

SAFETY NATIONAL CASUALTY CORPORATION1832 SCHUETZ ROAD
ST. LOUIS, MO 63146**DECLARATIONS – SPECIFIC EXCESS****SP 4065604****Item 1. Employer:** CITY OF FORT LAUDERDALE**Address:** 100 NORTH ANDREWS AVE, 3RD FLOOR, FORT LAUDERDALE, FL 33301**Item 2. This Agreement covers all business operations of the EMPLOYER as a Self-Insurer in the following State(s):** FLORIDA**Item 3. Effective Date:** 12:01 A.M. October 01, 2021**Item 4. Anniversary Date:** 12:01 A.M. October 01, 2022**Item 5. The Service Company shall be** CORVEL CORPORATION

Item 6. CLASSIFICATIONS OF OPERATIONS	Code Number	Estimated Total Annual Remuneration/Manhours	Rate Per \$ 100 Remuneration/Manhours
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See Attached

Total Estimated Manual Premium

N/A

SNCC Experience Modification Factor

N/A

Total Estimated Standard Premium

N/A

Item 7. Self-Insured Retention Per Occurrence for Occurrences resulting in an injury to any Employee classified under code 7704 described as Firefighters and Drivers	\$1,500,000
Self-Insured Retention Per Occurrence for Occurrences resulting in an injury to any Employee classified under code 7720 described as Police Officers and Drivers	\$ 1,500,000
Self-Insured Retention Per Occurrence for All Other	\$ 1,000,000

Item 8. (a) Maximum Limit of Indemnity Per Occurrence	Statutory
(b) Employers' Liability Maximum Limit of Indemnity Per Occurrence	See Endt 0288 & 0467

Item 9. Premium Rate \$ 0.18 per \$100 of Payroll**Item 10. Minimum Premium for the Liability Period** \$ 403,779**Item 11. Deposit Premium for the Payroll Reporting Period** \$ 425,031**Item 12. Payroll Reporting Period** October 01, 2021 through October 01, 2022**Item 13. Endorsements** See Endorsement Schedule

Signed at St. Louis, Missouri on September 20, 2021



Secretary

Countersigned this day of

N/A

DSP-0195