

# COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

Policy Number: \_\_\_\_\_

Effective date: \_\_\_\_\_

12:01 A.M. Standard Time

**LIMITS OF INSURANCE**

General Aggregate Limit (Other Than Products – Completed Operations)	\$ _____	
Products–Completed Operations Aggregate Limit	\$ _____	
Personal and Advertising Injury Limit	\$ _____	
Each Occurrence Limit	\$ _____	
Fire Damage Limit	\$ _____	Any One Fire
Medical Expense Limit	\$ _____	Any One Person

**RETROACTIVE DATE (CG 00 02 only)**

Coverage A and B of this Insurance does not apply to "bodily injury", "property damage", "personal injury" or "advertising injury" which occurs before the retroactive date shown here: \_\_\_\_\_

**DEDUCTIBLE:**     per claim     per occurrence

Bodily Injury Liability Deductible	\$ _____	
Property Damage Liability Deductible	\$ _____	
Combined Bodily Injury & Property Damage Liability Deductible	\$ _____	

**Form of Business:**

Individual     Partnership     Corporation     Other: \_\_\_\_\_

**Business Description:**

**Location of All Premises You Own, Rent or Occupy:**

PREMIUM Item	Classification	Code No.	Premium Basis	Rate		Advance Premium	
				Pr/Co	All Other	Pr/Co	All Other
						\$	\$

Audit Period is Annual Unless Other-wise Stated in FORM GU207.

Total Advance premium    \$

Minimum Premium For This Coverage Part \$

**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:

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