

Safety Specialty Insurance Company
1832 Schuetz Road
St. Louis, MO 63146
1-888-995-5300

PUBLIC OFFICIALS AND EMPLOYMENT PRACTICES LIABILITY DECLARATIONS

SURPLUS LINES BROKER: USI Insurance Services LLC

POLICY NUMBER: SPO6675618

SURPLUS LINES BROKER NUMBER: 8676982

RENEWAL OF: SPO6675618

NOTICE: THIS IS A SURPLUS LINES POLICY, ISSUED BY A NON-ADMITTED INSURER, AND IS NOT PROTECTED BY THE DEPARTMENT OF INSURANCE OR GUARANTY ASSOCIATION.

NOTICE: THIS COVERAGE FORM PROVIDES COVERAGE ON AN OCCURRENCE BASIS. PLEASE REVIEW THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

ITEM 1. Named Insured and Mailing Address

COUNTY OF WAKE
PO BOX 550
RALEIGH, NC 27602

ITEM 2. a. Policy Period **From:** 06/01/2021
(12:01 am standard time at your address)

b. Policy Period **To:** 06/01/2022
(12:01 am standard time at your address)

ITEM 3. Limit of Liability \$2,000,000 **Each Wrongful Act**

\$2,000,000 **Policy Aggregate**

ITEM 4. Self-Insured Retention \$1,000,000 **Each Wrongful Act,
including Claims Expenses**

ITEM 5. Total Advance Premium \$32,050

ITEM 6. Minimum Earned Premium \$32,050

ITEM 7. Notification

Notice to the **Company** under this policy should be given to:
COUNTY OF WAKE (919) 856-5500

ITEM 8. Forms and Endorsements attached to the policy at inception:

Form Number

Form Title

PEPN01 0416

Privacy Statement

IL N 001 0903

Fraud Statement

IL P 001 0104

U.S. Treasury Department's Office Of Foreign Assets
Control ("OFAC") Advisory Notice To Policyholders

SNIL PN 001 09 0509

Important Notice

PEPNNC01 1215

North Carolina Disclosure Notice

ILNONSTACK 0416

Non-Stacking Of Limits Endorsement

ILSIR 0716

Self-Insured Retention Endorsement

MECHANGE 1215

Manuscript Change Endorsement

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Manuscript Change Endorsement

Form Number
MECHANGE 1215
POEPOF 0416

Form Title
Manuscript Change Endorsement
Public Officials And Employment Practices Liability
Coverage Form - Occurrence Form

Date

Authorized Signature