


CRIME POLICY DECLARATIONS FORM A

This policy consists of this Declarations Form, the Common Policy Conditions, the Crime General Provisions Form, one or more Coverage Forms, and endorsements if any issued to form a part of the policy.

POLICY NO. OCB2160655

COMPANY	 OLD REPUBLIC Surety Company
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IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

1. NAMED INSURED NEW FRONTIER TITLE, LLC

2. MAILING ADDRESS 2515 1st AVENUE NORTH ST. PETERSBURG, FL 33713
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3. POLICY PERIOD: From Sept 11, 2015 to CONTINUOUS UNTIL CANCELLED (12:01 A.M. Standard Time at your mailing address shown above)
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4. COVERAGE, LIMITS OF INSURANCE AND DEDUCTIBLE		
Coverage Forms Forming Part of This Policy	Limit of Insurance	Deductible Amount
CR0001 1090 – EMPLOYEE DISHONESTY COVERAGE FORM A-BLANKET	\$250,000.***	\$0.00***
CR1000 0497 – CRIME GENERAL PROVISIONS (LOSS SUSTAINED FORM)		

5. ENDORSEMENTS FORMING PART OF THIS POLICY WHEN ISSUED: CR0206 0497 - FLORIDA CHANGE ORSC 22862 - LIMIT OF LIABILITY/OCCURRENCE ENDORSEMENT
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6. CANCELLATION OF PRIOR INSURANCE: By acceptance of this Policy you give us notice cancelling prior policy or bond Nos. the cancellation to be effective at the time this Policy becomes effective.

In Witness Whereof, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.

Jane E. Cheney
Assistant Secretary

Alan Polie
President

COUNTERSIGNED _____ BY _____
(Date) (Authorized Representative)