**IssuingCompanyP**

**COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS**

|  |  |
| --- | --- |
| POLICY NUMBER: PolicyNumberP | “X” If Supplemental Declarations Is Attached |

|  |  |
| --- | --- |
| **RETROACTIVE DATE** | |
| 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: |  |
|  | (ENTER DATE OR "NONE" IF NO RETROACTIVE DATE APPLIES) |

|  |  |  |
| --- | --- | --- |
| **LIMITS OF INSURANCE** | | |
| General Aggregate Limit (other than Products/Completed Operations) | $ |  |
| Products/Completed Operations Aggregate Limit | $ |  |
| Personal and Advertising Injury Limit | $ | Any One Person or Organization |
| Each Occurrence Limit | $ |  |
| Damage to Premises Rented to You Limit | $ | Any One Premises |
| Medical Expense Limit | $ | Any One Person |

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

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| **FORMS AND ENDORSEMENTS** |
| SEE FORMS SCHEDULE - MDIL 1001 |