

Genesis Insurance Company
120 Long Ridge Road, Stamford, Connecticut 06902-1843
(203) 328-6660

THE PUBLIC POLICY - RETAINED LIMIT FORM

Declarations Page

Policy No. YXB301190B

Item 1. General Information

First Named Insured: County of Cleveland
Mailing Address: P.O. Box 1210
Shelby, NC 28151-1210

Named Insured(s):

Policy Period - Coverage Parts A and B - both date as of 12:01 a.m. Std. time at your mailing address
From: July 1, 2017 To: July 1, 2018
Retroactive Date: July 1, 2015 (applies only to Coverage Part B)

PART B IS A CLAIMS-MADE COVERAGE PART - PLEASE READ IT CAREFULLY

Item 2. Schedule of Retained Limit(s)

Coverage Part A \$350,000 applies to each **occurrence** as defined by the Public Liability Coverage Part
Coverage Part B ~~\$350,000~~ applies to each **claim** as defined by the Public Officials Liability Coverage Part. **THIS IS A CLAIMS-MADE COVERAGE PART-PLEASE READ IT CAREFULLY.**

Item 3. Limit(s) of Insurance

Coverage Part A \$5,000,000 Coverage Part Aggregate Limit
\$2,500,000 Each **occurrence** as defined by the Public Liability Coverage Part
Coverage Part B ~~\$5,000,000~~ Coverage Part Aggregate Limit
~~\$2,500,000~~ Each **claim** as defined by the Public Officials Liability Coverage Part. **THIS IS A CLAIMS-MADE COVERAGE PART-PLEASE READ IT CAREFULLY.**

Item 4. Premium

Coverage Part A \$113,194 Flat Premium; Adjustable at Rate of \$ Not Applicable per _____ of _____, Subject to Minimum premium of \$ _____
Coverage Part B \$72,297 Flat Premium; Adjustable at Rate of \$ Not Applicable per _____ of _____, Subject to Minimum premium of \$ _____
TRIA \$3,009 Flat Premium - Combined Coverage Parts A and B

Forms and Endorsements comprising this policy: See Endorsement Number 1

Signed at Stamford, Connecticut on June 26, 2017

Trisha A. Murphy

Authorized Representative

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