

Gemini Insurance Company
A Stock Company

EXCESS LIABILITY FOLLOW FORM DECLARATIONS

POLICY NUMBER: XPE0000224-00

Prior Policy Number: NEW

INSURED'S NAME AND ADDRESS	PRODUCER'S NAME AND ADDRESS
County of Wake P. O., Box 550 Raleigh, NC 27602	Risk Placement Services, Inc. 5001 Spring Valley Road Suite 255W Dallas, TX 75244

Policy Period: 06/01/2021 to 06/01/2022 at 12:01 a.m. Standard Time at your mailing address shown above.

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

LIMITS OF INSURANCE

Each Occurrence, Accident, Act, or Claim	\$5,000,000
Policy Aggregate (excluding Automobile Liability which is not subject to an Aggregate)	\$5,000,000

FOLLOWED POLICY

Packaged Policy

Carrier: Safety National Casualty Corporation
Policy Number: XPE4056896
Policy Period: **Effective Date** 06/01/2021 **to Expiration Date** 06/01/2022
Limits: Commercial Excess Liability
Each Occurrence Limit \$3,000,000
General Aggregate Limit \$3,000,000
Defense Handling: Outside
Claims Reporting: Each Occurrence

SCHEDULE OF UNDERLYING INSURANCE

See Schedule of Underlying Insurance

Premium:	\$165,000
Minimum Earned Premium:	35 %

FORMS AND ENDORSEMENTS

(Other than applicable forms and endorsement shown elsewhere in the policy):

Forms and Endorsements applying to this policy and made part of this policy at the time of issue:
SEE SCHEDULE OF FORMS AND ENDORSEMENTS

THIS DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.