

FLORIDA SHERIFFS' SELF-INSURANCE FUND

Administered by: Hunt Insurance Group, LLC

3606 Maclay Boulevard South, Tallahassee, FL 32312

Post Office Box 12909, Tallahassee, FL 32317-2909

Telephone: (850) 385-3636 or (800) 763-4868

Facsimile: (850) 385-2124

COVERAGE DECLARATIONS RECAP

Certificate Number: 11P-35-78

COVERED MEMBER: Lake County Sheriff's Office

PRINCIPAL ADDRESS: 360 W Ruby St, Tavares, FL 32778-3826

EFFECTIVE DATE: October 1, 2010

EXPIRATION DATE: October 1, 2011

COVERAGES	ANNUAL CONTRIBUTION
(A) Law Enforcement Liability and Public Officials Liability	\$531,135
(B) Watercraft Liability	\$6,750
(C) Watercraft Hull	\$7,085
(D) Confiscated/Impounded Equipment	Included
(E) K-9 Accidental Death & Destruction	\$7,650
(F) K-9 Illness and Disease	\$2,250
(G) Flash Roll Money	\$275
(H) Broad Form Money & Securities	Included
(I) Employee Dishonesty Bond	\$540
(J) Miscellaneous Business Property	\$250
(K) Horse Accidental Death & Destruction	\$1,650

TOTAL FSSIF ANNUAL CONTRIBUTION:

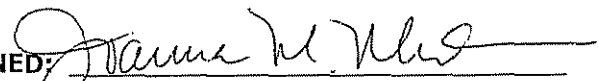
\$557,585

(L) Additional Covered Member	\$0
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The Florida Sheriffs' Self-Insurance Fund agrees with the named member to provide coverage under a section of this Agreement as designated.

This Coverage Declarations Recap is updated with each coverage part added hereunder: The coverages shown above are the only coverages provided, unless added by specific endorsement, a contribution charged, and a new Coverage Declarations issued. The date shown hereunder reflects the most current Coverage Declarations.

SIGNED:


Hunt Insurance Group, LLC, Administrator

I have reviewed the above coverages and acknowledge that they are the only coverages currently provided to my office under the Florida Sheriffs' Self-Insurance Fund.

DATE: _____

SIGNED:


Sheriff Gary S. Borders

My contributions to the FSWCSIF will be established by the FSWCSIF or its administrator. I agree to make payment of any such contributions when due utilizing one of the then effective payment options established by FSWCSIF. Failure to pay said contributions when due may constitute a breach of contract and may be grounds for termination of this agreement by the FSWCSIF.

I am entering into this agreement as Sheriff of my county, with the intention of providing Florida workers' compensation benefits hereunder for the "employees", as defined in Chapter 440, Florida Statutes, of my office. All agreements and assurances made in this agreement are made in that capacity and that capacity only.

By: *Gary S. Borders* Date: _____
Sheriff Gary Borders, Lake County Sheriff's Office

The above is hereby approved as a PARTICIPANT of this FSWCSIF.

By: _____ Date: _____
Trustee or Authorized Representative

Renewal period: October 1, 2010 through October 1, 2011

YOU ARE ELECTING NOT TO PURCHASE VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.

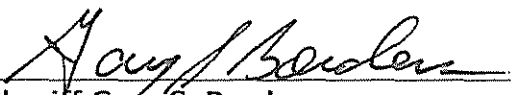
Uninsured Motorist coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting there from. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages.

Florida law requires that automobile liability policies include Uninsured Motorist coverage limits equal to the Bodily Injury Liability limits in your policy unless you select a lower limit offered by the company, or reject Uninsured Motorist entirely.

Please indicate whether you desire to entirely reject Uninsured Motorist coverage, or whether you desire this coverage at limits lower than the Bodily Injury Liability limits on your policy:

- a. I hereby reject Uninsured Motorist coverage.
 b. I hereby select Uninsured Motorist limits of \$10,000/\$20,000
Which are lower than my Bodily Injury Liability limits.

I understand and agree that selection of any of the above options applies to my liability insurance policy and future renewals or replacements of such policy, which are issued at the same Bodily Injury Liability limits. If I decide to select another option at some future time, I must let the Company or my agency know in writing.

Signed: 
Sheriff Gary S. Borders
Lake County Sheriff's Office

Date: _____
October 1, 2010 – October 1, 2011 Coverage Period

NOTE: SHARP IS NOT CURRENTLY PROVIDING THE STACKED FORM OF UNINSURED MOTORISTS COVERAGE

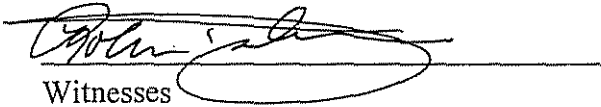
- p) To claims or damage caused by nuclear reaction or nuclear radiation or radioactive contamination, whether they directly or indirectly result from a Sheriff's peril under this policy.

2. The Managers or their authorized agents, in their discretion, shall determine whether a claim arises out of or is contributed to by any of the above-noted exclusions from coverage, and should such a determination be made the Sheriff or other Covered Member shall be immediately so notified, and shall also be notified that the FUND will not, from that point forward, provide any further defense to such claim or action. Until a determination of noncoverage is made, the FUND shall provide a full defense under the terms of this agreement, with a full or partial reservation of all rights if warranted, it being understood that in certain circumstances a determination of noncoverage may not be made until final judgment or other final judicial action. A Sheriff or other Covered Member aggrieved by any determination made pursuant to this paragraph may seek relief under the provisions of Section II, paragraph 32, of this agreement.

IN WITNESS WHEREOF, the undersigned Sheriff acknowledges that he/she is duly authorized and empowered to execute the Florida Sheriffs' Self-Insurance FUND Agreement on behalf of his/her office, that he/she has received a copy of the FUND Agreement and agrees to abide by and comply with the terms and conditions of said agreement, and further that upon execution of renewal applications/declaration sheets in the future, he/she agrees to abide by and comply with the terms and conditions of said agreement, as subsequently modified, for the applicable renewal period.



Sheriff Gary S. Borders
Lake County Sheriff's Office
Coverage Period: 10/1/10 – 10/1/11



Witnesses

DATE

