

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

POLICY NUMBER:

☐ Extension of Declarations is attached.

Effective Date:

12:01 A.M. Standard Time

LIMITS OF INSURANCE ☐ If box is checked, refer to form **S132** Amendment of 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

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 here: (Enter Date or "NONE" if no Retroactive Date applies)

BUSINESS DESCRIPTION AND LOCATION OF PREMISES

BUSINESS DESCRIPTION:

LOCATION OF ALL PREMISES YOU OWN, RENT, OR OCCUPY: ☐ Location address is same as mailing address.

Additional locations (if any) will be shown on form **S170**, Commercial General Liability Coverage Part Declarations Extension.

LOCATION OF JOB SITE (If Designated Projects are to be Scheduled):

CODE # -	CLASSIFICATION	*	PREMIUM BASIS	RATE		ADVANCE PREMIUM
				Prem/Ops	Prod/Comp Ops	
-						
-						
-						
-						

*** PREMIUM BASIS SYMBOLS** **+** = Products/Completed Operations are subject to the General Aggregate Limit
a = Area (per 1,000 sq. ft. of area) **o** = Total Operating Expenditures (per \$1,000 Total Operating Expenditures) **s** = Gross Sales (per \$1,000 of Gross Sales)
c = Total Cost (per \$1,000 of Total Cost) **t** = See Classification
m = Admissions (per 1,000 Admissions) **p** = Payroll (per \$1,000 of Payroll) **u** = Units (per unit)

\$

FORMS AND ENDORSEMENTS (other than applicable Forms and Endorsements shown elsewhere in the policy)

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

Refer to Schedule of Forms and Endorsements

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

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