ACE USA (215) 640-5552 fax
ARM Excess WC www.ace-ina.com
Routing WA04P
436 Walnut Street
Philadelphia, PA 19106-3703

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Excess Workers Compensation Binder/Notice of Election

June 16, 2011

This Binder/Notice of Election for Excess Workers Compensation Insurance is being issued on behalf of the Insured at the request of the Producer.

Producer:	Justin Perkins AON Los Angeles, CA
Insurer:	ACE American Insurance Company
Insured:	**City of Las Vegas**
Policy Number:	WCU C46244709
State(s):	NV
Policy Period:	July 1, 2011 – July 1, 2012

Authorized Representative/Eric E. Dean

LIMITS / RETENTION

Workers Compensation Limit:	Statutory	
Employers Liability Limits:	$1,000,000	Each Accident
	$1,000,000	Each Employee for Disease
	N/A	Annual Aggregate
SIR for WC and EL Combined:	$4,000,000	Each Accident / Each Employee for Disease- **Police, Fire and Safety Personnel Only**
	$1,000,000	Each Accident / Each Employee for Disease- **All Other Employees**

EXPOSURE BASIS / PREMIUM / COMMISSION

Estimated Payroll:	$209,584,283
Rate per $100 of Payroll:	0.1886
Deposit Premium:	$395,252
Minimum Premium:	95%
Commission:	10.0%

POLICY FORMS AND ENDORSEMENTS

Title	Form Number	Edition
ACE Specific Excess Workers' Compensation and Employers' Liability Policy	CKE-1167k	10/06
Loss and Expense Adjustment Endorsement – ALAE Included	CK-12887b	04/08
Notification of Premium Adjustment	WC 99 04 44	08/06
Voluntary Compensation Schedule	CKE-18768a	01/07
Communicable Disease Coverage Endorsement	WC 99 03 48	04/08
Cap on Losses from Certified Acts of Terrorism	WC 99 04 59a	01/08
Your Retention	CKE-15415	04/04
Applicable state amendatory endorsements		

DISCLOSURES AND NOTICES

Title	Form Number	Edition
ACE Producer Compensation Practices & Policies	WC 99 03 42	10/06
Disclosure Notice of Terrorism Insurance Coverage	TRIA 11b	01/08
Trade and Economic Sanctions Endorsement	WC 99 07 73	11/06
US Treasury Department (OFAC) Notice	ILP 001 01 04	
Attachment: TRIA Disclosure	TR 19606c	

CONDITIONS

Payment Plan: The estimated premium is due in full at inception

Binder Expiration: This binder expires in 60 days or upon issuance of the policy

Audit: The estimated premium is 95% minimum to deposit at audit

TPA: Self-Administered

Certification: The premium shown in this Binder/Notice of Election for the Polic(ies) scheduled herein were calculated in accordance with approved rating plans or are subject to deregulation. The insured has elected the use of those rating plans, as described in this Binder/Notice of Election and understands all terms, conditions and provisions of those plans, including the methods of adjustment, payment and penalties for cancellation outlined herein and/or in endorsements to the policies listed in the scheduled policies, as described in this Binder/Notice of Election.

Attachments: Terrorism Insurance Act Notification
Payment Instructions
Claim Notification Procedures

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EXCESS WORKERS' COMPENSATION - Claim Reporting Criteria

REPORTABLE FILES

The Insured, or a designated Third Party Administrator on their behalf, is required to report the below indicated losses within 90 days to Claims and Underwriting:

Claims:
Kathleen McCreary, SCLA
Excess Claim Manager
ACE USA Claims
PO BOX 5110
Scranton, PA 18505-0527

phone: 302.476.7286
fax: 866.635.5687
email: kathleen.mccreary@acegroup.com

Underwriting:
Eric Dean
Vice President
ACE Risk Management
436 Walnut Street, WA04P
Philadelphia, PA 19106-3703

phone: 215.640.2151
fax: 215.640.5552
e-mail: eric.dean@acegroup.com

All losses, as listed below, regardless of reserve, including allegations of listed injuries or situations:

- Cases involving coverage disputes
- A fatality
- Amputation of a major extremity
- Any serious head injury (including skull fracture or loss of sight of either or both eyes
- Any injury to the spinal cord
- Any severe burn case
- Any claim arising under Part Two, Employers Liability
- Any claim reserved for 50% or more of the retention

STRUCTURED SETTLEMENTS

The Insured or designated Third Party Administrator must submit any claim to the designated individuals above when a structured settlement is contemplated to resolve the claim which will exceed the self insured layer. ACE USA will provide or deny authority, Broker, Life Company and further instructions.

PLEASE REFER TO PART FOUR – CLAIMS OF YOUR SPECIFIC EXCESS WORKERS' COMPENSATION AND EMPLOYERS LIABILITY POLICY FOR COMPLETE CLAIM REPORTING AND HANDLING REQUIREMENTS

PAYMENT INSTRUCTIONS

Payment is due within 30 days of the effective date or 15 days of the invoice date, whichever is later. When remitting payment, please include the invoice date on your remittance along with page 2 of the invoice.

If making payment by wire transfer, please remit to:

Wachovia Bank
Charlotte, NC
ABA#031201467, Account number 2014174985825

If paying by check, please make the check payable to ACE American Insurance Company and mail to:

ACE USA
Dept. CH 10123
Palatine, IL 60055-0123

If using overnight delivery, please send to:

Overnight Mail: Chicago Regional Lockbox
5505 N. Cumberland Ave., Suite 301
Chicago, IL 60656

Attn: Box #10123