



A Stock Company

### GENERAL STAR INDEMNITY COMPANY

120 Long Ridge Road  
Stamford, Connecticut 06902-1843

#### MISCELLANEOUS HEALTH CARE FACILITIES COMMON POLICY DECLARATIONS

**POLICY NUMBER:** IJG931234A

**RENEWAL OF POLICY NUMBER:** IJG931234

**1. NAMED INSURED:** Sheriff of Wake County - Jail  
Medical Services

**PRODUCER CODE:** 00062637  
**PRODUCER NAME:** Worldwide Facilities  
3399 Peachtree Road #1690

**MAILING ADDRESS:** P.O. Box 550  
Raleigh, NC 27602

Atlanta GA 30326

**Named Insured is:** Public Entity

**Business Description:** Correctional Healthcare Services

**2. POLICY PERIOD:** Effective Date: September 29, 2021 Expiration Date: September 29, 2022

12:01 a.m. Standard Time at the mailing address shown above.

**3. LIMITS OF INSURANCE:**

In return for your payment of the premium, and in reliance upon the statements and representations in the Insured(s) application(s) for this insurance, we agree with you to provide insurance subject to the terms of the policy.

LIMITS OF INSURANCE APPLY  On a Shared Basis, One Time  
Regardless of the Number of  
Locations or Insureds

Separately to Each Named  
Insured Scheduled on Policy

COVERAGE	LIMITS OF INSURANCE
<u>Professional Liability:</u> Claims Made:	
• Each Claim Limit	\$1,000,000
• Aggregate Limit	\$3,000,000
<u>Sublimit - Abuse or Molestation</u>	
• Each Claim Limit	\$250,000
• Aggregate Limit	\$750,000
<u>General Liability:</u> N/A	
• Each Occurrence Limit	\$N/A
○ Damage To Premises Rented To You Limit any one premises	\$N/A

- Medical Expense Limit any one person \$N/A
- Personal and Advertising Injury Limit any one person or organization \$N/A
- General Aggregate Limit \$N/A
- Products/Completed Operations Aggregate Limit \$N/A

Policy Aggregate Limit of Insurance for All Coverages, All Insureds and All Locations: \$3,000,000

**4. CLAIM EXPENSES:**

Are included within the Limits of Insurance  Have a separate Limit of Insurance

**5. DEDUCTIBLE:** \$ 20,000 Each Occurrence or Each Claim

Applies to:  Damages Only  Damages and Claim Expenses

**6. RETROACTIVE DATE:** The Retroactive Date(s) for the claims made insurance provided by endorsements attached to and forming a part of the Coverage Part(s) may be different than the Retroactive Date(s) shown below. In that case, the Retroactive Date(s) applicable to the claims made insurance provided by those endorsements will be shown within each respective endorsement.

Retroactive Date – Professional Liability: July 1, 2004

Retroactive Date – General Liability: N/A

Retroactive Date - Abuse or Molestation: July 1, 2004

**7. PREMIUM:** \$ 197,717 **25% Minimum Earned Premium applies, No Flat Cancellation**

**Premium Basis: Outpatient Visits** **How rates apply: Per 100 visits**

**8. FORMS AND ENDORSEMENTS FORMING A PART OF THIS POLICY ON ITS EFFECTIVE DATE:**

- MHF 00 0001 04 19 – Claims Made Professional Liability Coverage Part
- MHF 00 0003 01 17 – Common Policy Provisions
- IL 05 0001 02/2011 – Service of Suit Clause
- GSM 06 MHCF 801 1 (03/2012) - Amendatory Endorsement Premium
- MHF 21 0007 05 20 – Exclusion – Communicable Disease
- MHF 11 0004 05 20 - Medical Professional Non-Compliance Endorsement
- MHF 04 0006 03 15 - Professionals as Insureds
- 06 MHCF I622 07 2005 - General Changes Endorsement
- MHF 21 0009 09 2021 - Exclusion – Privacy Event, Security Event, and Interruption or Failure of Services
- MHF 24 0010 07 16 - Application Attachment Endorsement

North Carolina Premium: 197,717.00  
 Fees: 300.00  
 Surplus Lines Tax: 9,885.85  
 Stamping Fee: 790.87

**The insurance company with which this coverage has been placed is not licensed by the State of North Carolina and is not subject to its supervision. In the event of the insolvency of the insurance company, losses under this policy will not be paid by any State insurance guaranty or solvency fund.**

**Surplus Lines Licensee Name:** Amwins Insurance Brokerage, LLC