



# ESSEX INSURANCE COMPANY

State Transaction Code:

## COMMERCIAL EXCESS LIABILITY POLICY DECLARATIONS

POLICY NUMBER.: EZXS1000376

RENEWAL OF POLICY: RenewalOfNumber

Named Insured and Mailing Address (No., Street, Town or City, County, State, Zip Code)

Sonee, Soni  
416 S Peachtree pkwy  
Atlanta, GA 30092

Policy Period: From 11/3/2015 to 11/3/2016 at 12:01 A.M. Standard Time at your mailing address shown above.

**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:	\$ 1000000
Aggregate Limit:	\$ 1000000

Premium	
Policy Premium:	\$ 750.0
Terrorism Premium:	\$ 0.0
Fees (Where Applicable)	\$ Policy Fee
Total Premium:	\$ 1066.32 Payable At Inception
Audit Period:	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly
Rating Basis (If Subject To Audit)	Premium Basis: Rate: Surplus Lines Tax

Producer Number, Name and Mailing Address
210904 Erin Ishii 2 Embarcadero Center Suite 1630 San Francisco, CA 94111

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

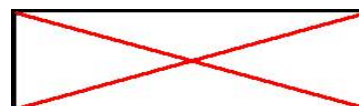
Schedule Of Underlying Insurance
Per Schedule Of Underlying Insurance

**These declarations, together with the Common Policy Conditions and Coverage Form(s) and any Endorsement(s), complete the above numbered policy.**

Countersigned: \_\_\_\_\_ By: \_\_\_\_\_

MADUB 1000 01 15

Page 1 of 1



---

**DATE**

---

**AUTHORIZED REPRESENTATIVE**