

THE TRAVELERS INSURANCE COMPANIES

One Tower Square
Hartford, CT 06183

DECLARATIONS

Policy Number: KTK-CMB-3L22809-6-20

Issue Date: 08/07/2020

NAMED INSURED AND MAILING ADDRESS:

UNIVERSITY OF ARKANSAS SYSTEM
2404 NORTH UNIVERSITY AVENUE
LITTLE ROCK, AR 72207

POLICY PERIOD: FROM: 07/01/2020 TO: 07/01/2021

Effective 12:01 a.m. at description and location of property covered.

POLICY TERRITORY: The United States of America and Canada

COVERAGE FORMS AND ENDORSEMENTS FORMING A PART OF THIS POLICY:

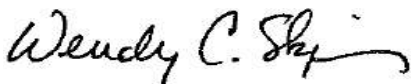
The complete policy consists of this Declarations and the Supplemental Coverage Declarations and the forms listed on MS C0 02 07 99.

PREMIUM: Per Agency Bill Statement 3L228096

INSURING COMPANIES:

In return for payment of the premium, the Company agrees with the Named Insured to provide the insurance afforded by this policy. That insurance will be provided by the Company designated by an "X" below.

The Travelers Indemnity Company (a Stock Company) – Other Than Texas Locations

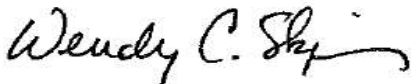


Secretary



President

The Travelers Lloyds Insurance Company (Texas Locations Only)



Secretary

The company listed above has executed this policy, but it is valid only if countersigned by our authorized representative.

PRODUCER NAME AND ADDRESS

MCGRIFF INS SERVICES INC
1500 RIVERFRONT DR
LITTLE ROCK, AR 72202

Countersigned by: _____

(Authorized Representative)

Date: _____