

POLICY NUMBER: TRPK-4001262-00

COMMON POLICY DECLARATIONS

THIS IS A NONPARTICIPATING POLICY

[CERTAIN COVERAGES IN THE POLICY MAY BE WRITTEN ON A CLAIMS-MADE BASIS. PLEASE READ YOUR POLICY CAREFULLY.]

Ascot Insurance Company 55 W 46th St. 26th Floor New York City, NY 10036 (646) 356-8101	
NAMED INSURED:	City of Lawrenceville
MAILING ADDRESS:	70 South Clayton Street Lawrenceville, GA 30046
POLICY PERIOD: FROM 7/1/2024 TO 7/1/2025 AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE	

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.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.	
	PREMIUM
Commercial General Liability	\$169,777
Commercial Auto	\$289,957
Law Enforcement Liability	\$106,548
Public Officials	\$51,640
Educators Legal Liability	N/A
Employment Practices Liability	\$163,262
Employment Practices Liability - School	N/A
Commercial Excess Liability	\$175,884
POLICY FEE	
TOTAL:	\$957,068

FORMS APPLICABLE TO ALL COVERAGE PARTS (SHOW NUMBERS):
SEE SCHEDULE OF FORMS AND ENDORSEMENTS