COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

POLICY NUMBER: NN893805

☐ Extension of Declarations is attached.　　　Effective Date: 08/08/2019　12:01 A.M. Standard Time

LIMITS OF INSURANCE	☐ If box is checked, refer to form **S132** Amendment of Limits of Insurance.

General Aggregate Limit (Other Than Products/Completed Operations) $	2,000,000
Products/Completed Operations Aggregate Limit $	Included
Personal and Advertising Injury Limit $	1,000,000　Any One Person Or Organization
Each Occurrence Limit $	1,000,000
Damage To Premises Rented To You Limit $	100,000　Any One Premises
Medical Expense Limit $	5,000　Any One Person

RETROACTIVE DATE (CG 00 02 ONLY)

This insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" which occurs before the Retroactive Date, if any, shown here:　(Enter Date or "NONE" if no Retroactive Date applies)

BUSINESS DESCRIPTION AND LOCATION OF PREMISES

BUSINESS DESCRIPTION: Property Owner

LOCATION OF ALL PREMISES YOU OWN, RENT, OR OCCUPY: ☐ Location address is same as mailing address.

1　L#1 Island Avenue, Long Island, ME 04050

Additional locations (if any) will be shown on form **S170**, Commercial General Liability Coverage Part Declarations Extension.

LOCATION OF JOB SITE　(If Designated Projects are to be Scheduled):

CODE # -	CLASSIFICATION	*	PREMIUM BASIS	RATE Prem/Ops	RATE Prod/Comp Ops	ADVANCE PREMIUM
68606 -	Vacant Buildings - not factories - OTNFP	a+	11,500	48.891		562
					Included	Included
49451 -	Vacant land-Rural - Per Acre - First 500 Acres - OTNFP	t+	6	10.500		63
					Included	Included
10105 -	Boat storage or moorage	s+	If Any	Included		Included
					Included	Included
-						

* PREMIUM BASIS SYMBOLS　　**+** = Products/Completed Operations are subject to the General Aggregate Limit

a = Area　(per 1,000 sq. ft. of area)　　**o** = Total Operating Expenditures　(per $1,000 Total Operating Expenditures)　　**s** = Gross Sales (per $1,000 of Gross Sales)
c = Total Cost　(per $1,000 of Total Cost)　　**t** = See Classification
m = Admissions　(per 1,000 Admissions)　　**p** = Payroll　(per $1,000 of Payroll)　　**u** = Units　(per unit)

PREMIUM FOR THIS COVERAGE PART　$　1,100 MP

FORMS AND ENDORSEMENTS (other than applicable Forms and Endorsements shown elsewhere in the policy)

Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:
Refer to Schedule of Forms and Endorsements

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.
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S150 (07/09)