



**AGREEMENT NUMBER:**

**POLICY NUMBER:**

**This Declaration Page is attached to and forms part of Certificate provisions  
(Form SLC-3 USA NMA 2868)**

**Unique Market Reference:** B1115

**1. Name and address of the Insured:**

**2. Effective:**

**From:** at 00.01 hours Local Standard Time at the Location(s) Insured.

**To:** at 00.01 hours Local Standard Time at the Location(s) Insured.

**3. Insurance is effective with certain UNDERWRITERS AT LLOYD'S, LONDON.**

Percentage: 100% as per Security Schedule attached

**4. Amount:**

**Limit:** \$

**Coverage:**

**Premium:** \$ (for 100%) per annum.

**Policy Fee:** \$ 100% Minimum Earned Premium



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**5. Forms attached hereto and special conditions:**

Stevens 09 wording including:

Basis of Valuation: As per the overlying policy.

Cancellation Clause as per wording form amended to 30 days cancellation but 10 days for Non Payment of premium

Service of Suit Clause as per wording form naming Mendes & Mount New York.

War and Civil War Exclusion Clause as per wording form

Radioactive Contamination Exclusion Clause as per wording form

Fraudulent Claims as per wording form

Loss Payees and/or Mortgagees and/or Additional Named Assureds automatically agreed hereon as and where applicable as kept on file by the Intermediary named in Item 11 of the Wording Schedule, without advice to Underwriters hereon.

Claims Notification to: U.S Risk Insurance Group

8401 North Central Expressway

Suite 1000

Dallas, TX 75225

Wherever in this Certificate the words:

1. "you", "Assured", "Insured" appear, they shall be deemed to mean "Assured"
2. "we", "us", "Underwriters" appear they shall be deemed to mean "Underwriters"
3. "Policy" appears herein it shall be deemed to read "Certificate".

**See Scedule of Forms and Endorsements - SCHDL-FRM-01**

Dated:

by: \_\_\_\_\_

For and on behalf of Oxford Insurance Brokers Limited  
Correspondent