Florida Association of Counties Trust - (F.A.C.T.)

APPLICATION FOR "PRIOR ACTS" COVERAGE

(Note: Completion of this Application does not place an	
Name of Applicant: Nassau County	
Desired Retroactive Date: 3 / 1 / 89	
Type of "Prior Acts" Coverage Being Applied For:	Public Officials' and Employees Liability
The undersigned APPLICANT, on behalf of all potential of insurance or coverage agreement hereby being a INSUREDS), warrant that none of the INSUREDS are incident which has or is likely to give rise to a claim being applied for, other than those occurrences which the terms of a prior insurance policy (and are not insurance now being applied for) or are listed below made is untrue or inaccurate, then in the sole discretion have the right to void any or all coverage docume warranty or to void coverage under coverage docume warranty of any or all occurrences, offenses or enoccurred prior to the inception of the first coverage the warranty.	applied for (herein called the e aware of any occurrence or m under the type of insurance ich have been reported under ntended to be covered in any on of the Trust, the Trust shall nts issued in reliance on the tors or omissions which first
INJURED PARTY DATE OF OCCURRENCE DESCRI	PTION OF OCCURRENCE
1	
2	
3 (Use reverse side as necess	sary)
Description of Previous P	Policy:
Company Policy Number Coverage Type Policy Limit Landmark Ins. POL6906015 E&O 1,000,000	Policy Inception and Expiration 3-1-90
Wherefore, the undersigned APPLICANT has, through full power to act on behalf of the APPLICANT and all application and warranty.	its' designated official holding other INSUREDS, executed this
Nassau County (Name of Local Public Entity - APPLICANT) Attest:	7///
By: 1 By: (Name of Official and Title)	(Name) Ex-Officio Clerk (Title)
Date: 10/8/90 Date:	10/8/90