**LEXINGTON INSURANCE COMPANY**

(being a capital stock company)

99 High Street, Boston, MA 02110

# LAW ENFORCEMENT COVERAGE PART DECLARATIONS

POLICY NO.: RENEWAL OF NO.:\*

**Named Insured and Mailing Address\***

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

|  |
| --- |
| **ITEM 1: POLICY PERIOD:** |
| Policy Effective From: To:  at 12:01 A.M. Standard Time at your mailing address shown above.\* |
| **ITEM 2: LIMITS OF INSURANCE:** |
| Each Wrongful Act/Occurrence: $  Annual Aggregate: $ |
| **ITEM 3: DEDUCTIBLE:** |
| Deductible: Each Wrongful Act/Occurrence: $ |
| **ITEM 4: FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION:** |
| See policy forms list. |
| **ITEM 5: PREMIUM:** |
| Premium: $  Minimum Premium: $ |

\*Information may be omitted if shown elsewhere in the policy

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, IF APPLICABLE, COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Representative