
(EXACT NAME AND ADDRESS OF SHIPMENT)

REGISTERED OWNER:

Value Per Unit: $

CORPORATION:

Total Value: $

DESCRIPTION OF SECURITIES:

Date:

SECTION II STATEMENTS CONCERNING THE SECURITIES DESCRIBED ABOVE

Deponent knows that this affidavit will be used in support of application to the issuing corporation and its transfer agents and registrars for the issuance under indemnity of new securities to replace the ones lost, and to the Insurance Company under the provisions of the insurance carried by the Sender.
Deponent is advised by THE ABOVE ASSURED
that the securities described above were mailed via United States Mail or Courier as described above;
Said securities have not been received by the addressee named above nor by anyone acting on behalf of the addressee, or by the registered owner named above nor by anyone acting on behalf of the registered owner;
If the affiant is a firm or corporation, the deponent is authorized to make this affidavit on behalf of the firm or corporation, by virtue of holding the position or title indicated.
The word “securities” mentioned herein shall mean one or more than one particular instrument or document described in Section I above.

SECTION III TO BE COMPLETED BY ADDRESSEE ONLY

STATE OF_____
COUNTY OF_____

_____
(Name of Deponent) Please Print

The undersigned, being duly sworn, deposes and says that:

A. Each statement made in Section II above is true to the best knowledge and belief of deponent.
B. Should the securities ever come into the possession of the affiant, the securities will be returned immediately to the above assured.
C. Deponent has never endorsed the said securities, nor sold, assigned, transferred, pledged, hypothecated or disposed of the same or any interest therein.

_____
Signature of Deponent(s)

SUBSCRIBED AND SWORN TO BEFORE ME

(Please Print)

_____ _____
Position or Title Firm or Corporation

_____ _____
Notary Public Date
(Date of expiration of commission and seal of the Notary must be affixed hereto)

_____
Address

_____
City, State, Zip Code

SECTION IV TO BE COMPLETED BY THE REGISTERED OWNER OR HIS DULY AUTHORIZED REPRESENTATIVE WHERE REGISTERED HOLDER IS OTHER THAN THE ADDRESSEE.

STATE OF_____
COUNTY OF_____

_____
(Name of Deponent) Please Print

The undersigned, being duly sworn, deposes and says that:

A. Each statement made in Section II above is true to the best knowledge and belief of deponent.
B. Should the securities ever come into the possession of the affiant, the securities will be returned immediately to the above assured.
C. Deponent has never endorsed the said securities, nor sold, assigned, transferred, pledged, hypothecated or disposed of the same or any interest therein.

_____
Signature of Deponent(s)

SUBSCRIBED AND SWORN TO BEFORE ME

(Please Print)

_____ _____
Position or Title Firm or Corporation

_____ _____
Notary Public Date
(Date of expiration of commission and seal of the Notary must be affixed hereto)

_____
Address

_____
City, State, Zip Code

SECTION V **ASSUMPTION OF LIABILITY ENDORSEMENT, TO BE COMPLETED ONLY WHEN VALUE OF SECURITIES EXCEEDS $25,000.00**

We hereby assume liability under Blanket Bond No. in respect to the securities alleged to have been lost, destroyed or wrongfully taken as described above.

FEDERAL INSURANCE COMPANY

Signed, sealed and delivered

DATE:

BY _____
Attorney in Fact