

Gemini Insurance Company
A Stock Company

PUBLIC ENTITY RETAINED LIMITS POLICY DECLARATIONS

POLICY NUMBER: PEM0000145-03

Prior Policy Number: PEM0000145-02

INSURED'S NAME AND ADDRESS:	PRODUCER'S NAME AND ADDRESS:
Arapahoe County 5334 S. Prince St Littleton, CO 80120	IMA, Inc. 1705 17th Street Suite 100 Denver, CO 80202-1657

Policy Period: 01/01/2023 to 01/01/2024 at 12:01 a.m. Standard Time at your mailing address shown above.

IN RETURN FOR THE PAYMENT OF PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITHIN YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

COVERAGE AND LIMITS

Coverage Description	Coverage Section Limit	
A - General Liability	Each Occurrence	\$5,000,000
	Aggregate	\$5,000,000
B - Auto Liability	Each Accident	\$5,000,000
	Aggregate	UNLIMITED
C - Public Official, Employment Practices and Employee Benefits Liability	Each Occurrence	\$5,000,000
	Aggregate	\$5,000,000

SELF-INSURED RETENTION

Coverage Description	Coverage Section Limit	
A - General Liability	Each Occurrence	\$500,000
B - Auto Liability	Each Accident	\$500,000
C - Public Official, Employment Practices and Employee Benefits Liability	Each Occurrence	\$500,000

RETROACTIVE DATE

A - General Liability	NOT APPLICABLE
B - Auto Liability	NOT APPLICABLE
C - Public Official, Employment Practices and Employee Benefits Liability	NOT APPLICABLE

The applicable Retroactive Date is shown on the individual Coverage Part if not listed above.

OPTIONAL EXTENDED REPORTING PERIOD

Coverage Description
C – Public Official, Employment Practices and Employee Benefits Liability

Additional Premium: N/A

Additional Period: N/A

The terms applicable to the Optional Extended Reporting Period are shown in the Individual Coverage Part if not shown above.

TOTAL PREMIUM FOR THIS POLICY: \$777,790

FORMS AND ENDORSEMENTS

(Other than applicable forms and endorsement shown elsewhere in the policy):

Forms and Endorsements applying to this policy and made part of this policy at the time of issue:
SEE SCHEDULE OF FORMS AND ENDORSEMENTS

**THIS DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S)
AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.**

Issue Date: 01/10/2023

Authorized Representative

Premium:-	\$777,790
Policy Fee:	
SL Taxes:-	\$23,333.70
Stamping Fees:	
Total:-	\$801,123.70