

LOVELAND & SMART INSURANCE SERVICES, INC

Public Entity Excess Liability Policy Quotation

Name of Insured: _____

Address: _____

In return for the payment of the premium, we agree to provide the insurance as stated in this policy.

Policy Period:

FROM: _____ TO: _____ AT 12:01 A.M. STANDARD TIME

(AT THE ADDRESS OF THE NAMED INSURED SHOWN ABOVE)

Premium, Minimum Premium and Minimum Earned Premium:

Policy Premium

Minimum Premium

Minimum Earned Premium

Excess General Liability:

Limits of Insurance

Aggregate Limits

\$ _____	Products-Completed Operations
\$ _____	Personal and Advertising Injury Liability
\$ _____	"Employment Practices Liability Wrongful Acts" Aggregate
\$ _____	Employee Benefit Liability Aggregate

Per "Occurrence" Limits

\$ _____	Products-Completed Operations
\$ _____	Personal and Advertising Injury Liability
\$ _____	Personal Injury for Police Officers (SNS1006)
\$ _____	Employment Practices Liability Wrongful Acts
\$ _____	Employee Benefit Liability
\$ _____	Public Officials and Employees Liability (Errors and Omissions) SNS 1016

"Retained Limit"

\$ _____ Any one "occurrence" or "wrongful act" or "employee benefit wrongful act" or series of continuous, repeated, or related occurrences", "wrongful acts" or "employee benefit wrongful acts".

\$ _____ Any one "employment practice liability wrongful act" or series of continuous, repeated, or related "employment practice liability wrongful acts".

Excess Automobile Liability:

C. Limits of Insurance

Aggregate Limits

_____ Bodily Injury and/or Property Damage
_____ Out of State Coverage Extension

Per "Accident"

_____ Bodily Injury and/or Property Damage
_____ Out of State Coverage Extension

Endorsements Applicable To This Policy on the Original Date of Issue:

<u>TITLE</u>	<u>NUMBER</u>

Date

Signature of Applicant

Title

Print Applicants Name

