APPENDIX A
ARIZONA MUNICPAL RISK RETENTION POOL
MUNICIPAL LIABILITY DECLARATIONS

Coverage Agreement Number: **AM XXXX**
Previous Coverage Agreement Number: **AM XXXX**

Item 1. **MEMBER:** XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Item 2. **ORIGINAL COVERAGE DATE:** XX/XX/XX

RATING PERIOD FROM: **XX/XX/XX** **12:01 AM at the Mailing Address on the Common Declarations**
TO: **XX/XX/XX**

Item 3. **DESCRIPTION OF MEMBER:** Municipality

IN RETURN FOR THE PAYMENT OF MEMBERSHIP FEES, AND SUBJECT TO ALL THE TERMS OF THE POOL'S INTERGOVERNMENTAL AGREEMENT AND THIS COVERAGE AGREEMENT, THE POOL AGREES TO PROVIDE THE MEMBER WITH THE COVERAGES AS STATED IN THIS COVERAGE PART.

Item 4. **SCHEDULE OF COVERAGES:**

Coverage Description	**Limit Of Coverage**	
Products-Completed Operations	$ 2,000,000	Aggregate
Municipal Liability	$ 2,000,000	Each Wrongful Act
Medical Payments	$ 25,000	Each Accident
	$ 5,000	Each Person
Back Wages	$ 50,000	Aggregate
	$ 25,000	Each Wrongful Act
Fire Damage	$ 300,000	Any One Premises
Land Use Liability	$ 2,000,000	Aggregate
	$ 2,000,000	Each Wrongful Act
Organic Pathogens	$ 100,000	Aggregate
	$ 25,000	Each Wrongful Act
Pollution Liability	$ 100,000	Each Event
	$ 25,000	Each Claimant

Item 5. **DEDUCTIBLE:** $ XX,XXX Each Wrongful Act

Item 6. **RETROACTIVE DATE:** XX/XX/XX

Item 7. **FORMS AND ENDORSEMENTS ATTACHED TO THIS COVERAGE PART:**

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THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, THE COMMON POLICY CONDITIONS, THE LIABILITY SCHEDULE, AND THE MUNICIPAL LIABILITY COVERAGE FORM(S) AND ENDORSEMENTS COMPLETE THE MUNICIPAL LIABILITY COVERAGE PART. PLEASE READ THEM CAREFULLY.