



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

THE LIABILITY COVERAGES ARE WRITTEN ON A CLAIMS-MADE BASIS. THE LIABILITY COVERAGES COVER ONLY CLAIMS FIRST MADE AGAINST INSUREDS 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: WASHINGTON COUNTY DEFFERED COMPENSATION PLAN D/B/A: Principal Address: 280 N COLLEGE FAYETTEVILLE, AR 72701
ITEM 2	POLICY PERIOD: Inception Date: June 19, 2016 Expiration Date: June 19, 2019 12:01 A.M. standard time both dates at the Principal Address stated in ITEM 1.
ITEM 3	ALL NOTICES OF CLAIM OR LOSS MUST BE SENT TO THE COMPANY BY EMAIL, FACSIMILE, OR MAIL AS SET FORTH BELOW: Email: BSIclaims@travelers.com Fax: (888) 460-6622 Mail: Travelers Bond & Specialty Insurance Claim 385 Washington St. – Mail Code 9275-NB03F St Paul, MN 55102
ITEM 4	COVERAGE INCLUDED AS OF THE INCEPTION DATE IN ITEM 2: Fiduciary Liability

ITEM 5	<p>Only those coverage features marked "<input checked="" type="checkbox"/> Applicable" are included in this policy.</p> <div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>FIDUCIARY LIABILITY</p> <p>Limit of Liability: \$1,000,000 for all Claims</p> <p>Settlement Program Limit of Liability \$100,000 for each Settlement Program Notice, which amount is included within, and not in addition to, any applicable limit of liability</p> <p>HIPAA Limit of Liability \$100,000 which amount is included within, and not in addition to, any applicable limit of liability</p> <p>Additional Defense Coverage: <input type="checkbox"/> Applicable <input checked="" type="checkbox"/> Not Applicable</p> <p>Additional Defense Limit of Liability: Not Covered for all Claims</p> <p>Retention: \$2,500 for each Claim under Insuring Agreement A</p> <p style="padding-left: 150px;">\$2,500 for each Settlement Program Notice under Insuring Agreement B</p> <p>Prior and Pending Proceeding Date: June 19, 2013</p> <p>Continuity Date: June 19, 2013</p> </div>
ITEM 6	<p>PREMIUM FOR THE POLICY PERIOD:</p> <p>\$6,945.00 Policy Premium</p> <p>\$2,315.00 Annual Installment Premium</p>
ITEM 7	<p>TYPE OF LIABILITY COVERAGE:</p> <p><input type="checkbox"/> Reimbursement</p> <p><input checked="" type="checkbox"/> Duty-to-Defend</p> <p>Only the type of liability coverage marked "<input checked="" type="checkbox"/>" is included in this policy.</p>
ITEM 8	<p>LIABILITY COVERAGE EXTENDED REPORTING PERIOD:</p> <p>Additional Premium Percentage: 75 %</p> <p>Additional Months: 12</p> <p>(If exercised in accordance with section III. CONDITIONS, O. EXTENDED REPORTING PERIOD of the Liability Coverage Terms and Conditions)</p>

ITEM 9	LIABILITY COVERAGE RUN-OFF EXTENDED REPORTING PERIOD: Additional Premium Percentage: Not Applicable Additional Months: Not Applicable (If exercised in accordance with section III. CONDITIONS, K. CHANGE OF CONTROL of the Liability Coverage Terms and Conditions)
ITEM 10	ANNUAL REINSTATEMENT OF THE LIABILITY COVERAGE LIMIT OF LIABILITY: <input checked="" type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable Only those coverage features marked " <input checked="" type="checkbox"/> Applicable" are included in this policy.
ITEM 11	FORMS AND ENDORSEMENTS ATTACHED AT ISSUANCE: AFE-19003-0614; LIA-7139-0109; AFE-19004-0115; AFE-19008-0115; ACF-7006-0511; LIA-3001-0109; LIA-7092-0109; LIA-7097-0109; LIA-10002-0610; LIA-10003-0610; LIA-19097-0315; LIA-4003-0109; FRI-3001-0109; LIA-10001-0610; LIA-7115-0911; LIA-5003-1107

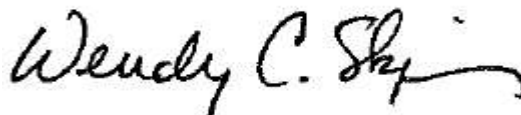
THE DECLARATIONS, THE APPLICATION, THE LIABILITY COVERAGE TERMS AND CONDITIONS, THIS LIABILITY COVERAGE, AND ANY ENDORSEMENTS ATTACHED THERETO, CONSTITUTE THE ENTIRE AGREEMENT BETWEEN THE COMPANY AND THE INSURED.

Countersigned By _____

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



Executive Vice President



Corporate Secretary