States Self-Insurers Risk Retention Group 222 S Ninth St Ste 1300 Minneapolis, MN 55402-3332

800-640-0345

INSURANCE BINDER					
This binder is a temporary contract, subject to all terms and conditions of the policy and this binder.					
Name	and Mailing Address of Insured: City of Cedar Rapids 101 First Street SE Cedar Rapids	IA	52401		
Policy	Effective Date:	January 15, 201 6	5	Policy Number	r: SEL3018103
Policy	Expiration Date:	January 15, 2017	,	Premium:	\$318,217
PUBLIC ENTITY EXCESS LIABILITY INSURANCE					
COVERAGES			LIMITS OF INSURANCE		
X	Public Entity Excess Liability (included Liability, Automobile Liability, Employed Liability, Law Enforcement Liability Omission Liability per coverage form	oyment Practices and Error or	Company L \$10,000,000 \$10,000,000	/Occ	Self-Insured Retention \$500,000
*Company Limits apply to all coverages per occurrence and aggregate.					
SPECIAL CONDITIONS/RESTRICTIONS/OTHER COVERAGES					
\Rightarrow	Coverage is written on a(n) All premiums are due at the incep Premiums will be annually rerate TRIA Act Coverage is: Maximum Limit - Auto is not in M Auto Definition Contractual Liability Railroads	ed to reflect experience an Rejected	coverage form. nd exposure.		

Jay Mathieson

Authorized Company Representative

1/4/2016 Date