



COMMERCIAL GENERAL LIABILITY COVERAGE
PART DECLARATIONS

☐ "X" IF SUPPLEMENTAL DECLARATIONS ATTACHED

1. POLICY NO.: _____ EFFECTIVE DATE: _____

2. NAMED INSURED: _____

3. LIMITS OF INSURANCE

General Aggregate Limit (Other Than Products - Completed Operations)	\$	
Products-Completed Operations Aggregate Limit	\$	
Personal and Advertising Injury Limit	\$	
Each Occurrence Limit	\$	
Damage To Premises Rented To You Limit	\$	Any One Premise
Medical Expense Limit	\$	Any One Person

Coverage A of this insurance does not apply to injury caused by a wrongful act which was committed before the Retroactive Date, if any shown here: Retroactive Date: _____ (Enter Date or "None" if no Retroactive Date)

LOCATIONS INCLUDING ZIP CODE OF ALL PREMISES YOU OWN, RENT OR OCCUPY (Enter "same" if same location as your mailing address):

CODE NO.	PREM NO.	CLASSIFICATION	PREMIUM BASIS	EXPOSURE AMOUNT	RATE		ADVANCE PREMIUM	
					PR/CO	ALL OTHER	PR/CO	ALL OTHER
TOTAL ADVANCE PREMIUM FOR THIS PAGE							\$	\$
					TOTAL ADVANCE PREMIUM FOR THIS COVERAGE PART		\$	

4. FORMS AND ENDORSEMENTS APPLICABLE (other than applicable Forms and Endorsements shown elsewhere in this policy)
*Forms and Endorsements applying to this Coverage Part and made a part of this policy at time of issue:

SEE SCHEDULE OF FORMS AND ENDORSEMENTS – GBA900002

*Entry optional if shown on Common Policy Declarations

THESE DECLARATIONS, WHEN COMBINED WITH THE COMMON POLICY DECLARATIONS, THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE CONTRACT OF INSURANCE.