

**EXCESS WORKERS' COMPENSATION
INSURANCE SUMMARY**

Insurers: Safety National Casualty Corporation

Assigned Policy Nos: SP-6339-WI

Policy Term: January 1, 2003 to January 1, 2004

Limits of Coverage:

Workers' Compensation:	Wisconsin Statutes
Employer's Liability:	\$1,000,000 each Accident
	\$1,000,000 each disease
	\$1,000,000 policy limit

Self-Insured Retention:

\$350,000	Each occurrence – Police & Fire
\$300,000	Each occurrence – All Other

Claims Reporting Requirements: The insurance provided by this policy requires prompt (as soon as practicable) written notice of any claim or injury which appear to involve a loss equal to or exceeding 33-1/3% or more of the city's Self-Insured Retention.

The insured city shall also give prompt written notice to the Insurer if an injury of the following type occurs:

- (a) a fatality;
- (b) paraplegics and quadriplegics;
- (c) serious burns;
- (d) brain injury;
- (e) spinal cord injury;
- (f) amputation of a major extremity; and
- (g) any occurrence which results in serious injury to two or more employees

This insurance document is furnished to you as a matter of information for your convenience. It only summarizes the listed policy and is not intended to reflect all the terms, conditions and exclusions of the policy. Moreover, the information contained in this document reflects coverage as of the effective date of the policy and may not include subsequent changes. This document is not an insurance policy and does not amend, alter or extend the coverage afforded by the actual policy. The insurance afforded by the listed policy is subject to all the terms, exclusions and conditions of such policy.

**ALL NOTIFICATION OF CLAIMS FOR LOSSES
INCURRED ON OR AFTER 01/01/2003 SHOULD BE
MADE DIRECTLY TO:**

**Safety National Casualty Corp.
2043 Woodland Parkway
Suite 200
St. Louis, MO 63146-4235
Fax: 314-995-3897**

For claims incurred on or before 12/31/2002, notification should be sent to:

Mr. Leo Aspell	Ph: 1-800-848-2740 or 415-984-5600
Claims Executive	Fax: 1-415-984-5610
Genesis	
160 Pine Street, Suite 350	
San Francisco, CA 94111-5513	

Please send a copy of all notices on claims meeting the above requirements regardless of occurrence date to:

Mr. Greg Gilsinger	Ph: 1-414-784-5666 x 107
Claims Manager, CVMIC	Fax: 1-414-784-5599
1250 Sunnyslope Rd.	
Brookfield, WI 53005	
Susan Blankenburg	Ph: 1-800-253-2233, Ext. 8690
Marsh Risk & Insurance Services	Fax: 1-415-743-8037
3 Embarcardo	
Suite 1300	
San Francisco, CA 94111	

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