



Named Insured: \_\_\_\_\_

**GENERAL LIABILITY AND UMBRELLA STATEMENT**

I HAVE APPLIED FOR THE FOLLOWING COVERAGES:

GENERAL LIABILITY LIMITS:

EACH OCCURRENCE:	_____
FIRE DAMAGE:	_____
MEDICAL PAYMENTS:	_____
PERSONAL & ADV INJ:	_____
GENERAL AGGREGATE:	_____
PRODUCTS - COMP/OP AGG:	_____

UMBRELLA LIABILITY: \_\_\_\_\_

OPTIONAL COVERAGES:

HIRED AND NONOWNED AUTO:	_____
PROFESSIONAL LIABILITY:	_____
EMPLOYEE BENEFITS LIAB:	_____
LIQUOR LIABILITY:	_____
PROPERTY DEDUCTIBLE:	_____

I HAVE READ MY APPLICATION AND UNDERSTAND THE COVERAGES, WHICH I HAVE APPLIED FOR. I DECLARE THAT THE COVERAGES LISTED ON THE APPLICATION ARE THOSE THAT I HAVE REQUESTED AND NOT CHOSEN FOR ME OR SUGGESTED BY MY AGENT. I UNDERSTAND THERE ARE HIGHER LIMITS OF LIABILITY AND/OR OPTIONAL COVERAGES, WHICH I HAVE CHOSEN NOT TO PURCHASE.

I UNDERSTAND THAT THE PREMIUM QUOTATION IS BASED ON THE INFORMATION I PROVIDED ON THE APPLICATION AND I STATE THAT ALL POLICY AND CLAIMS HISTORIES ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THE PREMIUM AND POLICY STATUS MAY CHANGE IF INFORMATION PROVIDED IS FOUND TO BE INCORRECT.

X \_\_\_\_\_ DATE: \_\_\_\_\_