



91008387

EDUCATORS LEGAL LIABILITY
(SCHOOL BOARD LEGAL LIABILITY)

INTERNATIONAL SURPLUS LINES INSURANCE COMPANY
(A STOCK INSURANCE COMPANY, HEREINAFTER CALLED THE "COMPANY")

REFERENCE NO: D122547-804-01-08

POLICY NO: 524-135458-8
RENEWAL OF: 524-121760-8

DECLARATIONS

* NOTICE: THIS IS A CLAIMS MADE POLICY. EXCEPT AS MAY BE OTHERWISE *
* PROVIDED HEREIN, THIS COVERAGE IS LIMITED TO LIABILITY FOR ONLY THOSE *
* CLAIMS WHICH ARE FIRST MADE AGAINST THE INSURED AND REPORTED TO THE *
* COMPANY WHILE THE POLICY IS IN FORCE. *

A. EDUCATIONAL ENTITY : GARY COMMUNITY SCHOOL CORPORATION

MAILING ADDRESS: 620 EAST 10TH PLACE
GARY IN 46402

B. POLICY PERIOD: FROM DECEMBER 31, 1990 TO DECEMBER 31, 1991
12:01 A.M. STANDARD TIME AT THE ADDRESS STATED HEREIN

C. LIMITS OF LIABILITY: \$1,000,000 EACH LOSS AND AGGREGATE FOR
EACH POLICY YEAR.

D. RETENTION: \$25,000 EACH LOSS.

E. PREMIUM: \$20,543

THE DECLARATIONS PAGE AND THE FORMS LISTED BELOW AND ATTACHED HERETO
TOGETHER WITH THE COMPLETED AND SIGNED PROPOSAL SHALL CONSTITUTE THE
CONTRACT BETWEEN THE INSURED(S) AND THE COMPANY.

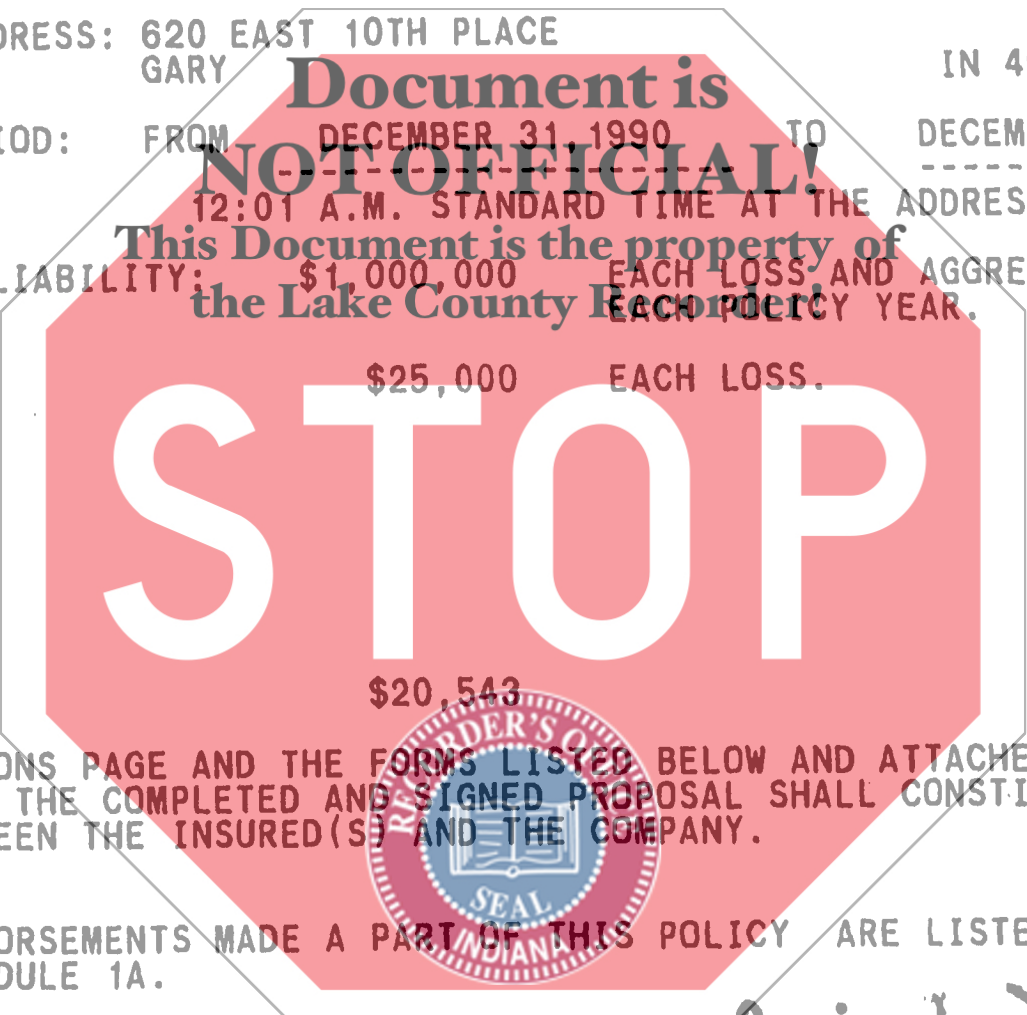
FORMS AND ENDORSEMENTS MADE A PART OF THIS POLICY ARE LISTED ON THE
ATTACHED SCHEDULE 1A.

DATE 01/17/91

COUNTERSIGNED

David H. Thompson

AUTHORIZED REPRESENTATIVE



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STATE OF INDIANA/S.S. NO.
LAKE COUNTY
FILED FOR RECORD

FEB 22 10 37 AM '91

ROBEA. RECORDS

THE INSURANCE COMPANY IN WHICH THIS
COVERAGE IS PLACED IS AUTHORIZED TO
TRANSACTION BUSINESS IN THE STATE WHERE
THE PROPERTY AND/OR ASSURED IS LOCATED
BUT THE COMPANY IS NOT A LICENSED
CARRIER IN THAT STATE.
THIS POLICY AND THE PREMIUM THEREON
MUST BE PROPERLY DECLARED AS A
SURPLUS LINES RISK TO THE INSURANCE
DEPARTMENT OF THE STATE. PROPER
FILINGS MUST BE MADE AND SURPLUS
LINES TAXES PAID BY A SURPLUS LINES
BROKER IN THE STATE.

NC