



INSURANCE  
COMPANY

A member of Meadowbrook® Insurance Group

Meadowbrook Insurance  
9450 Grogan's Mille Rd., Suite 210  
The Woodlands, TX 77380  
Telephone: (888) 587 6647  
for information, assistance, inquiries on  
coverage or claims

**FLORIDA EXCESS WORKERS' COMPENSATION AND  
EMPLOYER'S LIABILITY INFORMATION PAGE**

Renewal of: CP 05137 16  
Policy No.: WCE 06419 34

Policy Period: From October 1, 2011 to October 1, 2012  
(at 12:01 am Standard Time at your mailing address shown below)

1.	Named Insured and Mailing Address:	City of Ft. Lauderdale 100 North Andrews Avenue Ft. Lauderdale, FL 33301
	Producer Name and Mailing Address:	PRIA 220 S. Ridgewood Ave., Suite 201 Daytona Beach, FL 32114

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.

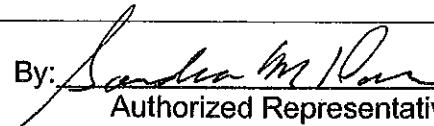
**Coverage and Limits:**

		<b>Limits of Indemnity:</b>
2.	Excess Workers' Compensation	<u>\$Statutory</u> Each Accident <u>\$Statutory</u> Disease, Each Employee Limit
3.	Excess Employer's Liability	<u>\$5,000,000</u> Each Accident <u>\$5,000,000</u> Disease, Each Employee Limit <u>\$15,000,000</u> Aggregate Limit
4.	Premium Calculation	
	Total Estimated Annual Remuneration:	<u>\$See Files</u> All Classifications
	Total Estimated Premium	<u>\$Included</u> Classification Rates Applied
	Terrorism (TRIPRA) Premium	<u>\$Included</u>
	Deposit Premium	<u>\$Included</u>
	Minimum Annual Premium:	<u>\$Included</u> Minimum Premium for Policy Issuance

Self-Insured Retention (SIR) Amount:	<u>\$1,500,000</u> . For Each Accident or Each Employee (for disease)
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Endorsements and Forms attached to and made a part of this Policy:  
5194 WC 0411; 5178 WCE 0411; FL SNS WCE 1002 (10/11) FL; SNS WCE 1007 (10/11);  
SNS WCE GEN 01.

Countersigned: \_\_\_\_\_

By:   
Authorized Representative