

COMMERCIAL GENERAL LIABILITY DECLARATIONS

UNDERWRITERS	PRODUCER NAME
NAMED INSURED:	
MAILING ADDRESS:	
POLICY PERIOD: FROM _____ TO _____ AT 12:01 A.M. TIME AT YOUR MAILING ADDRESS.	

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

LIMITS OF INSURANCE		
EACH OCCURRENCE LIMIT	\$ _____	
DAMAGE TO PREMISES		
RENTED TO YOU LIMIT	\$ _____	Any one premises
MEDICAL EXPENSE LIMIT	\$ _____	Any one person
PERSONAL & ADVERTISING INJURY LIMIT	\$ _____	Any one person or organization
GENERAL AGGREGATE LIMIT	\$ _____	
PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT	\$ _____	

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 BELOW.		
RETROACTIVE DATE:	_____ NONE	
(ENTER DATE OR "NONE" IF NO RETROACTIVE DATE APPLIES)		

DESCRIPTION OF BUSINESS			
FORM OF BUSINESS:			
INDIVIDUAL	PARTNERSHIP	JOINT VENTURE	TRUST
LIMITED LIABILITY COMPANY	ORGANIZATION, INCLUDING A CORPORATION (BUT NOT INCLUDING A PARTNERSHIP, JOINT VENTURE OR LIMITED LIABILITY COMPANY)		
BUSINESS DESCRIPTION: _____			

ALL PREMISES YOU OWN, RENT OR OCCUPY	
LOCATION NUMBER	ADDRESS OF ALL PREMISES YOU OWN, RENT OR OCCUPY
1.	

CLASSIFICATION AND PREMIUM							
LOCATION NUMBER	CLASSIFICATION	CODE NO.	PREMIUM BASE	RATE		ADVANCE PREMIUM	
				Prem/Ops	Prod/Comp Ops	Prem/Ops	Prod/Comp Ops
1.	Rated per \$100 BTL Tiered Rating: 1st \$500,000 2nd \$500,000 3rd \$1MM-\$5MM 4th Over \$5MM		(Below The Line)			Blanket AI Waiver Subj TRIA Premium Policy MP	
STATE TAX OR OTHER (if applicable) \$ _____ TOTAL PREMIUM (SUBJECT TO AUDIT) \$ _____							
PREMIUM SHOWN IS PAYABLE:				AT INCEPTION	\$ _____		
				AT EACH ANNIVERSARY	\$ _____		
(IF POLICY PERIOD IS MORE THAN ONE YEAR AND PREMIUM IS PAID IN ANNUAL INSTALLMENTS)							
AUDIT PERIOD (IF APPLICABLE)		<input checked="" type="checkbox"/> ANNUALLY		<input type="checkbox"/> SEMI-ANNUALLY	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> MONTHLY	

ENDORSEMENTS

ENDORSEMENTS ATTACHED TO THIS POLICY:

See Schedule of Forms and Endorsements

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.

Countersigned:	By: 
(Date)	(Authorized Representative)