APPENDIX A
ARIZONA MUNICPAL RISK RETENTION POOL
MUNICIPAL EXCESS LIABILITY DECLARATIONS

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

Item 1. **MEMBER AND MAILING ADDRESS:**
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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:**

Description	**Limit Of Coverage**
Aggregate	$ 2,000,000
Each Wrongful Act	$ 2,000,000

Item 5. **RETROACTIVE DATE:** XX/XX/XX

Item 6. **SCHEDULE OF UNDERLYING COVERAGES:**

Excess coverage applies only to coverages for which underlying Limits Of Coverage are shown.

Underlying Municipal Liability Coverage and Municipal Auto Liability Coverage provided by:

Underlying Carrier	Arizona Municipal Risk Retention Pool	
Coverage Agreement Number	AM XXXX	
Rating Period	From: XX/XX/XXXX	To: XX/XX/XXXX
Municipal Liability Products – Completed Operations Aggregate Limit	$ 2,000,000	
Municipal Liability Each Wrongful Act Limit	$ 2,000,000	
Municipal Liability Retroactive Date	XX/XX/XXXX	
Municipal Auto Liability Each Accident Limit	$ 2,000,000	

Underlying Employers Liability Coverage provided by:

Underlying Carrier	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
Coverage Agreement or Policy Number	XXXXXXXXXXXXX	
Rating Period or Policy Period	From: XX/XX/XXXX	To: XX/XX/XXXX
Bodily Injury By Accident Limit	$ XXX,XXX	
Bodily Injury By Disease – Each Employee Limit	$ XXX,XXX	
Bodily Injury By Disease – Policy Limit	$ XXX,XXX	

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

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_____
_____

Item 8. **MEMBERSHIP FEE:** **$ XXX,XXX**

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