

**COMMERCIAL EXCESS LIABILITY DECLARATION**

**SAFETY NATIONAL CASUALTY CORP**  
ST. LOUIS, MO 63146  
(888) 995-5300

**COMMERCIAL EXCESS LIABILITY  
COVERAGE FORM DECLARATIONS**

Policy Number	Policy Period	
	From	To
XPE4056896	06/01/2021	06/01/2022
12:01 A.M. Standard Time at the described location		
<b>Previous Policy Number:</b> XPE4056896		

**Transaction**

Renewal

**Named Insured and Address****Agent**

COUNTY OF WAKE  
PO BOX 550  
RALEIGH, NC 27602

60518  
USI INSURANCE SERVICES LLC  
P O BOX 97787  
RALEIGH, NC 27624-7787

Telephone:

Business Description MUNICIPALITY

Type of Business GOVERNMENTAL UNIT

**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.**

**Excess Policy – Limits Of Insurance**

<b>Each Occurrence Limit</b>	\$ 3,000,000
<b>Aggregate Limit</b>	\$ 3,000,000
<b>Other:</b>	\$

**Excess Policy – Premium**

<b>Premium (including premium subject to audit)</b>	\$ 54,003
<b>Premium Shown Is Payable:</b>	
<b>At Inception</b>	\$ 54,003
<b>At Each Anniversary</b> (If policy period is more than one year and premium is paid in annual installments.)	\$

**Audit Period  
(If Applicable)**

 **Annually** **Semiannually** **Quarterly** **Monthly**

**Endorsements Attached To The Excess Policy**

See Schedule Of Forms And Endorsements

**Schedule Of Controlling Underlying Insurance**

<b>Commercial Auto Liability</b>	<b>Company:</b> Safety National Casualty Corporation	
	<b>Policy Number:</b> CA6675619	
	<b>Policy Period:</b> 06/01/2021-06/01/2022	
	<b>Limits Of Insurance:</b>	
	<b>Garage Aggregate Limit For Other Than Autos (if applicable)</b>	\$
	<b>Each Accident</b>	\$ 2,000,000
<b>Employer's Liability</b>	<b>Company:</b> Safety National Casualty Corporation	
	<b>Policy Number:</b> SP 4064805	
	<b>Policy Period:</b> 06/01/2021-06/01/2022	
	<b>Limits Of Insurance:</b>	
	<b>Bodily Injury By Accident Each Accident</b>	\$ 2,000,000
	<b>Bodily Injury By Disease Policy Limit</b>	\$ 2,000,000
	<b>Bodily Injury By Disease Each Employee</b>	\$ 2,000,000
<b>General Liability</b>	<b>Type of Coverage:</b> <input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Claims-made	
	<b>Company:</b> Safety National Casualty Corporation	
	<b>Policy Number:</b> GLE4056889	
	<b>Policy Period:</b> 06/01/2021-06/01/2022	
	<b>Limits Of Insurance:</b>	
	<b>Each Occurrence</b>	\$ 2,000,000
	<b>Personal And Advertising Injury</b>	\$ 2,000,000 Any one person or organization
	<b>Products-completed Operations Aggregate</b>	\$ 4,000,000
	<b>General Aggregate</b>	\$ 4,000,000
<b>Other Coverages</b>	<b>Type of Coverage:</b> <input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Claims-made	
	<b>Company:</b> Safety Specialty Insurance Company Law Enforcement Liability	
	<b>Policy Number:</b> SLE6675617	
	<b>Policy Period:</b> 06/01/2021-06/01/2022	
	<b>Limits Of Insurance:</b>	
		\$ 2,000,000 Per Occurrence
		\$ 2,000,000 Policy Annual Aggregate

<b>Other Coverages</b>	<b>Type of Coverage:</b> <input checked="" type="checkbox"/> <b>Occurrence</b> <input type="checkbox"/> <b>Claims-made</b>
	<b>Company:</b> Safety Specialty Insurance Company Public Officials and Employment Practices Liability
	<b>Policy Number:</b> SPO6675618
	<b>Policy Period:</b> 06/01/2021-06/01/2022
	<b>Limits Of Insurance:</b> <div style="text-align: right; margin-right: 100px;"> <b>\$ 2,000,000</b> Per Occurrence  <b>\$ 2,000,000</b> Policy Annual Aggregate                 </div>