

**SPECIFIC EXCESS WORKERS' COMPENSATION
& EMPLOYER'S LIABILITY COVERAGE**

Policy Summary - As of January 1, 2017

Named Insured: Colorado Special Districts Property and Liability Pool

Insurance Company: Safety National Casualty Corporation

Policy Number: SP4055612

Policy Term: January 1, 2017 to January 1, 2018

Limits of Liability: Statutory Coverage A: Workers' Comp per Occurrence Excess of SIR
\$2,000,000 Coverage B: Employer's Liability

Self-Insured Retention (S.I.R.): \$750,000 Self-Insured Retention Per Occurrence
\$750,000 Maximum Limit of Indemnity Per Occurrence

State Covered/Who is Covered: CO Colorado Special Districts P&L Pool Employees

Cancellation Clause: 90 Days Cancellation as noted except for nonpayment of
premium in which case it is ten (10) days notice

Schedule of Endorsements: Nos. 1 - 11 Per Policy

Estimated Annual Payroll: \$461,378,751 Subject to final audit at policy expiration

2017 Policy Rate: 0.1399 Per \$100 of Payroll

Annual Estimated Policy Premium: \$645,469 Subject to Quarterly Updates & Final Audit at Annual Expiration

Third Party Claims Administrator: TRISTAR TRISTAR Risk Management - Nancy Sanchez, Claims Supervisor
PO Box 2805 Toll Free: 800-318-8870 Ext. 1
Clinton, IA 52733-2808 Fax: 720-962-0301

Key Workers' Comp Personnel: McGriff Lei Shi, CRM - Pool Administration 800-318-8870 x 3, 1
Jenniffer J Alvarado, VP-Pool Administration 800-318-8870 x 3, 2

SPECIFIC EXCESS WORKERS' COMPENSATION & EMPLOYER'S LIABILITY COVERAGE

Excess Policy Endorsements - As of January 1, 2017

Named Insured: Colorado Special Districts Property and Liability Pool
Carrier: Safety National Casualty Corporation
Policy Number: SP4055612
Policy Term: January 1, 2017 to January 1, 2018

Number	Endorsement
	0 Crisis Management Coverage Response - Domestic and International Extraction
0411 12 0115	1 Insured Members List
0003 00 1206	2 Colorado Notice of Cancellation
0241 10 1211	3 Incidental USL&H, Defense Base, Outer Continental Shelf, and FELA Acts Coverage - Subject to State Limit
0246 00 1291	4 Maritime Coverage Endorsement - No Known Exposure
0276 02 0408	5 Broad Form All States for Employee Travel
0291 00 0708	6 Voluntary Compensation Endorsement - Premium Delineation
0322 00 1291	7 90 - Days Notice of Cancellation
0346 01 0908	8 Limited Same Communicable Disease - Specific Excess
0428 01 0307	9 Foreign Voluntary Workers' Comp. & Employers' Liability - Including Endemic Disease
0456 00 0113	10 Blanket Waiver of Subrogation
1061 11 0115	11 Policyholder Disclosure Notice of Terrorism Insurance Coverage