COLONY INSURANCE COMPANY Public Entity Excess Liability Policy

Date: 10/01/2018

Named Insured: City of Fort Lauderdale

Policy Number: PXL 18112302

Policy Effective Dates: from: 10/1/2018 to 10/1/2019

Surplus Lines Agent:	Producing Agent:		
Craig S. Balco, Sr.	Karl Snearer		
1250 Gulf Blvd., #406	Apex Insurance Services, Inc.		
Clearwater, FL 33767	201 Concourse Blvd., Suite 260		
License #: D051488	Glen Allen, VA 23059		

THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER

Policy Premium: \$409,500	Policy Fee: N/A	
Inspection Fee: N/A	Service Fee: N/A	
Tax: N/A	Citizen's Assessment: N/A	
EMPA Surcharge: N/A	FHCF Assessment: N/A	

Surplus Lines Agent,

Craig S. Balco, Sr.

POLICY	NUMBER:

PXL 18112302

PUBLIC ENTITY EXCESS LIABILITY POLICY DECLARATIONS

SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY

Producing agency and mailing Apex Insurance Services, I	Inc.	Surplus lines age C&C Risk Se	ency and mailing address: ervices, LLC		
201 Concourse Blvd., Suite 260		1095 Evergreen Circle, Suite 200			
Glen Allen, VA 23059		The Woodlar	nds, TX 77380		
NAMED INSURED:	City of Fort				
MAILING ADDRESS:	City of Fort Lauderdale 100 N Andrews Avenue, 3 rd Floor				
MIAILING ADDICESS.	Fort Lauderdale, FL 33301				
POLICY PERIOD: FROM	10/01/2018	ТО	10/01/2019		
_	AT 12:01 A.M. STAND	OARD TIME AT YO	UR MAILING ADDRESS		
RENEWAL OF POLICY: ABOVE PXL 17109502					
COVERAGES:			Self-Insured Retention		
General Liability, Employee Benefits and Employers Liability: \$ 1,000,000 per occurren			\$ 1,000,000 per occurrence		
Workers Compensation:			\$ 1,000,000 per occurrence		
LIMITS OF INSURANCE:					
\$ 1,000,000 per occurrence/\$ 2,000,000 policy aggregate for General Liability and Employee Benefits Liability					
\$1,000,000 combined single limit for Employers Liability					
Statutory for Workers Compensation					
All coverages, except Workers Compensation, contribute to the reduction of the policy aggregate					
PREMIUM: \$409,500					

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.