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**CRIME  
DECLARATIONS**

POLICY NO. 107470664

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

<b>ITEM 1</b>	<b>NAMED INSURED:</b>  <b>GOLD RIDGE FOREST PROPERTY OWNERS ASSOCIATION</b>  D/B/A:  Principal Address: <b>4101 OPAL TRAIL POLLOCK PINES, CA 95726-9737</b>
<b>ITEM 2</b>	<b>POLICY PERIOD:</b>  Inception Date: <b>July 1, 2021</b> Expiration Date: <b>July 1, 2024</b> 12:01 A.M. standard time both dates at the Principal Address stated in ITEM 1.
<b>ITEM 3</b>	<b>ALL NOTICES OF CLAIM OR LOSS MUST BE SENT TO THE COMPANY BY EMAIL, FACSIMILE, OR MAIL AS SET FORTH BELOW:</b>  Email: <b>BSIclaims@travelers.com</b> Fax: <b>1-888-460-6622</b>  Mail: <b>Travelers Bond &amp; Specialty Insurance Claim</b> P.O. Box 2989 Hartford, CT 06104-2989  Overnight Mail: <b>Travelers Bond &amp; Specialty Insurance Claim</b> One Tower Square, S202A Hartford, CT 06183  For questions related to claim reporting or handling, please call 1-800-842-8496.
<b>ITEM 4</b>	<b>COVERAGE INCLUDED AS OF THE INCEPTION DATE IN ITEM 2:</b>  Crime

**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 2. ERISA Fidelity 3. Employee Theft of Client Property	<b>\$600,000</b> <b>Not Covered</b> <b>Not Covered</b>	<b>\$5,000</b>
<b>B. Forgery or Alteration</b>	<b>\$600,000</b>	<b>\$5,000</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 2. Computer Program and Electronic Data Restoration Expense	<b>\$600,000</b> <b>Not Covered</b>	<b>\$5,000</b>
<b>G. Funds Transfer Fraud</b>	<b>\$600,000</b>	<b>\$5,000</b>
<b>H. Personal Accounts Protection</b> 1. Personal Accounts Forgery or Alteration 2. Identity Fraud Expense Reimbursement	<b>Not Covered</b> <b>Not Covered</b>	
<b>I. Claim Expense</b>	<b>\$5,000</b>	<b>\$0</b>

<b>ITEM 5. (Cont'd)</b>	<p>If "<i>Not Covered</i>" is inserted above opposite any specified Insuring Agreement, or if no amount is included in the Limit of Insurance, such Insuring Agreement and any other reference thereto is deemed to be deleted from this <b>Crime Policy</b>.</p> <p><b>Policy Aggregate Limit of Insurance:</b>    <input type="checkbox"/> Applicable                  <input checked="" type="checkbox"/> Not Applicable</p> <p>If a Policy Aggregate Limit of Insurance is applicable, then the Policy Aggregate Limit of Insurance for each <b>Policy Period</b> for Insuring Agreements A through H, inclusive, is:                                  <b>Not Applicable</b></p> <p>If a Policy Aggregate Limit of Insurance is not included, then this <b>Crime Policy</b> is not subject to a Policy Aggregate Limit of Insurance as set forth in Section V. CONDITIONS B. PROVISIONS AFFECTING LOSS ADJUSTMENT AND SETTLEMENT 1. <u>Limit of Insurance</u> a. <u>Policy Aggregate Limit of Insurance</u>.</p> <p><b>Cancellation of Prior Insurance:</b> By acceptance of this <b>Crime Policy</b>, the <b>Insured</b> gives the Company notice canceling prior policies or bonds issued by the Company that are designated by policy or bond numbers <b>Not Applicable</b>, such cancellation to be effective at the time this <b>Crime Policy</b> becomes effective.</p> <p><b>INSURED'S PREMISES COVERED:</b></p> <p>All Premises of the Insured in the United States of America, its territories and possessions, Canada, or any other country throughout the world, except: <b>Not Applicable</b></p>
<b>ITEM 6</b>	<p><b>PREMIUM FOR THE POLICY PERIOD:</b></p> <p><b>\$3,294.00</b>                                  Policy Premium</p> <p><b>\$1,098.00</b>                                  Annual Installment Premium</p>
<b>ITEM 7</b>	<p><b>FORMS AND ENDORSEMENTS ATTACHED AT ISSUANCE:</b> <b>ACF-7006-0511; CRI-3001-0109; CRI-19060-0713; CRI-19072-0315; CRI-19101-1117; CRI-19086-0719; CRI-19122-1120; CRI-5005-0810</b></p>

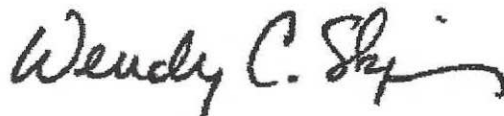
THE DECLARATIONS, THE APPLICATION, THE CRIME TERMS AND CONDITIONS, ANY PURCHASED INSURING AGREEMENTS, AND ANY ENDORSEMENTS ATTACHED THERETO, CONSTITUTE THE ENTIRE AGREEMENT BETWEEN THE COMPANY AND THE NAMED INSURED.

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Countersigned By

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



President



Corporate Secretary