CERTIFICATE OF EXCESS INSURANCE CONTRACT FOR SELF-INSURER

SAFETY NATIONAL CASUALTY CORPORATION
Name of Excess Insurance Carrier

1832 SCHUETZ ROAD
Address

ST. LOUIS, MO 63146
City, State, Zip Code

THIS IS TO CERTIFY that a Workers' Compensation Excess Insurance Policy has been issued by this Company as follows:

The Excess Insurance Policy is now in force and the Company will give the Chair, Workers' Compensation Board, State of New York not less than thirty (30) days written notice of cancellation or of any change to be made by the Company in said Policy. Such notice shall be sent by registered or certified mail to: Workers' Compensation Board, Attention: Office of Self-Insurance, 328 State Street, Schenectady, NY 12305.

Name of Self-Insurer SOUTHERN ADIRONDACK PUBLIC SCHOOLS WORKERS' COMPENSATION PLAN

Address 10 LACROSSE STREET, HUDSON FALLS, NY 12839

Policy Number SP 4066682

Policy effective date: July 01, 2022 Policy expiration date: July 01, 2023

Company's Limits of Liability ***Statutory*** each occurrence.

Self-Insurer's Retention $ 700,000 each occurrence.

Dated this 15 day of June, 2022

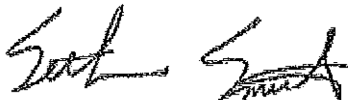
By signing this form, the authorized official certifies that the insurance carrier is authorized by the Superintendent of Financial Services to issue excess policies in New York State; the above policy contains per occurrence coverage for workers' compensation subject to the terms and conditions described above; and the above policy does not contain a corridor deductible.

EXCESS CARRIER AFFIRMATION

By signing this agreement, the signer certifies that he/she is authorized to execute this instrument on behalf of

SAFETY NATIONAL CASUALTY CORPORATION for the purposes set forth herein,

and that, pursuant to that authority, he/she is executing this instrument in the name of and on behalf of said entity as an act and deed of said entity.



Signature of Authorized Official	Executive Vice President Underwriting Title	06/15/2022 Date
Seth A. Smith Print Name of Authorized Official	(314) 995-5300 Phone #	Seth.Smith@SafetyNational.com Email

1832 Schuetz Road
St Louis, MO 63146-3540
Telephone (888) 995-5300
(314) 995-5300
Fax (314) 995-3897

CERTIFICATE OF INSURANCE AND CERTIFICATE OF INSURED MEMBER

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY LISTED BELOW.

A. THE CERTIFICATE HOLDER: Name:
Address:

B. CERTIFICATE OF INSURANCE:

This is to certify that the policy of insurance listed below has been issued to the insured association, trust or fund named below and is in force at this time. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions and conditions of such policy. Should any of the policy described herein be canceled before expiration date thereof the CORPORATION will endeavor to mail sixty (60) days written notice to the above named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the CORPORATION.

INSURED ASSOCIATION TRUST OR FUND:	SOUTHERN ADIRONDACK PUBLIC SCHOOLS WORKERS' COMPENSATION PLAN
POLICY NUMBER:	SP 4066682
TYPE OF INSURANCE:	Specific Excess Workers' Compensation and Employers' Liability Insurance
LOCATION(S):	NEW YORK
POLICY LIABILITY PERIOD:	July 01, 2022 through July 01, 2023
POLICY PAYROLL REPORTING PERIOD:	July 01, 2022 through July 01, 2023

Self-Insured Retention Per Occurrence	$ 700,000
Maximum Limit of Indemnity Per Occurrence	Statutory
Employers' Liability Maximum Limit of Indemnity Per Occurrence	$ 1,000,000

C. CERTIFICATE OF INSURED MEMBER:

Further, this is to certify that the insured member named below is a member of the insured association, trust or fund and, as such, may derive benefit from the insurance policy listed above to the extent determined by the insured association, trust or fund.

Insured Member: Name:
Address:
Effective Date:

SAFETY NATIONAL CASUALTY CORPORATION

By: Seth A. Smith
Executive Vice President Underwriting
Date: June 15, 2022

NEW YORK CONSENT FORM

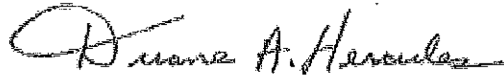
RE: Policy No.: SP 4066682

As an authorized representative of the EMPLOYER, I hereby acknowledge that the above referenced policy issued by Safety National Casualty Corporation provides that Loss shall include Claims Expenses, and that, accordingly, the Limits of Indemnity of the policy shall be reduced and may be completely exhausted by Claims Expenses, and to the extent that policy limits are thereby exceeded, the CORPORATION shall not be liable for Claims Expenses or for the amount of statutory benefits, settlements, awards or judgments.

All other terms, conditions, agreements and stipulations remain unchanged.

Attached to and forming a part of Excess Workers' Compensation and Employers' Liability Insurance Agreement No. SP 4066682, issued by SAFETY NATIONAL CASUALTY CORPORATION of St. Louis, Missouri to SOUTHERN ADIRONDACK PUBLIC SCHOOLS WORKERS' COMPENSATION PLAN, dated July 01, 2022.

SAFETY NATIONAL CASUALTY CORPORATION



President

Secretary

Consented to By: ______________________________

Name/Title
(Employer Representative)