

Agency Specialty Service

Division of Seibels, Bruce & Company

Columbia, South Carolina

VOL

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P. O. Box 1 29202
Area Code 803 256-2301

COUNTY CLERK & RECORDER INDEMNITY INSURANCE

PROPOSAL FORM CLAIMS MADE BASIS

1. Name of Proposer. (a) Clerk *Rachel W. Tolly (Mrs.)*
(b) Recorder
2. Date of Election/Appointment to present county.
(a) Clerk *August 1, 1974* (b) Recorder
County *Greenville* State *S C*
3. Policy term desired. (Maximum - four years)
Commencing at *August 1, 1979*
4. Does the Proposer wish coverage on a retroactive basis? i.e. For any unknown, undiscovered errors or omissions made during the named Proposer's previous term in office in the County as stated above.
Date from which retroactive coverage is required
5. Does your County employ a County Clerk only or in addition to a County Recorder?
Both
6. Number of Staff (including the Proposer) in the County Clerk's Office.
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Number of Staff (including the Proposer) in the Recorder's Office.
7. Has any application for this type of insurance ever been declined or has any similar insurance been cancelled? *No*
8. Have any claims been made against the Proposer or to his knowledge against his predecessors in office? If so, please give details. *No*

(SEE REVERSE SIDE)

