

**OUS284 (09/09) COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS**

These Declarations form a part of Certificate Number: COV001

**LIMITS OF INSURANCE:**

General Aggregate Limit (other than Products/Completed Operations)	\$2,000,000
Products/Completed Operations Aggregate Limit	\$2,000,000
Personal and Advertising Injury Limit	\$1,000,000
Each Occurrence Limit	\$1,000,000
Damage to Premises Rented to you Limit (any one premises)	\$100,000 any one loss
Medical Expense Limit	\$5,000 any one person

**BUSINESS DESCRIPTION AND LOCATION OF PREMISES:**Form of business: ☐ Individual ☐ Joint Venture ☐ Partnership ☐ Organization ☐ Corporation

Business description: Trucking

Location of all premises you own, rent or occupy:

ADDRESS:

CITY

COUNTY

STATE ZIP

See Supplemental Location Schedule for additional addresses (OUS121 (09/09) and OUS121A (09/09))

**PREMIUM:**

Code No	Classification	*Premium Basis	RATE		ADVANCE PREMIUM		
			PR/Co	All Other	PR/Co	All Other	MP
99793	Truckers	Power units					

**FORMS AND ENDORSEMENTS** applying to this Coverage Part and made part of this Certificate at time of issue:**SEE SCHEDULE OF FORMS AND ENDORSEMENTS****DEDUCTIBLE:** waived

\*(a) Area, (c) Total Cost, (m) Admission, (p) Payroll, (s) Gross Sales, (u) Units, (o) Other

**THIS DECLARATIONS PAGE AND THE COMMERCIAL LIABILITY SUPPLEMENTAL DECLARATIONS PAGE(S), TOGETHER WITH THE COMMON CERTIFICATE CONDITIONS, COVERAGE FORMS(S) AND ENDORSEMENTS COMPLETE THE ABOVE NUMBERED POLICY.**