

JUL 17 1973  
1605

GREENVILLE COUNTY  
JUL 17 11 30 AM '73

POLICY NO. BOOK 4 PAGE 473  
HD 4119596

DOHNIE S. TAIN  
K...C



1 Coverage is provided in the Company designated by number,  
a stock insurance Company (herein called the Company)

**DECLARATIONS**

Item 1. Name of Insured:

**GREENVILLE COUNTY**

(herein called the Insured)

Principal Address: **GREENVILLE, SOUTH CAROLINA**  
(NO., STREET, CITY, COUNTY, STATE)

Item 2. Policy Period: from noon on **JULY 1, 1973** to noon on the effective date  
(MONTH, DAY, YEAR)  
of the cancellation or termination of this Policy, standard time at the Principal Address as to each of said dates.

Item 3.

**Table of Limits of Liability**

<b>Insuring Agreement I</b>	Employee Dishonesty Coverage — Form A	<b>\$ NO COVERAGE</b>
<b>Insuring Agreement II</b>	Loss Inside the Premises Coverage	<b>\$ SEE SCHEDULE</b>
<b>Insuring Agreement III</b>	Loss Outside the Premises Coverage	<b>\$ SEE SCHEDULE</b>
<b>Insuring Agreement IV</b>	Money Orders and Counterfeit Paper Currency Coverage	<b>\$ NO COVERAGE</b>
<b>Insuring Agreement V</b>	Depositors Forgery Coverage	<b>\$ 25,000.00</b>
If added by endorsement: Insuring Agreement		<b>\$</b>

Item 4. The liability of the Company is subject to the terms of the following endorsements attached hereto:

**SR 5198a, SR 5801, SR 5219a, SR 5224b**

Item 5. The Insured by the acceptance of this Policy gives notice to the Company terminating or canceling prior bond(s) or policy(ies) No.(s) **BBF 1097862**, such termination or cancellation to be effective as of the time this Policy becomes effective.

IN WITNESS WHEREOF, the Company has caused this Policy to be signed by its President and Secretary but this Policy shall not be valid unless countersigned by a duly authorized agent of the Company.

*Robert P. J. Conroy*  
SECRETARY

Glover Brothers, Inc.

*Yud H. Merrill*  
PRESIDENT

Countersigned by \_\_\_\_\_

By *[Signature]*  
Authorized Agent