

COMMERCIAL LINES POLICY - COMMON POLICY DECLARATIONS

NAUTILUS INSURANCE COMPANY

Scottsdale, Arizona

Transaction Type: Renewal

Policy No. NN893805

Renewal of Policy # NN893427

Inspection Ordered:

Rewrite of Policy # _____

☒ Yes ☐ No

Cross Ref. Policy # _____

NIC Quote # _____

This insurance contract is issued pursuant to the
Maine Insurance Laws by an insurer neither
licensed by nor under the jurisdiction of the
Maine Bureau of Insurance.

Named Insured and Mailing Address

(No., Street, Town or City, County, State, Zip Code)

Estate of John S. Norton, Sr.

Beth Preston

Agent and Mailing Address

Agency No. 1803-00

(No., Street, Town or City, County, State, Zip Code)

Breckenridge Insurance Services, LLC

PO Box 9010

1 Acadia Commons

Westbrook

ME 04098

Policy

NO FLAT CANCELLATION

Period: From 08/08/2019 to 08/08/2020 at 12:01 A.M. Standard Time at your mailing address shown above.

Business Description: Property Owner

Tax State ME

Form of Business: Individual

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY,
WE WILL PROVIDE YOU THE INSURANCE STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED.
THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

Commercial General Liability Coverage Part

PREMIUM

\$ 1,100.00

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Tax & Fee Schedule

TOTAL ADVANCE PREMIUM

\$ 1,100.00

Policy Fee

\$ 65.00

Minimum & Deposit

Inspection Fee

150.00

Surplus Lines Tax

39.45

TOTAL TAXES & FEES

\$ 254.45

TOTAL \$ 1,354.45

Form(s) and Endorsement(s) made a part of this policy at time of issue:

Refer to Schedule of Forms and Endorsements.

Countersigned: Westbrook, ME
07/30/2019 AD
IG

By _____

Countersignature or Authorized Representative, whichever is applicable

Beth Preston

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE PART COVERAGE
FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

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