

SERFF Tracking Number: WESA-125511211 State: Arkansas
First Filing Company: TNUS Insurance Company, ... State Tracking Number: #26858 \$50
Company Tracking Number: 08-AR-3-GL-13-8
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: Commercial General Liability
Project Name/Number: Commercial General Liability Form Filing/

Filing at a Glance

Companies: TNUS Insurance Company, Tokio Marine & Nichido Fire Insurance Co., Ltd., Trans Pacific Insurance Company

Product Name: Commercial General Liability SERFF Tr Num: WESA-125511211 State: Arkansas
TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: #26858 \$50
Made/Occurrence
Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: 08-AR-3-GL-13-8 State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
Author: Westmont Associates Disposition Date: 06/13/2008
Date Submitted: 03/05/2008 Disposition Status: Approved
Effective Date Requested (New): 06/01/2008 Effective Date (New):
Effective Date Requested (Renewal): 06/01/2008 Effective Date (Renewal):
State Filing Description:

General Information

Project Name: Commercial General Liability Form Filing Status of Filing in Domicile:
Project Number: Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 06/13/2008
State Status Changed: 03/12/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
Submission of Commercial General Liability Declarations and Schedules

Company and Contact

Filing Contact Information

SERFF Tracking Number: WESA-125511211 State: Arkansas
First Filing Company: TNUS Insurance Company, ... State Tracking Number: #26858 \$50
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Product Name: Commercial General Liability
Project Name/Number: Commercial General Liability Form Filing/

(This filing was made by a third party - westmontassociatesinc)

Jennifer Waldron, jenb@westmontlaw.com
25 Chestnut Street (856) 216-0220 [Phone]
Haddonfield, NJ 08033 (856) 216-0303[FAX]

Filing Company Information

TNUS Insurance Company	CoCode: 32301	State of Domicile: New York
230 Park Avenue	Group Code: 3098	Company Type:
New York, NY 10169	Group Name:	State ID Number:
(212) 297-6600 ext. [Phone]	FEIN Number: 20-0940754	

Tokio Marine & Nichido Fire Insurance Co., Ltd.	CoCode: 12904	State of Domicile: New York
230 Park Avenue	Group Code: 3098	Company Type:
New York, NY 10169	Group Name:	State ID Number:
(212) 297-6600 ext. [Phone]	FEIN Number: 13-6108722	

Trans Pacific Insurance Company	CoCode: 41238	State of Domicile: New York
230 Park Avenue	Group Code:	Company Type:
New York, NY 10169	Group Name:	State ID Number:
(212) 297-6600 ext. [Phone]	FEIN Number: 13-3118700	

SERFF Tracking Number: WESA-125511211 State: Arkansas
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Product Name: Commercial General Liability
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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: Standard Filing Fee for Forms
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
TNUS Insurance Company	\$0.00	03/05/2008	
Tokio Marine & Nichido Fire Insurance Co., Ltd.	\$0.00	03/05/2008	
Trans Pacific Insurance Company	\$0.00	03/05/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
26858	\$50.00	02/05/2008

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	06/13/2008	06/13/2008
Approved	Edith Roberts	03/12/2008	03/12/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Revised Effective Date	Note To Reviewer	Westmont Associates	05/28/2008	05/28/2008

SERFF Tracking Number: WESA-125511211 State: Arkansas
First Filing Company: TNUS Insurance Company, ... State Tracking Number: #26858 \$50
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TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: Commercial General Liability
Project Name/Number: Commercial General Liability Form Filing/

Disposition

Disposition Date: 06/13/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment: File re-opened to acknowledge new effective date of October 1, 2008.

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: WESA-125511211 State: Arkansas
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 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
 Product Name: Commercial General Liability
 Project Name/Number: Commercial General Liability Form Filing/

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	Forms Index	Approved	Yes
Supporting Document	Letters of Authorization	Approved	Yes
Supporting Document	Side-By-Side Comparisons	Approved	Yes
Form	Commercial General Liability Supplemental Declarations	Approved	Yes
Form	Commercial General Liability Supplemental Declarations (Claims Made)	Approved	Yes
Form	Commercial General Liability Schedule	Approved	Yes
Form	Commercial General Liability Changes	Approved	Yes
Form	Liquor Liability Supplemental Declarations	Approved	Yes
Form	Liquor Liability Supplemental Declarations (Claims Made)	Approved	Yes
Form	Owners & Contractors Protective Liability Supplemental Declarations	Approved	Yes
Form	Liquor Liability Schedule	Approved	Yes
Form	Liquor Liability Changes	Approved	Yes
Form	Products/Completed Operations Schedule	Approved	Yes
Form	Products/Completed Operations Changes	Approved	Yes
Form	Owners & Contractors Protective Liability Schedule	Approved	Yes
Form	Owners & Contractors Protective Liability Changes	Approved	Yes
Form	Railroad Protective Liability Supplemental Declarations	Approved	Yes
Form	Railroad Protective Liability Schedule	Approved	Yes
Form	Railroad Protective Liability Changes	Approved	Yes
Form	Miscellaneous General Liability Schedule	Approved	Yes
Form	Miscellaneous General Liability Changes	Approved	Yes
Form	Products Withdrawal Supplemental	Approved	Yes

SERFF Tracking Number: WESA-125511211 State: Arkansas
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Disposition

Disposition Date: 03/12/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: WESA-125511211 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	Forms Index	Approved	Yes
Supporting Document	Letters of Authorization	Approved	Yes
Supporting Document	Side-By-Side Comparisons	Approved	Yes
Form	Commercial General Liability Supplemental Declarations	Approved	Yes
Form	Commercial General Liability Supplemental Declarations (Claims Made)	Approved	Yes
Form	Commercial General Liability Schedule	Approved	Yes
Form	Commercial General Liability Changes	Approved	Yes
Form	Liquor Liability Supplemental Declarations	Approved	Yes
Form	Liquor Liability Supplemental Declarations (Claims Made)	Approved	Yes
Form	Owners & Contractors Protective Liability Supplemental Declarations	Approved	Yes
Form	Liquor Liability Schedule	Approved	Yes
Form	Liquor Liability Changes	Approved	Yes
Form	Products/Completed Operations Schedule	Approved	Yes
Form	Products/Completed Operations Changes	Approved	Yes
Form	Owners & Contractors Protective Liability Schedule	Approved	Yes
Form	Owners & Contractors Protective Liability Changes	Approved	Yes
Form	Railroad Protective Liability Supplemental Declarations	Approved	Yes
Form	Railroad Protective Liability Schedule	Approved	Yes
Form	Railroad Protective Liability Changes	Approved	Yes
Form	Miscellaneous General Liability Schedule	Approved	Yes
Form	Miscellaneous General Liability Changes	Approved	Yes
Form	Products Withdrawal Supplemental	Approved	Yes

SERFF Tracking Number: WESA-125511211 *State:* Arkansas
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Product Name: Commercial General Liability
Project Name/Number: Commercial General Liability Form Filing/

Note To Reviewer

Created By:

Westmont Associates on 05/28/2008 08:34 AM

Subject:

Revised Effective Date

Comments:

Dear Ms. Roberts:

I am writing in regard to the above referenced submission, which was approved by your Department effective 6/1/08.

Please note that, due to systems constraints, the Company will not be able to implement this filing until 10/1/08. As such, would it be possible for you to create a revised Disposition Report that reflects an effective date of 10/1/08 so that we may provide the revised report to the Company for their files?

Any assistance you can provide with regard to this request would be greatly appreciated. Thank you for your continued attention to this submission and I look forward to hearing from you soon.

Sincerely,

Jennifer Waldron

Westmont Associates, Inc.

(856) 216-0220

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Commercial General Liability Supplemental Declarations	GL9 05 001	02/08	Declaration Replaced s/Schedule	Replaced Form #:0.00 GL9 05 001 (12/01) Previous Filing #:		GL9 05 001 02 08 (3 Co.).pdf
Approved	Commercial General Liability Supplemental Declarations (Claims Made)	GL9 05 001CM	02/08	Declaration Replaced s/Schedule	Replaced Form #:0.00 GL9 05 001 (12/01) Previous Filing #:		GL9 05 001CM 02 08 (3 Co.).pdf
Approved	Commercial General Liability Schedule	GL9 05 002	02/08	Declaration Replaced s/Schedule	Replaced Form #:0.00 GL9 05 002 (03/97) Previous Filing #:		GL9 05 002 02 08 (3 Co.).pdf
Approved	Commercial General Liability Changes	GL9 05 003	02/08	Declaration Replaced s/Schedule	Replaced Form #:0.00 GL9 05 003 (03/97) Previous Filing #:		GL9 05 003 02 08 (3 Co.).pdf
Approved	Liquor Liability Supplemental Declarations	GL9 05 004	02/08	Declaration Replaced s/Schedule	Replaced Form #:0.00 GL9 05 004 (10/04) Previous Filing #:		GL9 05 004 02 08 (3 Co.).pdf
Approved	Liquor Liability Supplemental Declarations (Claims Made)	GL9 05 004CM	02/08	Declaration Replaced s/Schedule	Replaced Form #:0.00 GL9 05 004 (10/04) Previous Filing #:		GL9 05 004CM 02 08 (3 Co.).pdf
Approved	Owners & Contractors Protective Liability Supplemental Declarations	GL9 05 005	02/08	Declaration Replaced s/Schedule	Replaced Form #:0.00 GL9 05 005 (03/97) Previous Filing #:		GL9 05 005 02 08 (3 Co.).pdf
Approved	Liquor Liability Schedule	GL9 05 007	02/08	Declaration New s/Schedule		0.00	GL9 05 007 02 08 (3

SERFF Tracking Number: WESA-125511211 State: Arkansas
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 Product Name: Commercial General Liability
 Project Name/Number: Commercial General Liability Form Filing/

Approval	Description	Code	Date	Type	Value	File Name
Approved	Liquor Liability Changes	GL9 05 008	02/08	Declaration News/Schedule	0.00	Co.).pdf GL9 05 008 02 08 (3 Co.).pdf
Approved	Products/Completed Operations Schedule	GL9 05 009	02/08	Declaration News/Schedule	0.00	GL9 05 009 02 08 (3 Co.).pdf
Approved	Products/Completed Operations Changes	GL9 05 010	02/08	Declaration News/Schedule	0.00	GL9 05 010 02 08 (3 Co.).pdf
Approved	Owners & Contractors Protective Liability Schedule	GL9 05 011	02/08	Declaration News/Schedule	0.00	GL9 05 011 02 08 (3 Co.).pdf
Approved	Owners & Contractors Protective Liability Changes	GL9 05 012	02/08	Declaration News/Schedule	0.00	GL9 05 012 02 08 (3 Co.).pdf
Approved	Railroad Protective Liability Supplemental Declarations	GL9 05 013	02/08	Declaration Replaced News/Schedule	Replaced Form #:0.00 CG DS 04 07 98 Previous Filing #:	GL9 05 013 02 08 (3 Co.).pdf
Approved	Railroad Protective Liability Schedule	GL9 05 014	02/08	Declaration News/Schedule	0.00	GL9 05 014 02 08 (3 Co.).pdf
Approved	Railroad Protective Liability Changes	GL9 05 015	02/08	Declaration News/Schedule	0.00	GL9 05 015 02 08 (3 Co.).pdf
Approved	Miscellaneous General Liability Schedule	GL9 05 016	02/08	Declaration News/Schedule	0.00	GL9 05 016 02 08 (3 Co.).pdf
Approved	Miscellaneous General Liability Changes	GL9 05 017	02/08	Declaration News/Schedule	0.00	GL9 05 017 02 08 (3 Co.).pdf
Approved	Products Withdrawal Supplemental	GL9 05 018	02/08	Declaration News/Schedule	0.00	GL9 05 018 02 08 (3 Co.).pdf

SERFF Tracking Number: WESA-125511211 State: Arkansas
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 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
 Product Name: Commercial General Liability
 Project Name/Number: Commercial General Liability Form Filing/

Declarations

Approved	Products	GL9 05	02/08	Declaration New	0.00	GL9 05 019
	Withdrawal	019		s/Schedule		02 08 (3
	Schedule					Co.).pdf
Approved	Products	GL9 05	02/08	Declaration New	0.00	GL9 05 020
	Withdrawal	020		s/Schedule		02 08 (3
	Changes					Co.).pdf
Approved	Products/Completed Operations	GL9 05 999	02/08	Declaration Replaced s/Schedule	Replaced Form #:0.00 GL9 05 999 (12/01)	GL9 05 999 02 08 (3 Co.).pdf
	Supplemental Declarations				Previous Filing #:	
Approved	Products/Completed Operations	GL9 05 999	02/08	Declaration Replaced s/Schedule	Replaced Form #:0.00 GL9 05 999 (12/01)	GL9 05 999CM 02 08 (3 Co.).pdf
	Supplemental Declarations (Claims Made)				Previous Filing #:	



**COMMERCIAL GENERAL LIABILITY
SUPPLEMENTAL DECLARATIONS**

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE:

at 12:01 a.m. standard time at your mailing address shown in the Policy
Declarations

DESCRIPTION OF BUSINESS

FORM OF BUSINESS:

BUSINESS DESCRIPTION:

**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	\$	
DAMAGE TO PREMISES RENTED TO YOU LIMIT	\$	Any one premises
MEDICAL EXPENSE LIMIT	\$	Any one person
PERSONAL & ADVERTISING INJURY LIMIT	\$	Any one person or organization
GENERAL AGGREGATE LIMIT	\$	
PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT	\$	

STAMPS (if applicable)

**THESE SUPPLEMENTARY DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS,
COMMON POLICY CONDITIONS AND COVERAGE FORMS AND ENDORSEMENTS, COMPLETE THIS POLICY.**



**COMMERCIAL GENERAL LIABILITY
SUPPLEMENTAL DECLARATIONS
(continued)**

POLICY NUMBER:

FORMS AND ENDORSEMENTS

Forms and Endorsements attached to this policy: See **SCHEDULE OF FORMS AND ENDORSEMENTS**

ALL PREMISES YOU OWN, RENT OR OCCUPY

Location of all premises you own rent or occupy: See **SCHEDULE OF LOCATIONS**

CLASSIFICATIONS AND PREMIUMS

Classifications and premiums: See **COMMERCIAL GENERAL LIABILITY SCHEDULE**

PREMIUM

TOTAL ADVANCE PREMIUM: \$

PREMIUM SHOWN IS PAYABLE:

AUDIT PERIOD

AUDIT PERIOD (if applicable):

**THESE SUPPLEMENTARY DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS,
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**COMMERCIAL GENERAL LIABILITY
SUPPLEMENTAL DECLARATIONS**

POLICY NUMBER:

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PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT	\$	

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**COMMERCIAL GENERAL LIABILITY
SUPPLEMENTAL DECLARATIONS
(continued)**

POLICY NUMBER:

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**COMMERCIAL GENERAL LIABILITY
SUPPLEMENTAL DECLARATIONS**

POLICY NUMBER:

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PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT	\$	

STAMPS (if applicable)

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**COMMERCIAL GENERAL LIABILITY
SUPPLEMENTAL DECLARATIONS
(continued)**

POLICY NUMBER:

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Classifications and premiums: See **COMMERCIAL GENERAL LIABILITY SCHEDULE**

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PREMIUM SHOWN IS PAYABLE:

AUDIT PERIOD

AUDIT PERIOD (if applicable):

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**COMMERCIAL GENERAL LIABILITY
SUPPLEMENTAL DECLARATIONS**

THIS IS A CLAIMS MADE POLICY. PLEASE READ IT CAREFULLY.

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE: at 12:01 a.m. standard time at your mailing address shown in the Policy
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STAMPS (if applicable)

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**COMMERCIAL GENERAL LIABILITY
SUPPLEMENTAL DECLARATIONS
(continued)**

POLICY NUMBER:

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 BELOW.

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

*MO: Retroactive date is required

FORMS AND ENDORSEMENTS

Forms and Endorsements attached to this policy: See **SCHEDULE OF FORMS AND ENDORSEMENTS**

ALL PREMISES YOU OWN, RENT OR OCCUPY

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CLASSIFICATIONS AND PREMIUMS

Classifications and premiums: See **COMMERCIAL GENERAL LIABILITY SCHEDULE**

PREMIUM

TOTAL ADVANCE PREMIUM: \$

PREMIUM SHOWN IS PAYABLE:

AUDIT PERIOD

AUDIT PERIOD (if applicable):

THESE SUPPLEMENTARY DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, COMMON POLICY CONDITIONS AND COVERAGE FORMS AND ENDORSEMENTS, COMPLETE THIS POLICY.

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SUPPLEMENTAL DECLARATIONS**

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**THESE SUPPLEMENTARY DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS,
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SUPPLEMENTAL DECLARATIONS
(continued)**

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ALL PREMISES YOU OWN, RENT OR OCCUPY

Location of all premises you own rent or occupy: See **SCHEDULE OF LOCATIONS**

CLASSIFICATIONS AND PREMIUMS

Classifications and premiums: See **COMMERCIAL GENERAL LIABILITY SCHEDULE**

PREMIUM

TOTAL ADVANCE PREMIUM: \$

PREMIUM SHOWN IS PAYABLE:

AUDIT PERIOD

AUDIT PERIOD (if applicable):

THESE SUPPLEMENTARY DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, COMMON POLICY CONDITIONS AND COVERAGE FORMS AND ENDORSEMENTS, COMPLETE THIS POLICY.



**COMMERCIAL GENERAL LIABILITY
SUPPLEMENTAL DECLARATIONS**

THIS IS A CLAIMS MADE POLICY. PLEASE READ IT CAREFULLY.

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE: at 12:01 a.m. standard time at your mailing address shown in the Policy
Declarations

DESCRIPTION OF BUSINESS

FORM OF BUSINESS:

BUSINESS DESCRIPTION:

**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	\$	
DAMAGE TO PREMISES RENTED TO YOU LIMIT	\$	Any one premises
MEDICAL EXPENSE LIMIT	\$	Any one person
PERSONAL & ADVERTISING INJURY LIMIT	\$	Any one person or organization
GENERAL AGGREGATE LIMIT	\$	
PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT	\$	

STAMPS (if applicable)

**THESE SUPPLEMENTARY DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS,
COMMON POLICY CONDITIONS AND COVERAGE FORMS AND ENDORSEMENTS, COMPLETE THIS POLICY.**



**COMMERCIAL GENERAL LIABILITY
SUPPLEMENTAL DECLARATIONS
(continued)**

POLICY NUMBER:

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 BELOW.

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

*MO: Retroactive date is required

FORMS AND ENDORSEMENTS

Forms and Endorsements attached to this policy: See **SCHEDULE OF FORMS AND ENDORSEMENTS**

ALL PREMISES YOU OWN, RENT OR OCCUPY

Location of all premises you own rent or occupy: See **SCHEDULE OF LOCATIONS**

CLASSIFICATIONS AND PREMIUMS

Classifications and premiums: See **COMMERCIAL GENERAL LIABILITY SCHEDULE**

PREMIUM

TOTAL ADVANCE PREMIUM: \$

PREMIUM SHOWN IS PAYABLE:

AUDIT PERIOD

AUDIT PERIOD (if applicable):

THESE SUPPLEMENTARY DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, COMMON POLICY CONDITIONS AND COVERAGE FORMS AND ENDORSEMENTS, COMPLETE THIS POLICY.

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COMMERCIAL GENERAL LIABILITY SCHEDULE

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE:

at 12:01 a.m. standard time at your mailing address shown in the Policy Declarations

CLASSIFICATIONS AND PREMIUMS									
ST	LOC	BLDG	CODE	PREMIUM BASE			PREMISES OPERATIONS		
CLASSIFICATION:							Exposure	Rate	Advance Premium
							PRODUCTS/COMPLETED OPERATIONS		
CLASSIFICATION:							Exposure	Rate	Advance Premium
							PRODUCTS/COMPLETED OPERATIONS		
ST	LOC	BLDG	CODE	PREMIUM BASE			PREMISES OPERATIONS		
CLASSIFICATION:							Exposure	Rate	Advance Premium
							PRODUCTS/COMPLETED OPERATIONS		
CLASSIFICATION:							Exposure	Rate	Advance Premium
							PRODUCTS/COMPLETED OPERATIONS		
ST	LOC	BLDG	CODE	PREMIUM BASE			PREMISES OPERATIONS		
CLASSIFICATION:							Exposure	Rate	Advance Premium
							PRODUCTS/COMPLETED OPERATIONS		
CLASSIFICATION:							Exposure	Rate	Advance Premium
							PRODUCTS/COMPLETED OPERATIONS		
ST	LOC	BLDG	CODE	PREMIUM BASE			PREMISES OPERATIONS		
CLASSIFICATION:							Exposure	Rate	Advance Premium
							PRODUCTS/COMPLETED OPERATIONS		
CLASSIFICATION:							Exposure	Rate	Advance Premium
							PRODUCTS/COMPLETED OPERATIONS		



COMMERCIAL GENERAL LIABILITY SCHEDULE

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE:

at 12:01 a.m. standard time at your mailing address shown in the Policy
Declarations

CLASSIFICATIONS AND PREMIUMS									
ST	LOC	BLDG	CODE	PREMIUM BASE	PREMISES OPERATIONS				
CLASSIFICATION:					Exposure	Rate	Advance Premium		
					PRODUCTS/COMPLETED OPERATIONS				
					Exposure	Rate	Advance Premium		
ST	LOC	BLDG	CODE	PREMIUM BASE	PREMISES OPERATIONS				
CLASSIFICATION:					Exposure	Rate	Advance Premium		
					PRODUCTS/COMPLETED OPERATIONS				
					Exposure	Rate	Advance Premium		
ST	LOC	BLDG	CODE	PREMIUM BASE	PREMISES OPERATIONS				
CLASSIFICATION:					Exposure	Rate	Advance Premium		
					PRODUCTS/COMPLETED OPERATIONS				
					Exposure	Rate	Advance Premium		
ST	LOC	BLDG	CODE	PREMIUM BASE	PREMISES OPERATIONS				
CLASSIFICATION:					Exposure	Rate	Advance Premium		
					PRODUCTS/COMPLETED OPERATIONS				
					Exposure	Rate	Advance Premium		
ST	LOC	BLDG	CODE	PREMIUM BASE	PREMISES OPERATIONS				
CLASSIFICATION:					Exposure	Rate	Advance Premium		
					PRODUCTS/COMPLETED OPERATIONS				
					Exposure	Rate	Advance Premium		



COMMERCIAL GENERAL LIABILITY SCHEDULE

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE:

at 12:01 a.m. standard time at your mailing address shown in the Policy
Declarations

CLASSIFICATIONS AND PREMIUMS									
ST	LOC	BLDG	CODE	PREMIUM BASE	PREMISES OPERATIONS				
CLASSIFICATION:					Exposure	Rate	Advance Premium		
					PRODUCTS/COMPLETED OPERATIONS				
ST	LOC	BLDG	CODE	PREMIUM BASE	Exposure	Rate	Advance Premium		
CLASSIFICATION:					PRODUCTS/COMPLETED OPERATIONS				
					Exposure	Rate	Advance Premium		
ST	LOC	BLDG	CODE	PREMIUM BASE	PREMISES OPERATIONS				
CLASSIFICATION:					Exposure	Rate	Advance Premium		
					PRODUCTS/COMPLETED OPERATIONS				
ST	LOC	BLDG	CODE	PREMIUM BASE	Exposure	Rate	Advance Premium		
CLASSIFICATION:					PRODUCTS/COMPLETED OPERATIONS				
					Exposure	Rate	Advance Premium		
ST	LOC	BLDG	CODE	PREMIUM BASE	PREMISES OPERATIONS				
CLASSIFICATION:					Exposure	Rate	Advance Premium		
					PRODUCTS/COMPLETED OPERATIONS				
ST	LOC	BLDG	CODE	PREMIUM BASE	Exposure	Rate	Advance Premium		
CLASSIFICATION:					PRODUCTS/COMPLETED OPERATIONS				
					Exposure	Rate	Advance Premium		
ST	LOC	BLDG	CODE	PREMIUM BASE	PREMISES OPERATIONS				
CLASSIFICATION:					Exposure	Rate	Advance Premium		
					PRODUCTS/COMPLETED OPERATIONS				
ST	LOC	BLDG	CODE	PREMIUM BASE	Exposure	Rate	Advance Premium		
CLASSIFICATION:					PRODUCTS/COMPLETED OPERATIONS				
					Exposure	Rate	Advance Premium		



COMMERCIAL GENERAL LIABILITY CHANGES

POLICY NUMBER:

ENDORSEMENT NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE DATE OF CHANGE: at 12:01 a.m. standard time at your mailing address shown in the Policy Declarations

CLASSIFICATIONS AND PREMIUMS

THIS INFORMATION IS:

ST	LOC	BLDG	CODE	PREMIUM BASE	PREMISES OPERATIONS		
CLASSIFICATION:					Exposure	Rate	Advance Premium
					PRODUCTS/COMPLETED OPERATIONS		

THIS INFORMATION IS:

ST	LOC	BLDG	CODE	PREMIUM BASE	PREMISES OPERATIONS		
CLASSIFICATION:					Exposure	Rate	Advance Premium
					PRODUCTS/COMPLETED OPERATIONS		

THIS INFORMATION IS:

ST	LOC	BLDG	CODE	PREMIUM BASE	PREMISES OPERATIONS		
CLASSIFICATION:					Exposure	Rate	Advance Premium
					PRODUCTS/COMPLETED OPERATIONS		

THIS INFORMATION IS:

ST	LOC	BLDG	CODE	PREMIUM BASE	PREMISES OPERATIONS		
CLASSIFICATION:					Exposure	Rate	Advance Premium
					PRODUCTS/COMPLETED OPERATIONS		



COMMERCIAL GENERAL LIABILITY CHANGES

POLICY NUMBER:

ENDORSEMENT NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE DATE OF CHANGE: at 12:01 a.m. standard time at your mailing address shown in the Policy Declarations

CLASSIFICATIONS AND PREMIUMS

THIS INFORMATION IS:

ST	LOC	BLDG	CODE	PREMIUM BASE	PREMISES OPERATIONS		
CLASSIFICATION:					Exposure	Rate	Advance Premium
					PRODUCTS/COMPLETED OPERATIONS		

THIS INFORMATION IS:

ST	LOC	BLDG	CODE	PREMIUM BASE	PREMISES OPERATIONS		
CLASSIFICATION:					Exposure	Rate	Advance Premium
					PRODUCTS/COMPLETED OPERATIONS		

THIS INFORMATION IS:

ST	LOC	BLDG	CODE	PREMIUM BASE	PREMISES OPERATIONS		
CLASSIFICATION:					Exposure	Rate	Advance Premium
					PRODUCTS/COMPLETED OPERATIONS		

THIS INFORMATION IS:

ST	LOC	BLDG	CODE	PREMIUM BASE	PREMISES OPERATIONS		
CLASSIFICATION:					Exposure	Rate	Advance Premium
					PRODUCTS/COMPLETED OPERATIONS		



COMMERCIAL GENERAL LIABILITY CHANGES

POLICY NUMBER:

ENDORSEMENT NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE DATE OF CHANGE: at 12:01 a.m. standard time at your mailing address shown in the Policy Declarations

CLASSIFICATIONS AND PREMIUMS

THIS INFORMATION IS:

ST	LOC	BLDG	CODE	PREMIUM BASE	PREMISES OPERATIONS		
CLASSIFICATION:					Exposure	Rate	Advance Premium
					PRODUCTS/COMPLETED OPERATIONS		

THIS INFORMATION IS:

ST	LOC	BLDG	CODE	PREMIUM BASE	PREMISES OPERATIONS		
CLASSIFICATION:					Exposure	Rate	Advance Premium
					PRODUCTS/COMPLETED OPERATIONS		

THIS INFORMATION IS:

ST	LOC	BLDG	CODE	PREMIUM BASE	PREMISES OPERATIONS		
CLASSIFICATION:					Exposure	Rate	Advance Premium
					PRODUCTS/COMPLETED OPERATIONS		

THIS INFORMATION IS:

ST	LOC	BLDG	CODE	PREMIUM BASE	PREMISES OPERATIONS		
CLASSIFICATION:					Exposure	Rate	Advance Premium
					PRODUCTS/COMPLETED OPERATIONS		



**LIQUOR LIABILITY
SUPPLEMENTAL DECLARATIONS**

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE:

at 12:01 a.m. standard time at your mailing address shown in the Policy
Declarations

DESCRIPTION OF BUSINESS

FORM OF BUSINESS:

BUSINESS DESCRIPTION:

**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 COMMON CAUSE LIMIT

\$

AGGREGATE LIMIT

\$

STAMPS (if applicable)

**THESE SUPPLEMENTAL DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, COMMON
POLICY CONDITIONS AND COVERAGE FORMS AND ENDORSEMENTS, COMPLETE THIS POLICY.**



**LIQUOR LIABILITY
SUPPLEMENTAL DECLARATIONS
(continued)**

POLICY NUMBER:

FORMS AND ENDORSEMENTS

Forms and Endorsements attached to this policy: See **SCHEDULE OF FORMS AND ENDORSEMENTS**

LOCATION OF COVERED OPERATIONS

Location of all premises you own rent or occupy: See **SCHEDULE OF LOCATIONS**

CLASSIFICATIONS AND PREMIUMS

Classifications and premiums: See **LIQUOR LIABILITY SCHEDULE**

PREMIUM

TOTAL ADVANCE PREMIUM: \$

PREMIUM SHOWN IS PAYABLE:

AUDIT PERIOD

AUDIT PERIOD (if applicable):

THESE SUPPLEMENTAL DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, COMMON POLICY CONDITIONS AND COVERAGE FORMS AND ENDORSEMENTS, COMPLETE THIS POLICY.



**LIQUOR LIABILITY
SUPPLEMENTAL DECLARATIONS**

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE:

at 12:01 a.m. standard time at your mailing address shown in the Policy
Declarations

DESCRIPTION OF BUSINESS

FORM OF BUSINESS:

BUSINESS DESCRIPTION:

**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 COMMON CAUSE LIMIT

\$

AGGREGATE LIMIT

\$

STAMPS (if applicable)

**THESE SUPPLEMENTAL DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, COMMON
POLICY CONDITIONS AND COVERAGE FORMS AND ENDORSEMENTS, COMPLETE THIS POLICY.**



**LIQUOR LIABILITY
SUPPLEMENTAL DECLARATIONS
(continued)**

POLICY NUMBER:

FORMS AND ENDORSEMENTS

Forms and Endorsements attached to this policy: See **SCHEDULE OF FORMS AND ENDORSEMENTS**

LOCATION OF COVERED OPERATIONS

Location of all premises you own rent or occupy: See **SCHEDULE OF LOCATIONS**

CLASSIFICATIONS AND PREMIUMS

Classifications and premiums: See **LIQUOR LIABILITY SCHEDULE**

PREMIUM

TOTAL ADVANCE PREMIUM: \$

PREMIUM SHOWN IS PAYABLE:

AUDIT PERIOD

AUDIT PERIOD (if applicable):

THESE SUPPLEMENTAL DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, COMMON POLICY CONDITIONS AND COVERAGE FORMS AND ENDORSEMENTS, COMPLETE THIS POLICY.



**LIQUOR LIABILITY
SUPPLEMENTAL DECLARATIONS**

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE:

at 12:01 a.m. standard time at your mailing address shown in the Policy
Declarations

DESCRIPTION OF BUSINESS

FORM OF BUSINESS:

BUSINESS DESCRIPTION:

**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 COMMON CAUSE LIMIT

\$

AGGREGATE LIMIT

\$

STAMPS (if applicable)

**THESE SUPPLEMENTAL DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, COMMON
POLICY CONDITIONS AND COVERAGE FORMS AND ENDORSEMENTS, COMPLETE THIS POLICY.**



**LIQUOR LIABILITY
SUPPLEMENTAL DECLARATIONS
(continued)**

POLICY NUMBER:

FORMS AND ENDORSEMENTS

Forms and Endorsements attached to this policy: See **SCHEDULE OF FORMS AND ENDORSEMENTS**

LOCATION OF COVERED OPERATIONS

Location of all premises you own rent or occupy: See **SCHEDULE OF LOCATIONS**

CLASSIFICATIONS AND PREMIUMS

Classifications and premiums: See **LIQUOR LIABILITY SCHEDULE**

PREMIUM

TOTAL ADVANCE PREMIUM: \$

PREMIUM SHOWN IS PAYABLE:

AUDIT PERIOD

AUDIT PERIOD (if applicable):

THESE SUPPLEMENTAL DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, COMMON POLICY CONDITIONS AND COVERAGE FORMS AND ENDORSEMENTS, COMPLETE THIS POLICY.



**LIQUOR LIABILITY
SUPPLEMENTAL DECLARATIONS**

THIS IS A CLAIMS MADE POLICY. PLEASE READ IT CAREFULLY.

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE: at 12:01 a.m. standard time at your mailing address shown in the Policy
Declarations

DESCRIPTION OF BUSINESS

FORM OF BUSINESS:

BUSINESS DESCRIPTION:

**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 COMMON CAUSE LIMIT \$

AGGREGATE LIMIT \$

STAMPS (if applicable)

**THESE SUPPLEMENTAL DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, COMMON
POLICY CONDITIONS AND COVERAGE FORMS AND ENDORSEMENTS, COMPLETE THIS POLICY.**



**LIQUOR LIABILITY
SUPPLEMENTAL DECLARATIONS
(continued)**

POLICY NUMBER:

RETROACTIVE DATE (CG 00 34 ONLY)

THIS INSURANCE DOES NOT APPLY TO "INJURY" WHICH OCCURS BEFORE THE RETROACTIVE DATE, IF ANY, SHOWN BELOW.

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

*MO: Retroactive date is required.

FORMS AND ENDORSEMENTS

Forms and Endorsements attached to this policy: See **SCHEDULE OF FORMS AND ENDORSEMENTS**

LOCATION OF COVERED OPERATIONS

Location of all premises you own rent or occupy: See **SCHEDULE OF LOCATIONS**

CLASSIFICATIONS AND PREMIUMS

Classifications and premiums: See **LIQUOR LIABILITY SCHEDULE**

PREMIUM

TOTAL ADVANCE PREMIUM: \$

PREMIUM SHOWN IS PAYABLE:

AUDIT PERIOD

AUDIT PERIOD (if applicable):

THESE SUPPLEMENTAL DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, COMMON POLICY CONDITIONS AND COVERAGE FORMS AND ENDORSEMENTS, COMPLETE THIS POLICY.



**LIQUOR LIABILITY
SUPPLEMENTAL DECLARATIONS**

THIS IS A CLAIMS MADE POLICY. PLEASE READ IT CAREFULLY.

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE: at 12:01 a.m. standard time at your mailing address shown in the Policy
Declarations

DESCRIPTION OF BUSINESS

FORM OF BUSINESS:

BUSINESS DESCRIPTION:

**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 COMMON CAUSE LIMIT \$

AGGREGATE LIMIT \$

STAMPS (if applicable)

**THESE SUPPLEMENTAL DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, COMMON
POLICY CONDITIONS AND COVERAGE FORMS AND ENDORSEMENTS, COMPLETE THIS POLICY.**



**LIQUOR LIABILITY
SUPPLEMENTAL DECLARATIONS
(continued)**

POLICY NUMBER:

RETROACTIVE DATE (CG 00 34 ONLY)

THIS INSURANCE DOES NOT APPLY TO "INJURY" WHICH OCCURS BEFORE THE RETROACTIVE DATE, IF ANY, SHOWN BELOW.

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

*MO: Retroactive date is required.

FORMS AND ENDORSEMENTS

Forms and Endorsements attached to this policy: See **SCHEDULE OF FORMS AND ENDORSEMENTS**

LOCATION OF COVERED OPERATIONS

Location of all premises you own rent or occupy: See **SCHEDULE OF LOCATIONS**

CLASSIFICATIONS AND PREMIUMS

Classifications and premiums: See **LIQUOR LIABILITY SCHEDULE**

PREMIUM

TOTAL ADVANCE PREMIUM: \$

PREMIUM SHOWN IS PAYABLE:

AUDIT PERIOD

AUDIT PERIOD (if applicable):

THESE SUPPLEMENTAL DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, COMMON POLICY CONDITIONS AND COVERAGE FORMS AND ENDORSEMENTS, COMPLETE THIS POLICY.



**LIQUOR LIABILITY
SUPPLEMENTAL DECLARATIONS**

THIS IS A CLAIMS MADE POLICY. PLEASE READ IT CAREFULLY.

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE: at 12:01 a.m. standard time at your mailing address shown in the Policy
Declarations

DESCRIPTION OF BUSINESS

FORM OF BUSINESS:

BUSINESS DESCRIPTION:

**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 COMMON CAUSE LIMIT \$

AGGREGATE LIMIT \$

STAMPS (if applicable)

**THESE SUPPLEMENTAL DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, COMMON
POLICY CONDITIONS AND COVERAGE FORMS AND ENDORSEMENTS, COMPLETE THIS POLICY.**



**LIQUOR LIABILITY
SUPPLEMENTAL DECLARATIONS
(continued)**

POLICY NUMBER:

RETROACTIVE DATE (CG 00 34 ONLY)

THIS INSURANCE DOES NOT APPLY TO "INJURY" WHICH OCCURS BEFORE THE RETROACTIVE DATE, IF ANY, SHOWN BELOW.

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

*MO: Retroactive date is required.

FORMS AND ENDORSEMENTS

Forms and Endorsements attached to this policy: See **SCHEDULE OF FORMS AND ENDORSEMENTS**

LOCATION OF COVERED OPERATIONS

Location of all premises you own rent or occupy: See **SCHEDULE OF LOCATIONS**

CLASSIFICATIONS AND PREMIUMS

Classifications and premiums: See **LIQUOR LIABILITY SCHEDULE**

PREMIUM

TOTAL ADVANCE PREMIUM: \$

PREMIUM SHOWN IS PAYABLE:

AUDIT PERIOD

AUDIT PERIOD (if applicable):

THESE SUPPLEMENTAL DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, COMMON POLICY CONDITIONS AND COVERAGE FORMS AND ENDORSEMENTS, COMPLETE THIS POLICY.



**OWNERS AND CONTRACTORS PROTECTIVE LIABILITY
SUPPLEMENTAL DECLARATIONS**

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE:

at 12:01 a.m. standard time at your mailing address shown in the Policy
Declarations

DESCRIPTION OF BUSINESS

FORM OF BUSINESS:

BUSINESS DESCRIPTION:

LIMITS OF INSURANCE

EACH OCCURRENCE LIMIT

\$

AGGREGATE LIMIT

\$

STAMPS (if applicable)

THESE SUPPLEMENTAL DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ENDORSEMENTS, COMPLETE THIS POLICY.



**OWNERS AND CONTRACTORS PROTECTIVE LIABILITY
SUPPLEMENTAL DECLARATIONS
(continued)**

POLICY NUMBER:

DESIGNATED CONTRACTOR

DESIGNATED CONTRACTOR
NAME:

MAILING ADDRESS:

FORMS AND ENDORSEMENTS

Forms and Endorsements attached to this policy: See **SCHEDULE OF FORMS AND ENDORSEMENTS**

LOCATION OF COVERED OPERATIONS

Location of all covered operation: See **SCHEDULE OF LOCATIONS**

CLASSIFICATIONS AND PREMIUMS

Classifications and premiums: See **OWNERS AND CONTRACTORS PROTECTIVE LIABILITY SCHEDULE**

PREMIUM

TOTAL ADVANCE PREMIUM: \$

PREMIUM SHOWN IS PAYABLE:

AUDIT PERIOD

AUDIT PERIOD (if applicable):

THESE SUPPLEMENTAL DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ENDORSEMENTS, COMPLETE THIS POLICY.



**OWNERS AND CONTRACTORS PROTECTIVE LIABILITY
SUPPLEMENTAL DECLARATIONS**

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE:

at 12:01 a.m. standard time at your mailing address shown in the Policy
Declarations

DESCRIPTION OF BUSINESS

FORM OF BUSINESS:

BUSINESS DESCRIPTION:

LIMITS OF INSURANCE

EACH OCCURRENCE LIMIT

\$

AGGREGATE LIMIT

\$

STAMPS (if applicable)

THESE SUPPLEMENTAL DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ENDORSEMENTS, COMPLETE THIS POLICY.



**OWNERS AND CONTRACTORS PROTECTIVE LIABILITY
SUPPLEMENTAL DECLARATIONS
(continued)**

POLICY NUMBER:

DESIGNATED CONTRACTOR

DESIGNATED CONTRACTOR
NAME:

MAILING ADDRESS:

FORMS AND ENDORSEMENTS

Forms and Endorsements attached to this policy: See **SCHEDULE OF FORMS AND ENDORSEMENTS**

LOCATION OF COVERED OPERATIONS

Location of all covered operation: See **SCHEDULE OF LOCATIONS**

CLASSIFICATIONS AND PREMIUMS

Classifications and premiums: See **OWNERS AND CONTRACTORS PROTECTIVE LIABILITY SCHEDULE**

PREMIUM

TOTAL ADVANCE PREMIUM: \$

PREMIUM SHOWN IS PAYABLE:

AUDIT PERIOD

AUDIT PERIOD (if applicable):

THESE SUPPLEMENTAL DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ENDORSEMENTS, COMPLETE THIS POLICY.



**OWNERS AND CONTRACTORS PROTECTIVE LIABILITY
SUPPLEMENTAL DECLARATIONS**

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE: at 12:01 a.m. standard time at your mailing address shown in the Policy
Declarations

DESCRIPTION OF BUSINESS

FORM OF BUSINESS:

BUSINESS DESCRIPTION:

LIMITS OF INSURANCE

EACH OCCURRENCE LIMIT \$

AGGREGATE LIMIT \$

STAMPS (if applicable)

THESE SUPPLEMENTAL DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ENDORSEMENTS, COMPLETE THIS POLICY.



**OWNERS AND CONTRACTORS PROTECTIVE LIABILITY
SUPPLEMENTAL DECLARATIONS
(continued)**

POLICY NUMBER:

DESIGNATED CONTRACTOR

DESIGNATED CONTRACTOR
NAME:

MAILING ADDRESS:

FORMS AND ENDORSEMENTS

Forms and Endorsements attached to this policy: See **SCHEDULE OF FORMS AND ENDORSEMENTS**

LOCATION OF COVERED OPERATIONS

Location of all covered operation: See **SCHEDULE OF LOCATIONS**

CLASSIFICATIONS AND PREMIUMS

Classifications and premiums: See **OWNERS AND CONTRACTORS PROTECTIVE LIABILITY SCHEDULE**

PREMIUM

TOTAL ADVANCE PREMIUM: \$

PREMIUM SHOWN IS PAYABLE:

AUDIT PERIOD

AUDIT PERIOD (if applicable):

THESE SUPPLEMENTAL DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ENDORSEMENTS, COMPLETE THIS POLICY.



LIQUOR LIABILITY SCHEDULE

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE:

at 12:01 a.m. standard time at your mailing address shown in the Policy Declarations

CLASSIFICATIONS AND PREMIUMS							
ST	LOC	BLDG	CODE	PREMIUM BASE	EXPOSURE	RATE	ADVANCE PREMIUM
CLASSIFICATION:							
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ST	LOC	BLDG	CODE	PREMIUM BASE	EXPOSURE	RATE	ADVANCE PREMIUM
CLASSIFICATION:							

CLASSIFICATION:



LIQUOR LIABILITY SCHEDULE

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE:

at 12:01 a.m. standard time at your mailing address shown in the Policy
Declarations

CLASSIFICATIONS AND PREMIUMS							
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LIQUOR LIABILITY SCHEDULE

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ST	LOC	BLDG	CODE	PREMIUM BASE	EXPOSURE	RATE	ADVANCE PREMIUM
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CLASSIFICATION:



LIQUOR LIABILITY CHANGES

POLICY NUMBER:

ENDORSEMENT NUMBER:

NAMED INSURED:

PRODUCER NAME:

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LIQUOR LIABILITY CHANGES

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LIQUOR LIABILITY CHANGES

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CLASSIFICATION:



PRODUCTS/COMPLETED OPERATIONS SCHEDULE

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE:

at 12:01 a.m. standard time at your mailing address shown in the Policy
Declarations

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PRODUCTS/COMPLETED OPERATIONS SCHEDULE

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PRODUCTS/COMPLETED OPERATIONS CHANGES

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PRODUCTS/COMPLETED OPERATIONS CHANGES

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PRODUCTS/COMPLETED OPERATIONS CHANGES

POLICY NUMBER:

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ST	CODE	PREMIUM BASE	EXPOSURE	RATE	ADVANCE PREMIUM
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CLASSIFICATION:



OWNERS AND CONTRACTORS PROTECTIVE LIABILITY SCHEDULE

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE:

at 12:01 a.m. standard time at your mailing address shown in the Policy Declarations

CLASSIFICATIONS AND PREMIUMS

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ST	LOC	BLDG	CODE	PREMIUM BASE	EXPOSURE	RATE	ADVANCE PREMIUM
CLASSIFICATION:							

CLASSIFICATION:

TRANS PACIFIC INSURANCE COMPANY



OWNERS AND CONTRACTORS PROTECTIVE LIABILITY SCHEDULE

POLICY NUMBER:

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PRODUCER NAME:

PRODUCER CODE:

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at 12:01 a.m. standard time at your mailing address shown in the Policy Declarations

CLASSIFICATIONS AND PREMIUMS

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OWNERS AND CONTRACTORS PROTECTIVE LIABILITY SCHEDULE

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OWNERS AND CONTRACTORS PROTECTIVE LIABILITY CHANGES

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OWNERS AND CONTRACTORS PROTECTIVE LIABILITY CHANGES

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**RAILROAD PROTECTIVE LIABILITY
SUPPLEMENTAL DECLARATIONS**

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE:

at 12:01 a.m. standard time at your mailing address shown in the Policy
Declarations

DESCRIPTION OF BUSINESS

FORM OF BUSINESS:

BUSINESS DESCRIPTION:

**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

\$

AGGREGATE LIMIT

\$

STAMPS (if applicable)

**THESE SUPPLEMENTAL DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, COMMON
POLICY CONDITIONS AND COVERAGE FORMS AND ENDORSEMENTS, COMPLETE THIS POLICY.**



**RAILROAD PROTECTIVE LIABILITY
SUPPLEMENTAL DECLARATIONS
(continued)**

POLICY NUMBER:

DESIGNATED CONTRACTOR

DESIGNATED CONTRACTOR
NAME:

MAILING ADDRESS:

INVOLVED GOVERNMENTAL AUTHORITY OR OTHER CONTRACTING PARTY

NAME:

MAILING ADDRESS:

FORMS AND ENDORSEMENTS

Forms and Endorsements attached to this policy: See **SCHEDULE OF FORMS AND ENDORSEMENTS**

JOB LOCATION

Job Location: See **SCHEDULE OF LOCATIONS**

CLASSIFICATIONS AND PREMIUMS

Classifications and premiums: See **RAILROAD PROTECTIVE LIABILITY SCHEDULE**

PREMIUM

TOTAL ADVANCE PREMIUM: \$

PREMIUM SHOWN IS PAYABLE:

AUDIT PERIOD

AUDIT PERIOD (if applicable):

THESE SUPPLEMENTAL DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, COMMON POLICY CONDITIONS AND COVERAGE FORMS AND ENDORSEMENTS, COMPLETE THIS POLICY.



**RAILROAD PROTECTIVE LIABILITY
SUPPLEMENTAL DECLARATIONS**

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE:

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DESCRIPTION OF BUSINESS

FORM OF BUSINESS:

BUSINESS DESCRIPTION:

**IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE
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LIMITS OF INSURANCE

EACH OCCURRENCE LIMIT

\$

AGGREGATE LIMIT

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STAMPS (if applicable)

**THESE SUPPLEMENTAL DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, COMMON
POLICY CONDITIONS AND COVERAGE FORMS AND ENDORSEMENTS, COMPLETE THIS POLICY.**



**RAILROAD PROTECTIVE LIABILITY
SUPPLEMENTAL DECLARATIONS
(continued)**

POLICY NUMBER:

DESIGNATED CONTRACTOR

DESIGNATED CONTRACTOR
NAME:

MAILING ADDRESS:

INVOLVED GOVERNMENTAL AUTHORITY OR OTHER CONTRACTING PARTY

NAME:

MAILING ADDRESS:

FORMS AND ENDORSEMENTS

Forms and Endorsements attached to this policy: See **SCHEDULE OF FORMS AND ENDORSEMENTS**

JOB LOCATION

Job Location: See **SCHEDULE OF LOCATIONS**

CLASSIFICATIONS AND PREMIUMS

Classifications and premiums: See **RAILROAD PROTECTIVE LIABILITY SCHEDULE**

PREMIUM

TOTAL ADVANCE PREMIUM: \$

PREMIUM SHOWN IS PAYABLE:

AUDIT PERIOD

AUDIT PERIOD (if applicable):

THESE SUPPLEMENTAL DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, COMMON POLICY CONDITIONS AND COVERAGE FORMS AND ENDORSEMENTS, COMPLETE THIS POLICY.



**RAILROAD PROTECTIVE LIABILITY
SUPPLEMENTAL DECLARATIONS**

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

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BUSINESS DESCRIPTION:

**IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE
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LIMITS OF INSURANCE

EACH OCCURRENCE LIMIT

\$

AGGREGATE LIMIT

\$

STAMPS (if applicable)

**THESE SUPPLEMENTAL DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, COMMON
POLICY CONDITIONS AND COVERAGE FORMS AND ENDORSEMENTS, COMPLETE THIS POLICY.**



**RAILROAD PROTECTIVE LIABILITY
SUPPLEMENTAL DECLARATIONS
(continued)**

POLICY NUMBER:

DESIGNATED CONTRACTOR

DESIGNATED CONTRACTOR
NAME:

MAILING ADDRESS:

INVOLVED GOVERNMENTAL AUTHORITY OR OTHER CONTRACTING PARTY

NAME:

MAILING ADDRESS:

FORMS AND ENDORSEMENTS

Forms and Endorsements attached to this policy: See **SCHEDULE OF FORMS AND ENDORSEMENTS**

JOB LOCATION

Job Location: See **SCHEDULE OF LOCATIONS**

CLASSIFICATIONS AND PREMIUMS

Classifications and premiums: See **RAILROAD PROTECTIVE LIABILITY SCHEDULE**

PREMIUM

TOTAL ADVANCE PREMIUM: \$

PREMIUM SHOWN IS PAYABLE:

AUDIT PERIOD

AUDIT PERIOD (if applicable):

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RAILROAD PROTECTIVE LIABILITY SCHEDULE

POLICY NUMBER:

NAMED INSURED:

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RAILROAD PROTECTIVE LIABILITY SCHEDULE

POLICY NUMBER:

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ST	LOC	BLDG	CODE	PREMIUM BASE	EXPOSURE	RATE	ADVANCE PREMIUM
CLASSIFICATION:							
ST	LOC	BLDG	CODE	PREMIUM BASE	EXPOSURE	RATE	ADVANCE PREMIUM
CLASSIFICATION:							
ST	LOC	BLDG	CODE	PREMIUM BASE	EXPOSURE	RATE	ADVANCE PREMIUM
CLASSIFICATION:							

CLASSIFICATION:



RAILROAD PROTECTIVE LIABILITY SCHEDULE

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE:

at 12:01 a.m. standard time at your mailing address shown in the Policy
Declarations

CLASSIFICATIONS AND PREMIUMS

ST	LOC	BLDG	CODE	PREMIUM BASE	EXPOSURE	RATE	ADVANCE PREMIUM
CLASSIFICATION:							
ST	LOC	BLDG	CODE	PREMIUM BASE	EXPOSURE	RATE	ADVANCE PREMIUM
CLASSIFICATION:							
ST	LOC	BLDG	CODE	PREMIUM BASE	EXPOSURE	RATE	ADVANCE PREMIUM
CLASSIFICATION:							
ST	LOC	BLDG	CODE	PREMIUM BASE	EXPOSURE	RATE	ADVANCE PREMIUM
CLASSIFICATION:							
ST	LOC	BLDG	CODE	PREMIUM BASE	EXPOSURE	RATE	ADVANCE PREMIUM
CLASSIFICATION:							
ST	LOC	BLDG	CODE	PREMIUM BASE	EXPOSURE	RATE	ADVANCE PREMIUM
CLASSIFICATION:							
ST	LOC	BLDG	CODE	PREMIUM BASE	EXPOSURE	RATE	ADVANCE PREMIUM
CLASSIFICATION:							
ST	LOC	BLDG	CODE	PREMIUM BASE	EXPOSURE	RATE	ADVANCE PREMIUM
CLASSIFICATION:							

CLASSIFICATION:



RAILROAD PROTECTIVE LIABILITY CHANGES

POLICY NUMBER:

ENDORSEMENT NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE DATE OF CHANGE: at 12:01 a.m. standard time at your mailing address shown in the Policy Declarations

CLASSIFICATIONS AND PREMIUMS

THIS INFORMATION IS:

ST	LOC	BLDG	CODE	PREMIUM BASE	EXPOSURE	RATE	ADVANCE PREMIUM
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CLASSIFICATION:

THIS INFORMATION IS:

ST	LOC	BLDG	CODE	PREMIUM BASE	EXPOSURE	RATE	ADVANCE PREMIUM
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CLASSIFICATION:

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CLASSIFICATION:



RAILROAD PROTECTIVE LIABILITY CHANGES

POLICY NUMBER:

ENDORSEMENT NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE DATE OF CHANGE: at 12:01 a.m. standard time at your mailing address shown in the Policy Declarations

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THIS INFORMATION IS:

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CLASSIFICATION:

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CLASSIFICATION:

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CLASSIFICATION:



RAILROAD PROTECTIVE LIABILITY CHANGES

POLICY NUMBER:

ENDORSEMENT NUMBER:

NAMED INSURED:

PRODUCER NAME:

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EFFECTIVE DATE OF CHANGE: at 12:01 a.m. standard time at your mailing address shown in the Policy Declarations

CLASSIFICATIONS AND PREMIUMS

THIS INFORMATION IS:

ST	LOC	BLDG	CODE	PREMIUM BASE	EXPOSURE	RATE	ADVANCE PREMIUM
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CLASSIFICATION:

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CLASSIFICATION:

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CLASSIFICATION:

THIS INFORMATION IS:

ST	LOC	BLDG	CODE	PREMIUM BASE	EXPOSURE	RATE	ADVANCE PREMIUM
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CLASSIFICATION:



MISCELLANEOUS GENERAL LIABILITY SCHEDULE

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE:

at 12:01 a.m. standard time at your mailing address shown in the Policy
Declarations

COVERAGES AND PREMIUMS

ST	LOC	BLD G	CODE	PREMIUM BASE	EXPOSURE	ADVANCE PREMIUM
COVERAGE:						
ST	LOC	BLD G	CODE	PREMIUM BASE	EXPOSURE	ADVANCE PREMIUM
COVERAGE:						
ST	LOC	BLD G	CODE	PREMIUM BASE	EXPOSURE	ADVANCE PREMIUM
COVERAGE:						
ST	LOC	BLD G	CODE	PREMIUM BASE	EXPOSURE	ADVANCE PREMIUM
COVERAGE:						
ST	LOC	BLD G	CODE	PREMIUM BASE	EXPOSURE	ADVANCE PREMIUM
COVERAGE:						
ST	LOC	BLD G	CODE	PREMIUM BASE	EXPOSURE	ADVANCE PREMIUM
COVERAGE:						



MISCELLANEOUS GENERAL LIABILITY SCHEDULE

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE:

at 12:01 a.m. standard time at your mailing address shown in the Policy
Declarations

COVERAGES AND PREMIUMS

ST	LOC	BLD G	CODE	PREMIUM BASE	EXPOSURE	ADVANCE PREMIUM
COVERAGE:						
ST	LOC	BLD G	CODE	PREMIUM BASE	EXPOSURE	ADVANCE PREMIUM
COVERAGE:						
ST	LOC	BLD G	CODE	PREMIUM BASE	EXPOSURE	ADVANCE PREMIUM
COVERAGE:						
ST	LOC	BLD G	CODE	PREMIUM BASE	EXPOSURE	ADVANCE PREMIUM
COVERAGE:						
ST	LOC	BLD G	CODE	PREMIUM BASE	EXPOSURE	ADVANCE PREMIUM
COVERAGE:						
ST	LOC	BLD G	CODE	PREMIUM BASE	EXPOSURE	ADVANCE PREMIUM
COVERAGE:						



MISCELLANEOUS GENERAL LIABILITY SCHEDULE

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

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Declarations

COVERAGES AND PREMIUMS

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COVERAGE:						
ST	LOC	BLD G	CODE	PREMIUM BASE	EXPOSURE	ADVANCE PREMIUM
COVERAGE:						
ST	LOC	BLD G	CODE	PREMIUM BASE	EXPOSURE	ADVANCE PREMIUM
COVERAGE:						
ST	LOC	BLD G	CODE	PREMIUM BASE	EXPOSURE	ADVANCE PREMIUM
COVERAGE:						
ST	LOC	BLD G	CODE	PREMIUM BASE	EXPOSURE	ADVANCE PREMIUM
COVERAGE:						
ST	LOC	BLD G	CODE	PREMIUM BASE	EXPOSURE	ADVANCE PREMIUM
COVERAGE:						



MISCELLANEOUS GENERAL LIABILITY CHANGES

POLICY NUMBER:

ENDORSEMENT NUMBER:

NAMED INSURED:

PRODUCER NAME:

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EFFECTIVE DATE OF CHANGE: at 12:01 a.m. standard time at your mailing address shown in the Policy Declarations

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COVERAGE:

THIS INFORMATION IS:

ST	LOC	BLD G	CODE	PREMIUM BASE	EXPOSURE	ADVANCE PREMIUM

COVERAGE:

THIS INFORMATION IS:

ST	LOC	BLD G	CODE	PREMIUM BASE	EXPOSURE	ADVANCE PREMIUM

COVERAGE:

THIS INFORMATION IS:

ST	LOC	BLD G	CODE	PREMIUM BASE	EXPOSURE	ADVANCE PREMIUM

COVERAGE:

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MISCELLANEOUS GENERAL LIABILITY CHANGES

POLICY NUMBER:

ENDORSEMENT NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE DATE OF CHANGE: at 12:01 a.m. standard time at your mailing address shown in the Policy Declarations

CLASSIFICATIONS AND PREMIUMS

THIS INFORMATION IS:

ST	LOC	BLD G	CODE	PREMIUM BASE	EXPOSURE	ADVANCE PREMIUM
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COVERAGE:

THIS INFORMATION IS:

ST	LOC	BLD G	CODE	PREMIUM BASE	EXPOSURE	ADVANCE PREMIUM
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COVERAGE:

THIS INFORMATION IS:

ST	LOC	BLD G	CODE	PREMIUM BASE	EXPOSURE	ADVANCE PREMIUM
----	-----	----------	------	--------------	----------	-----------------

COVERAGE:

THIS INFORMATION IS:

ST	LOC	BLD G	CODE	PREMIUM BASE	EXPOSURE	ADVANCE PREMIUM
----	-----	----------	------	--------------	----------	-----------------

COVERAGE:

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MISCELLANEOUS GENERAL LIABILITY CHANGES

POLICY NUMBER:

ENDORSEMENT NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

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THIS INFORMATION IS:

ST	LOC	BLD G	CODE	PREMIUM BASE	EXPOSURE	ADVANCE PREMIUM

COVERAGE:

THIS INFORMATION IS:

ST	LOC	BLD G	CODE	PREMIUM BASE	EXPOSURE	ADVANCE PREMIUM

COVERAGE:

THIS INFORMATION IS:

ST	LOC	BLD G	CODE	PREMIUM BASE	EXPOSURE	ADVANCE PREMIUM

COVERAGE:

THIS INFORMATION IS:

ST	LOC	BLD G	CODE	PREMIUM BASE	EXPOSURE	ADVANCE PREMIUM

COVERAGE:

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**PRODUCTS WITHDRAWAL
SUPPLEMENTAL DECLARATIONS**

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE: at 12:01 a.m. standard time at your mailing address shown in the Policy
Declarations

DESCRIPTION OF BUSINESS

FORM OF BUSINESS:

BUSINESS DESCRIPTION:

**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

AGGREGATE LIMIT

\$

CUT-OFF DATE

STAMPS (if applicable)

**THESE SUPPLEMENTAL DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, COMMON
POLICY CONDITIONS AND COVERAGE FORM(S) AND ENDORSEMENTS, COMPLETE THIS POLICY.**



**PRODUCTS WITHDRAWAL
SUPPLEMENTAL DECLARATIONS**

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE: at 12:01 a.m. standard time at your mailing address shown in the Policy
Declarations

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FORM OF BUSINESS:

BUSINESS DESCRIPTION:

**IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE
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LIMITS OF INSURANCE

AGGREGATE LIMIT

\$

CUT-OFF DATE

STAMPS (if applicable)

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**PRODUCTS WITHDRAWAL
SUPPLEMENTAL DECLARATIONS**

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE: at 12:01 a.m. standard time at your mailing address shown in the Policy
Declarations

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FORM OF BUSINESS:

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AGGREGATE LIMIT

\$

CUT-OFF DATE

STAMPS (if applicable)

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POLICY CONDITIONS AND COVERAGE FORM(S) AND ENDORSEMENTS, COMPLETE THIS POLICY.**



PRODUCTS WITHDRAWAL SCHEDULE

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE:

at 12:01 a.m. standard time at your mailing address shown in the Policy
Declarations

CLASSIFICATIONS AND PREMIUMS					
ST	CODE	PREMIUM BASE	EXPOSURE	RATE	ADVANCE PREMIUM
CLASSIFICATION:					
ST	CODE	PREMIUM BASE	EXPOSURE	RATE	ADVANCE PREMIUM
CLASSIFICATION:					
ST	CODE	PREMIUM BASE	EXPOSURE	RATE	ADVANCE PREMIUM
CLASSIFICATION:					
ST	CODE	PREMIUM BASE	EXPOSURE	RATE	ADVANCE PREMIUM
CLASSIFICATION:					
ST	CODE	PREMIUM BASE	EXPOSURE	RATE	ADVANCE PREMIUM
CLASSIFICATION:					
ST	CODE	PREMIUM BASE	EXPOSURE	RATE	ADVANCE PREMIUM
CLASSIFICATION:					



PRODUCTS WITHDRAWAL SCHEDULE

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE:

at 12:01 a.m. standard time at your mailing address shown in the Policy
Declarations

CLASSIFICATIONS AND PREMIUMS					
ST	CODE	PREMIUM BASE	EXPOSURE	RATE	ADVANCE PREMIUM
CLASSIFICATION:					
ST	CODE	PREMIUM BASE	EXPOSURE	RATE	ADVANCE PREMIUM
CLASSIFICATION:					
ST	CODE	PREMIUM BASE	EXPOSURE	RATE	ADVANCE PREMIUM
CLASSIFICATION:					
ST	CODE	PREMIUM BASE	EXPOSURE	RATE	ADVANCE PREMIUM
CLASSIFICATION:					
ST	CODE	PREMIUM BASE	EXPOSURE	RATE	ADVANCE PREMIUM
CLASSIFICATION:					
ST	CODE	PREMIUM BASE	EXPOSURE	RATE	ADVANCE PREMIUM
CLASSIFICATION:					



PRODUCTS WITHDRAWAL SCHEDULE

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE:

at 12:01 a.m. standard time at your mailing address shown in the Policy
Declarations

CLASSIFICATIONS AND PREMIUMS					
ST	CODE	PREMIUM BASE	EXPOSURE	RATE	ADVANCE PREMIUM
CLASSIFICATION:					
ST	CODE	PREMIUM BASE	EXPOSURE	RATE	ADVANCE PREMIUM
CLASSIFICATION:					
ST	CODE	PREMIUM BASE	EXPOSURE	RATE	ADVANCE PREMIUM
CLASSIFICATION:					
ST	CODE	PREMIUM BASE	EXPOSURE	RATE	ADVANCE PREMIUM
CLASSIFICATION:					
ST	CODE	PREMIUM BASE	EXPOSURE	RATE	ADVANCE PREMIUM
CLASSIFICATION:					
ST	CODE	PREMIUM BASE	EXPOSURE	RATE	ADVANCE PREMIUM
CLASSIFICATION:					



PRODUCTS WITHDRAWAL CHANGES

POLICY NUMBER:

ENDORSEMENT NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE DATE OF CHANGE: at 12:01 a.m. standard time at your mailing address shown in the Policy Declarations

CLASSIFICATIONS AND PREMIUMS

THIS INFORMATION IS:

ST	CODE	PREMIUM BASE	EXPOSURE	RATE	ADVANCE PREMIUM
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CLASSIFICATION:

THIS INFORMATION IS:

ST	CODE	PREMIUM BASE	EXPOSURE	RATE	ADVANCE PREMIUM
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CLASSIFICATION:

THIS INFORMATION IS:

ST	CODE	PREMIUM BASE	EXPOSURE	RATE	ADVANCE PREMIUM
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CLASSIFICATION:

THIS INFORMATION IS:

ST	CODE	PREMIUM BASE	EXPOSURE	RATE	ADVANCE PREMIUM
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CLASSIFICATION:



PRODUCTS WITHDRAWAL CHANGES

POLICY NUMBER:

ENDORSEMENT NUMBER:

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CLASSIFICATIONS AND PREMIUMS

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ST	CODE	PREMIUM BASE	EXPOSURE	RATE	ADVANCE PREMIUM
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CLASSIFICATION:

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ST	CODE	PREMIUM BASE	EXPOSURE	RATE	ADVANCE PREMIUM
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CLASSIFICATION:

THIS INFORMATION IS:

ST	CODE	PREMIUM BASE	EXPOSURE	RATE	ADVANCE PREMIUM
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CLASSIFICATION:

THIS INFORMATION IS:

ST	CODE	PREMIUM BASE	EXPOSURE	RATE	ADVANCE PREMIUM
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CLASSIFICATION:



PRODUCTS WITHDRAWAL CHANGES

POLICY NUMBER:

ENDORSEMENT NUMBER:

NAMED INSURED:

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CLASSIFICATIONS AND PREMIUMS

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CLASSIFICATION:

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ST	CODE	PREMIUM BASE	EXPOSURE	RATE	ADVANCE PREMIUM
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CLASSIFICATION:

THIS INFORMATION IS:

ST	CODE	PREMIUM BASE	EXPOSURE	RATE	ADVANCE PREMIUM
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CLASSIFICATION:



**PRODUCTS/COMPLETED OPERATIONS LIABILITY
SUPPLEMENTAL DECLARATIONS**

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE: at 12:01 a.m. standard time at your mailing address shown in the Policy
Declarations

DESCRIPTION OF BUSINESS

FORM OF BUSINESS:

BUSINESS DESCRIPTION:

**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

\$

AGGREGATE LIMIT

\$

STAMPS (if applicable)

**THESE SUPPLEMENTAL DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, COMMON
POLICY CONDITIONS AND COVERAGE FORM(S) AND ENDORSEMENTS, COMPLETE THIS POLICY.**



**PRODUCTS/COMPLETED OPERATIONS LIABILITY
SUPPLEMENTAL DECLARATIONS
(continued)**

POLICY NUMBER:

FORMS AND ENDORSEMENTS

Forms and Endorsements attached to this policy: See **SCHEDULE OF FORMS AND ENDORSEMENTS**

CLASSIFICATIONS AND PREMIUMS

Classifications and premiums: See **PRODUCTS/COMPLETED OPERATIONS SCHEDULE**

PREMIUM

TOTAL ADVANCE PREMIUM: \$

PREMIUM SHOWN IS PAYABLE:

AUDIT PERIOD

AUDIT PERIOD (if applicable):

THESE SUPPLEMENTAL DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ENDORSEMENTS, COMPLETE THIS POLICY.



**PRODUCTS/COMPLETED OPERATIONS LIABILITY
SUPPLEMENTAL DECLARATIONS**

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE: at 12:01 a.m. standard time at your mailing address shown in the Policy
Declarations

DESCRIPTION OF BUSINESS

FORM OF BUSINESS:

BUSINESS DESCRIPTION:

**IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE
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LIMITS OF INSURANCE

EACH OCCURRENCE LIMIT

\$

AGGREGATE LIMIT

\$

STAMPS (if applicable)

**THESE SUPPLEMENTAL DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, COMMON
POLICY CONDITIONS AND COVERAGE FORM(S) AND ENDORSEMENTS, COMPLETE THIS POLICY.**



**PRODUCTS/COMPLETED OPERATIONS LIABILITY
SUPPLEMENTAL DECLARATIONS
(continued)**

POLICY NUMBER:

FORMS AND ENDORSEMENTS

Forms and Endorsements attached to this policy: See **SCHEDULE OF FORMS AND ENDORSEMENTS**

CLASSIFICATIONS AND PREMIUMS

Classifications and premiums: See **PRODUCTS/COMPLETED OPERATIONS SCHEDULE**

PREMIUM

TOTAL ADVANCE PREMIUM: \$

PREMIUM SHOWN IS PAYABLE:

AUDIT PERIOD

AUDIT PERIOD (if applicable):

THESE SUPPLEMENTAL DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ENDORSEMENTS, COMPLETE THIS POLICY.



**PRODUCTS/COMPLETED OPERATIONS LIABILITY
SUPPLEMENTAL DECLARATIONS**

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE:

at 12:01 a.m. standard time at your mailing address shown in the Policy
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DESCRIPTION OF BUSINESS

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BUSINESS DESCRIPTION:

**IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE
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LIMITS OF INSURANCE

EACH OCCURRENCE LIMIT

\$

AGGREGATE LIMIT

\$

STAMPS (if applicable)

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POLICY CONDITIONS AND COVERAGE FORM(S) AND ENDORSEMENTS, COMPLETE THIS POLICY.**



**PRODUCTS/COMPLETED OPERATIONS LIABILITY
SUPPLEMENTAL DECLARATIONS
(continued)**

POLICY NUMBER:

FORMS AND ENDORSEMENTS

Forms and Endorsements attached to this policy: See **SCHEDULE OF FORMS AND ENDORSEMENTS**

CLASSIFICATIONS AND PREMIUMS

Classifications and premiums: See **PRODUCTS/COMPLETED OPERATIONS SCHEDULE**

PREMIUM

TOTAL ADVANCE PREMIUM: \$

PREMIUM SHOWN IS PAYABLE:

AUDIT PERIOD

AUDIT PERIOD (if applicable):

THESE SUPPLEMENTAL DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ENDORSEMENTS, COMPLETE THIS POLICY.



**PRODUCTS/COMPLETED OPERATIONS LIABILITY
SUPPLEMENTAL DECLARATIONS**

THIS IS A CLAIMS MADE POLICY. PLEASE READ IT CAREFULLY.

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE:

at 12:01 a.m. standard time at your mailing address shown in the Policy
Declarations

DESCRIPTION OF BUSINESS

FORM OF BUSINESS:

BUSINESS DESCRIPTION:

**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

\$

AGGREGATE LIMIT

\$

STAMPS (if applicable)

**THESE SUPPLEMENTAL DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, COMMON
POLICY CONDITIONS AND COVERAGE FORM(S) AND ENDORSEMENTS, COMPLETE THIS POLICY.**



**PRODUCTS/COMPLETED OPERATIONS LIABILITY
SUPPLEMENTAL DECLARATIONS
(continued)**

POLICY NUMBER:

RETROACTIVE DATE (CG 00 38 ONLY)

THIS INSURANCE DOES NOT APPLY TO "BODILY INJURY" OR "PROPERTY DAMAGE" WHICH OCCURS BEFORE THE RETROACTIVE DATE, IF ANY, SHOWN BELOW.

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

*MO: Retroactive date is required

FORMS AND ENDORSEMENTS

Forms and Endorsements attached to this policy: See **SCHEDULE OF FORMS AND ENDORSEMENTS**

CLASSIFICATIONS AND PREMIUMS

Classifications and premiums: See **PRODUCTS/COMPLETED OPERATIONS SCHEDULE**

PREMIUM

TOTAL ADVANCE PREMIUM: \$

PREMIUM SHOWN IS PAYABLE:

AUDIT PERIOD

AUDIT PERIOD (if applicable):

THESE SUPPLEMENTAL DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ENDORSEMENTS, COMPLETE THIS POLICY.

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**PRODUCTS/COMPLETED OPERATIONS LIABILITY
SUPPLEMENTAL DECLARATIONS**

THIS IS A CLAIMS MADE POLICY. PLEASE READ IT CAREFULLY.

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE:

at 12:01 a.m. standard time at your mailing address shown in the Policy
Declarations

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FORM OF BUSINESS:

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**IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE
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LIMITS OF INSURANCE

EACH OCCURRENCE LIMIT

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AGGREGATE LIMIT

\$

STAMPS (if applicable)

**THESE SUPPLEMENTAL DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, COMMON
POLICY CONDITIONS AND COVERAGE FORM(S) AND ENDORSEMENTS, COMPLETE THIS POLICY.**



**PRODUCTS/COMPLETED OPERATIONS LIABILITY
SUPPLEMENTAL DECLARATIONS
(continued)**

POLICY NUMBER:

RETROACTIVE DATE (CG 00 38 ONLY)

THIS INSURANCE DOES NOT APPLY TO "BODILY INJURY" OR "PROPERTY DAMAGE" WHICH OCCURS BEFORE THE RETROACTIVE DATE, IF ANY, SHOWN BELOW.

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

*MO: Retroactive date is required

FORMS AND ENDORSEMENTS

Forms and Endorsements attached to this policy: See **SCHEDULE OF FORMS AND ENDORSEMENTS**

CLASSIFICATIONS AND PREMIUMS

Classifications and premiums: See **PRODUCTS/COMPLETED OPERATIONS SCHEDULE**

PREMIUM

TOTAL ADVANCE PREMIUM: \$

PREMIUM SHOWN IS PAYABLE:

AUDIT PERIOD

AUDIT PERIOD (if applicable):

THESE SUPPLEMENTAL DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ENDORSEMENTS, COMPLETE THIS POLICY.



**PRODUCTS/COMPLETED OPERATIONS LIABILITY
SUPPLEMENTAL DECLARATIONS**

THIS IS A CLAIMS MADE POLICY. PLEASE READ IT CAREFULLY.

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE:

at 12:01 a.m. standard time at your mailing address shown in the Policy
Declarations

DESCRIPTION OF BUSINESS

FORM OF BUSINESS:

BUSINESS DESCRIPTION:

**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

\$

AGGREGATE LIMIT

\$

STAMPS (if applicable)

**THESE SUPPLEMENTAL DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, COMMON
POLICY CONDITIONS AND COVERAGE FORM(S) AND ENDORSEMENTS, COMPLETE THIS POLICY.**



**PRODUCTS/COMPLETED OPERATIONS LIABILITY
SUPPLEMENTAL DECLARATIONS
(continued)**

POLICY NUMBER:

RETROACTIVE DATE (CG 00 38 ONLY)

THIS INSURANCE DOES NOT APPLY TO "BODILY INJURY" OR "PROPERTY DAMAGE" WHICH OCCURS BEFORE THE RETROACTIVE DATE, IF ANY, SHOWN BELOW.

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

*MO: Retroactive date is required

FORMS AND ENDORSEMENTS

Forms and Endorsements attached to this policy: See **SCHEDULE OF FORMS AND ENDORSEMENTS**

CLASSIFICATIONS AND PREMIUMS

Classifications and premiums: See **PRODUCTS/COMPLETED OPERATIONS SCHEDULE**

PREMIUM

TOTAL ADVANCE PREMIUM: \$

PREMIUM SHOWN IS PAYABLE:

AUDIT PERIOD

AUDIT PERIOD (if applicable):

THESE SUPPLEMENTAL DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ENDORSEMENTS, COMPLETE THIS POLICY.

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SERFF Tracking Number: WESA-125511211 *State:* Arkansas
First Filing Company: TNUS Insurance Company, ... *State Tracking Number:* #26858 \$50
Company Tracking Number: 08-AR-3-GL-13-8
TOI: 17.0 Other Liability - Claims Made/Occurrence *Sub-TOI:* 17.0001 Commercial General Liability
Product Name: Commercial General Liability
Project Name/Number: Commercial General Liability Form Filing/

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: WESA-125511211 State: Arkansas
First Filing Company: TNUS Insurance Company, ... State Tracking Number: #26858 \$50
Company Tracking Number: 08-AR-3-GL-13-8
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: Commercial General Liability
Project Name/Number: Commercial General Liability Form Filing/

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 03/12/2008

Comments:

Attachment:
AR NAIC.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 03/12/2008

Comments:

Attached is the cover letter for this submission.

Attachment:
AR.pdf

Satisfied -Name: Forms Index **Review Status:** Approved 03/12/2008

Comments:

Attached is the forms index for this submission.

Attachment:
Forms List (CW).pdf

Satisfied -Name: Letters of Authorization **Review Status:** Approved 03/12/2008

Comments:

Attached are the letters of authorization for Tokio Marine, Trans Pacific and TNUS Insurance Companies.

Attachments:
TMNF (1-1-08).pdf
TPI.pdf
TNUS.pdf

Satisfied -Name: Side-By-Side Comparisons **Review Status:** Approved 03/12/2008

Comments:

SERFF Tracking Number: WESA-125511211 *State:* Arkansas
First Filing Company: TNUS Insurance Company, ... *State Tracking Number:* #26858 \$50
Company Tracking Number: 08-AR-3-GL-13-8
TOI: 17.0 Other Liability - Claims Made/Occurrence *Sub-TOI:* 17.0001 Commercial General Liability
Product Name: Commercial General Liability
Project Name/Number: Commercial General Liability Form Filing/

Please note that the attached comparisons are for TMNF forms only; however, the changes being made to the TPI and TNUS forms are identical.

Attachment:

Side-By-Side Comparisons.pdf

Property & Casualty Transmittal Document (Revised 1/1/06)

AR _____

1. Reserved for Insurance Dept. Use Only

--

2. Insurance Department Use Only

a. Date the filing is received:	
b. Analyst:	
c. Disposition:	
d. Date of disposition of the filing:	
e. Effective date of filing:	
New Business	
Renewal Business	
f. State Filing #:	
g. SERFF Filing #:	
h. Subject Codes	

3.	Group Name	Group NAIC #
	Millea Group	3098

4.	Company Name(s)	Domicile	NAIC #	FEIN #
	Tokio Marine & Nichido Fire Insurance Co., LTD	NY	12904	13-6108722
	Trans Pacific Insurance Company	NY	41238	13-3118700
	TNUS Insurance Company	NY	32301	20-0940754

5.	Company Tracking Number	08-AR-3-GL-13-8
-----------	--------------------------------	-----------------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Jennifer Waldron Westmont Associates, Inc.	Supervisor	(856) 216-0220	(856) 216-0303	jenb@westmontlaw.com
	25 Chestnut Street, Suite 105, Haddonfield NJ 08033				
7.	Signature of authorized filer		Jennifer Waldron		
8.	Please print name of authorized filer		Jennifer Waldron		

Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI),	Please select from the drop down list. 17.0 - Other Liability
10.	Sub-Type of Insurance (Sub-TOI)	17.0001 - Commercial General Liability
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	n/a
12.	Company Program Title (marketing title)	Commercial General Liability
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other: _____
14.	Effective Date(s) Requested	New: 6/1/08 Renewal: 6/1/08
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> (No)
16.	Reference Organization (if applicable)	N/A
17.	Reference Organization # & Title	N/A
18.	Company's Date of Filing	3/5/08
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document ---

20.	This filing transmittal is part of Company Tracking #	08-AR-3-GL-13-8
-----	--	-----------------

21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
-----	--

Submission of Commercial General Liability Declarations and Schedules

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [if a state requires you to show how you calculated your filing fees, place that calculation below]
-----	---

Check #: 26858

Amount: \$50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	08-AR-3-GL-13-8			
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	n/a			
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Commercial General Liability Supplemental Declarations	GL9 05 001 (02/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	GL9 05 001 (12/01)	
02	Commercial General Liability Supplemental Declarations (Claims-Made)	GL9 05 001CM (02/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	GL9 05 001 (12/01)	
03	Commercial General Liability Schedule	GL9 05 002 (02/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	GL9 05 002 (03/97)	
04	Commercial General Liability Changes	GL9 05 003 (02/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	GL9 05 003 (03/97)	
05	Liquor Liability Supplemental Declarations	GL9 05 004 (02/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	GL9 05 004 (10/04)	
06	Liquor Liability Supplemental Declarations (Claims Made)	GL9 05 004CM (02/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	GL9 05 004 (10/04)	
07	Owners & Contractors Protective Liability Supplemental Declarations	GL9 05 005 (02/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	GL9 05 005 (03/97)	
08	Liquor Liability Schedule	GL9 05 007 (02/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09	Liquor Liability Changes	GL9 05 008 (02/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10	Products/Completed Operations Schedule	GL9 05 009 (02/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	08-AR-3-GL-13-8			
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	N/A			
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
11	Products/Completed Operations Changes	GL9 05 010 (02/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
12	Owners & Contractors Protective Liability Schedule	GL9 05 011 (02/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
13	Owners & Contractors Protective Liability Changes	GL9 05 012 (02/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
14	Railroad Protective Liability Supplemental Declarations	GL9 05 013 (02/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CG DS 04 07 98	
15	Railroad Protective Liability Schedule	GL9 05 014 (02/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
16	Railroad Protective Liability Changes	GL9 05 015 (02/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
17	Miscellaneous General Liability Schedule	GL9 05 016 (02/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
18	Miscellaneous General Liability Changes	GL9 05 017 (02/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
19	Products Withdrawal Supplemental Declarations	GL9 05 018 (02/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
20	Products Withdrawal Schedule	GL9 05 019 (02/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	08-AR-3-GL-13-8			
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	N/A			
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
21	Products Withdrawal Changes	GL9 05 020 (02/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
22	Products/Completed Operations Supplemental Declarations	GL9 05 999 (02/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	GL9 05 999 (12/01)	
23	Products/Completed Operations Supplemental Declarations (Claims Made)	GL9 05 999CM (02/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	GL9 05 999 (12/01)	
24			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
25			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
26			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
27			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
28			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
29			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
30			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1



**WESTMONT
ASSOCIATES, INC.**

February 26, 2008

The Honorable Julie Benafield-Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, AR 72201-1904

Attn: Property and Casualty Division

RE **Tokio Marine and Nichido Fire Insurance Co., LTD (U.S. Branch) – NAIC #3098-12904/FEIN #13-6108722**
Trans Pacific Insurance Company – NAIC #: 3098-41238/FEIN #: 13-3118700
TNUS Insurance Company – NAIC #: 32301/FEIN #: 20-0940754
General Liability
Declarations and Schedules Forms Submission
Company Filing Number: 08-AR-3-GL-41-8
Effective Date: June 1, 2008

Dear Commissioner Benafield-Bowman:

The captioned Companies are filing for your review their General Liability Declarations and Schedules Forms submission. A letter permitting Westmont Associates, Inc. to submit this filing on the Companies' behalf is enclosed.

The purpose of this filing is to submit revised versions of previously approved declarations and schedules, as well as to submit new declarations and schedules that will be used with the Companies' General Liability product. Please refer to the attached forms listing that provides detailed information regarding each form being submitted.

Please note that the Companies are requesting an effective date of June 1, 2008 for this filing submission.

We respectfully request your approval and/or acknowledgment of this submission

Respectfully Submitted,

Jennifer Waldron

Jennifer Waldron

Supervisor

jenb@westmontlaw.com

Enc.

Cc: N. Stepanski – Westmont
P. Barkus – Tokio Marine

FORM #	EDITION	DESCRIPTION	REPLACES FORM #	EDITION	COMMENTS
GL9 05 001	02 08	Commercial General Liability Supplemental Declarations	GL9 05 001	12 01	Previous edition was used for both claims made and occurrence. We have opted to split these into separate declarations to improve clarity.
GL9 05 001CM	02 08	Commercial General Liability Supplemental Declarations (Claims Made)	GL9 05 001	12 01	Previous edition was used for both claims made and occurrence. We have opted to split these into separate declarations to improve clarity.
GL9 05 002	02 08	Commercial General Liability Schedule	GL9 05 002	03 97	Will be used with GL9 05 001 and GL9 05 001CM.
GL9 05 003	02 08	Commercial General Liability Changes	GL9 05 003	03 97	Will be used when information on GL9 05 002 is added, deleted or changed after policy issuance.
GL9 05 004	02 08	Liquor Liability Supplemental Declarations	GL9 05 004	10 04	Previous edition was used for both claims made and occurrence. We have opted to split these into separate declarations to improve clarity.
GL9 05 004CM	02 08	Liquor Liability Supplemental Declarations (Claims Made)	GL9 05 004	10 04	Previous edition was used for both claims made and occurrence. We have opted to split these into separate declarations to improve clarity.
GL9 05 005	02 08	Owners and Contractors Protective Liability Supplemental Declarations	GL9 05 005	03 97	
GL9 05 007	02 08	Liquor Liability Schedule	New		Will be used with GL9 05 004 and GL9 05 004CM.
GL9 05 008	02 08	Liquor Liability Changes	New		Will be used when information on GL9 05 007 is added, deleted or changed after policy issuance.
GL9 05 009	02 08	Products/Completed Operations Schedule	New		Will be used with GL9 05 999 and GL9 05 999CM.
GL9 05 010	02 08	Products/Completed Operations Changes	New		Will be used when information on GL9 05 009 is added, deleted or changed after policy issuance.
GL9 05 011	02 08	Owners and Contractors Protective Liability Schedule	New		Will be used with GL9 05 005.
GL9 05 012	02 08	Owners and Contractors Protective Liability Changes	New		Will be used when information on GL9 05 011 is added, deleted or changed after policy issuance.
GL9 05 013	02 08	Railroad Protective Liability Supplemental Declarations	CG DS 04	07 98	
GL9 05 014	02 08	Railroad Protective Liability Schedule	New		Will be used with GL9 05 014.
GL9 05 015	02 08	Railroad Protective Liability Changes	New		Will be used when information on GL9 05 013 is added, deleted or changed after policy issuance.

GL9 05 016	02 08	Miscellaneous General Liability Schedule	New		Form is intended to show coverages that do not fit the standard subline schedule. Examples would include EBL premium, Credit by Premium Size and dollar charges for various endorsements that were filed and approved in each jurisdiction.
GL9 05 017	02 08	Miscellaneous General Liability Changes	New		Will be used when information on GL9 05 016 is added, deleted or changed after policy issuance.
GL9 05 018	02 08	Products Withdrawal Supplemental Declarations	New		
GL9 05 019	02 08	Products Withdrawal Schedule	New		Will be used with GL9 05 018.
GL9 05 020	02 08	Products Withdrawal Changes	New		Will be used when information on GL9 05 019 is added, deleted or changed after policy issuance.
GL9 05 999	02 08	Products/Completed Operations Supplemental Declarations	GL9 05 999	12 01	Previous edition was used for both claims made and occurrence. We have opted to split these into separate declarations to improve clarity.
GL9 05 999CM	02 08	Products/Completed Operations Supplemental Declarations (Claims Made)	GL9 05 999	12 01	Previous edition was used for both claims made and occurrence. We have opted to split these into separate declarations to improve clarity.



Tokio Marine Management, Inc.
U.S. Manager and/or Manager for
Tokio Marine & Nichido Fire
Insurance Co., Ltd. (U.S. Branch)
Trans Pacific Insurance Company
TM Casualty Insurance Company
TNUS Insurance Company

230 Park Avenue
New York, New York 10169
Phone: (212) 297-6600
Main Fax: (212) 297-6062
Claims Fax: (212) 297-6064

MILLEA GROUP

January 1, 2008

Re: Tokio Marine & Nichido Fire Insurance Co., Ltd. (U.S. Branch)
NAIC # 3098-12904
FEIN # 13-6108722
Letter of Authorization
Filing of Forms, Rates, and Rules

In accordance with applicable statutes and regulations of your state, Nancy Stepanski, Wesley Pohler, Jennifer Waldron, and Westmont Associates, Inc. are hereby authorized to file rates, rules, and forms on behalf of the Company.

Sincerely,

Pamela J. Olson
Vice President – Corporate Underwriting



Tokio Marine Management, Inc.
U.S. Manager and/or Manager for
Tokio Marine & Nichido Fire
Insurance Co., Ltd. (U.S. Branch)
Trans Pacific Insurance Company
TM Casualty Insurance Company
TNUS Insurance Company

230 Park Avenue
New York, New York 10169
Phone: (212) 297-6600
Main Fax: (212) 297-6062
Claims Fax: (212) 297-6064

MILLEA GROUP

January 1, 2008

Re: Trans Pacific Insurance Company
NAIC # 3098-41238
FEIN # 13-3118700
Letter of Authorization
Filing of Forms, Rates, and Rules

In accordance with applicable statutes and regulations of your state, Nancy Stepanski, Wesley Pohler, Jennifer Waldron, and Westmont Associates, Inc. are hereby authorized to file rates, rules, and forms on behalf of the Company.

Sincerely,

Pamela J. Olson
Vice President – Corporate Underwriting



Tokio Marine Management, Inc.
U.S. Manager and/or Manager for
Tokio Marine & Nichido Fire
Insurance Co., Ltd. (U.S. Branch)
Trans Pacific Insurance Company
TM Casualty Insurance Company
TNUS Insurance Company

230 Park Avenue
New York, New York 10169
Phone: (212) 297-6600
Main Fax: (212) 297-6062
Claims Fax: (212) 297-6064

MILLEA GROUP

January 1, 2008

Re: TNUS Insurance Company
NAIC # 3098-32301
FEIN # 20-0940754
Letter of Authorization
Filing of Forms, Rates, and Rules

In accordance with applicable statutes and regulations of your state, Nancy Stepanski, Wesley Pohler, Jennifer Waldron, and Wesley Associates, Inc. are hereby authorized to file rates, rules, and forms on behalf of the Company.

Sincerely,

A handwritten signature in black ink, appearing to read 'Pamela J. Olson', written over a horizontal line.

Pamela J. Olson
Vice President – Corporate Underwriting

Text Comparison

Documents Compared

GL9 05 001 12 01.pdf

GL9 05 001 02 08 CGL DEC.pdf

Summary

316 word(s) added

To see where the changes are, scroll down.

TOKIO MARINE AND NICHIDO FIRE INSURANCE COMPANY, LTD. (U.S. BRANCH)

**COMMERCIAL GENERAL LIABILITY COVERAGE PART
SUPPLEMENTAL DECLARATIONS**

Policy Number

Named Insured

Effective Date:

12:01 A.M. Standard Time

Producer Name

Producer No.

Item 1. Business Description:

Item 2. Limits of Insurance

Coverage	Limit of Liability
Aggregate Limits of Liability	Products / Completed Operations Aggregate General Aggregate (other than Products / Completed Operations)
Coverage A – Bodily Injury and Property Damage Liability Damage To Premises Rented To You	any one occurrence subject to the Products / Completed Operations and General Aggregate Limits of Liability any one premises subject to the Coverage A occurrence and the General Aggregate Limits of Liability
Coverage B – Personal and Advertising Injury Liability	any one person or organization subject to the General Aggregate Limits of Liability
Coverage C – Medical Payments	any one person subject to the Coverage A occurrence and the General Aggregate Limits of Liability

Item 3. 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 here: _____

(Enter Date or "None" if no Retroactive Date applies)

Item 4. Form of Business and Location of Premises

Forms of Business:

Location of All Premises You Own, Rent or Occupy:

See Schedule of Locations

Item 5. Forms and Endorsements

Form(s) and Endorsement(s) made a part of this policy at time of issue:

See Schedule of Locations

Item 6. Premiums

Coverage Part Premium:

Other Premium:

Total Premium:

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

TOKIO MARINE & NICHIDO FIRE INSURANCE CO., LTD. (U.S. BRANCH)
A New York Stock Company



COMMERCIAL GENERAL LIABILITY
SUPPLEMENTAL DECLARATIONS

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE:

at 12:01 a.m. standard time at your mailing address shown in the Policy
Declarations

DESCRIPTION OF BUSINESS

FORM OF BUSINESS:

BUSINESS DESCRIPTION:

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

<u>EACH OCCURRENCE LIMIT</u>	<u>\$</u>	
<u>DAMAGE TO PREMISES RENTED TO YOU LIMIT</u>	<u>\$</u>	<u>Any one premises</u>
<u>MEDICAL EXPENSE LIMIT</u>	<u>\$</u>	<u>Any one person</u>
<u>PERSONAL & ADVERTISING INJURY LIMIT</u>	<u>\$</u>	<u>Any one person or organization</u>
<u>GENERAL AGGREGATE LIMIT</u>	<u>\$</u>	
<u>PRODUCTS/COMPLETED OPERATIONS AGGREGATE</u>	<u>\$</u>	
<u>LIMIT</u>		

STAMPS (if applicable)

THESE SUPPLEMENTARY DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS,
COMMON POLICY CONDITIONS AND COVERAGE FORMS AND ENDORSEMENTS, COMPLETE THIS POLICY.

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TOKIO MARINE & NICHIDO FIRE INSURANCE CO., LTD. (U.S. BRANCH)
A New York Stock Company



COMMERCIAL GENERAL LIABILITY
SUPPLEMENTAL DECLARATIONS
(continued)

POLICY NUMBER:

FORMS AND ENDORSEMENTS

Forms and Endorsements attached to this policy: See **SCHEDULE OF FORMS AND ENDORSEMENTS**

ALL PREMISES YOU OWN, RENT OR OCCUPY

Location of all premises you own rent or occupy: See **SCHEDULE OF LOCATIONS**

CLASSIFICATIONS AND PREMIUMS

Classifications and premiums: See **COMMERCIAL GENERAL LIABILITY SCHEDULE**

PREMIUM

TOTAL ADVANCE PREMIUM: \$

PREMIUM SHOWN IS PAYABLE:

AUDIT PERIOD

AUDIT PERIOD (if applicable):

THESE SUPPLEMENTARY DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, COMMON POLICY CONDITIONS AND COVERAGE FORMS AND ENDORSEMENTS, COMPLETE THIS POLICY.

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Text Comparison

Documents Compared

GL9 05 002 03 97.pdf

GL9 05 002 02 08 CGL SCH.pdf

Summary

170 word(s) added

To see where the changes are, scroll down.

TOKIO MARINE & NICHIDO FIRE INSURANCE CO., LTD.

COMMERCIAL GENERAL LIABILITY COVERAGE SCHEDULE Policy Number

Named Insured

Effective Date:

12:01 A.M. Standard Time

Producer Name

Producer No.

Item 3. Coverage Schedule

Code No.	Premium Basis	Premises/Operations	
Location	Exposure	Rate	Premium
Classification:		Products/Completed Operations	
		Rate	Premium
Code No.	Premium Basis	Premises/Operations	
Location	Exposure	Rate	Premium
Classification:		Products/Completed Operations	
		Rate	Premium
Code No.	Premium Basis	Premises/Operations	
Location	Exposure	Rate	Premium
Classification:		Products/Completed Operations	
		Rate	Premium
Code No.	Premium Basis	Premises/Operations	
Location	Exposure	Rate	Premium
Classification:		Products/Completed Operations	
		Rate	Premium

TOKIO MARINE & NICHIDO FIRE INSURANCE CO., LTD. (U.S. BRANCH)



COMMERCIAL GENERAL LIABILITY SCHEDULE

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EEFFECTIVE:

at 12:01 a.m. standard time at your mailing address shown in the Policy Declarations

CLASSIFICATIONS AND PREMIUMS

<u>ST</u>	<u>LOC</u>	<u>BLDG</u>	<u>CODE</u>	<u>PREMIUM BASE</u>	<u>PREMISES OPERATIONS</u>		
<u>CLASSIFICATION:</u>					<u>Exposure</u>	<u>Rate</u>	<u>Advance Premium</u>
					<u>PRODUCTS/COMPLETED OPERATIONS</u>		
<u>ST</u>	<u>LOC</u>	<u>BLDG</u>	<u>CODE</u>	<u>PREMIUM BASE</u>	<u>PREMISES OPERATIONS</u>		
<u>CLASSIFICATION:</u>					<u>Exposure</u>	<u>Rate</u>	<u>Advance Premium</u>
					<u>PRODUCTS/COMPLETED OPERATIONS</u>		
<u>ST</u>	<u>LOC</u>	<u>BLDG</u>	<u>CODE</u>	<u>PREMIUM BASE</u>	<u>PREMISES OPERATIONS</u>		
<u>CLASSIFICATION:</u>					<u>Exposure</u>	<u>Rate</u>	<u>Advance Premium</u>
					<u>PRODUCTS/COMPLETED OPERATIONS</u>		
<u>ST</u>	<u>LOC</u>	<u>BLDG</u>	<u>CODE</u>	<u>PREMIUM BASE</u>	<u>PREMISES OPERATIONS</u>		
<u>CLASSIFICATION:</u>					<u>Exposure</u>	<u>Rate</u>	<u>Advance Premium</u>
					<u>PRODUCTS/COMPLETED OPERATIONS</u>		
<u>ST</u>	<u>LOC</u>	<u>BLDG</u>	<u>CODE</u>	<u>PREMIUM BASE</u>	<u>PREMISES OPERATIONS</u>		
<u>CLASSIFICATION:</u>					<u>Exposure</u>	<u>Rate</u>	<u>Advance Premium</u>
					<u>PRODUCTS/COMPLETED OPERATIONS</u>		

Text Comparison

Documents Compared

GL9 05 003 03 97.pdf

GL9 05 003 02 08 CGL CHANGES.pdf

Summary

167 word(s) added

To see where the changes are, scroll down.

TOKIO MARINE & NICHIDO FIRE INSURANCE CO., LTD.

SCHEDULE OF COMMERCIAL GENERAL LIABILITY CHANGES Policy Number

Endorsement No.

Named Insured

Effective Date:

12:01 A.M. Standard Time

Producer Name

Producer No.

CLASS CODE INFORMATION AFFECTED BY THIS CHANGE IS ADDED, DELETED OR CHANGED AS INDICATED.

THE FOLLOWING CLASS CODE INFORMATION IS

Code No.	Premium Basis	Premises/Operations	
Location	Exposure	Rate	Premium
Classification:		Products/Compl Operations	
		Rate	Premium

THE FOLLOWING CLASS CODE INFORMATION IS

Code No.	Premium Basis	Premises/Operations	
Location	Exposure	Rate	Premium
Classification:		Products/Compl Operations	
		Rate	Premium

THE FOLLOWING CLASS CODE INFORMATION IS

Code No.	Premium Basis	Premises/Operations	
Location	Exposure	Rate	Premium
Classification:		Products/Compl Operations	
		Rate	Premium

THE FOLLOWING CLASS CODE INFORMATION IS

Code No.	Premium Basis	Premises/Operations	
Location	Exposure	Rate	Premium
Classification:		Products/Compl Operations	
		Rate	Premium

TOKIO MARINE & NICHIDO FIRE INSURANCE CO., LTD. (U.S. BRANCH)



COMMERCIAL GENERAL LIABILITY CHANGES

POLICY NUMBER:

ENDORSEMENT NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE DATE OF CHANGE: at 12:01 a.m. standard time at your mailing address shown in the Policy Declarations

CLASSIFICATIONS AND PREMIUMS

THIS INFORMATION IS:

<u>ST</u>	<u>LOC</u>	<u>BLDG</u>	<u>CODE</u>	<u>PREMIUM BASE</u>	<u>PREMISES OPERATIONS</u>		
<u>CLASSIFICATION:</u>					<u>Exposure</u>	<u>Rate</u>	<u>Advance Premium</u>
					<u>PRODUCTS/COMPLETED OPERATIONS</u>		

THIS INFORMATION IS:

<u>ST</u>	<u>LOC</u>	<u>BLDG</u>	<u>CODE</u>	<u>PREMIUM BASE</u>	<u>PREMISES OPERATIONS</u>		
<u>CLASSIFICATION:</u>					<u>Exposure</u>	<u>Rate</u>	<u>Advance Premium</u>
					<u>PRODUCTS/COMPLETED OPERATIONS</u>		

THIS INFORMATION IS:

<u>ST</u>	<u>LOC</u>	<u>BLDG</u>	<u>CODE</u>	<u>PREMIUM BASE</u>	<u>PREMISES OPERATIONS</u>		
<u>CLASSIFICATION:</u>					<u>Exposure</u>	<u>Rate</u>	<u>Advance Premium</u>
					<u>PRODUCTS/COMPLETED OPERATIONS</u>		

THIS INFORMATION IS:

<u>ST</u>	<u>LOC</u>	<u>BLDG</u>	<u>CODE</u>	<u>PREMIUM BASE</u>	<u>PREMISES OPERATIONS</u>		
<u>CLASSIFICATION:</u>					<u>Exposure</u>	<u>Rate</u>	<u>Advance Premium</u>
					<u>PRODUCTS/COMPLETED OPERATIONS</u>		

Text Comparison

Documents Compared

GL9 05 004 10 04.pdf

GL9 05 004 02 08 LIQ LIAB DEC.pdf

Summary

275 word(s) added

To see where the changes are, scroll down.

TOKIO MARINE & NICHIDO FIRE INSURANCE CO., LTD. (U.S. BRANCH)

Policy Number

LIQUOR LIABILITY COVERAGE PART DECLARATIONS

Named Insured

Effective Date:

12:01 A.M. Standard Time

Producer Name

Producer No.

Item 1. Limits of Insurance

Aggregate Limit

Each Common Cause Limit

Item 2. Retroactive Date (CG 00 34 only)

Section I of this insurance does not apply to "bodily injury" or "property damage" which occurs before the Retroactive Date shown here _____
(Enter Date)

Item 3. Business Description and Location Premises

Form of Business

Business Description:

Location of All Premises You Own, Rent or Occupy:

See Schedule of Locations

Item 4. Premium

Code No.	Premium Basis	Premises/Operations	
Location	Exposure	Rate	Premium
Classification: See Commercial General Liability Coverage Schedule		Products/Completed Operations	
		Rate	Premium

Item 6. Forms and Endorsements

Form(s) and Endorsement(s) made a part of this policy at time of issue:

See Schedule of Forms and Endorsements

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

TOKIO MARINE & NICHIDO FIRE INSURANCE CO., LTD. (U.S. BRANCH)

A New York Stock Company



**LIQUOR LIABILITY
SUPPLEMENTAL DECLARATIONS**

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE:

at 12:01 a.m. standard time at your mailing address shown in the Policy
Declarations

DESCRIPTION OF BUSINESS

FORM OF BUSINESS:

BUSINESS DESCRIPTION:

**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 COMMON CAUSE LIMIT

\$

AGGREGATE LIMIT

\$

STAMPS (if applicable)

**THESE SUPPLEMENTAL DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, COMMON
POLICY CONDITIONS AND COVERAGE FORMS AND ENDORSEMENTS, COMPLETE THIS POLICY.**

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TOKIO MARINE & NICHIDO FIRE INSURANCE CO., LTD. (U.S. BRANCH)
A New York Stock Company



LIQUOR LIABILITY
SUPPLEMENTAL DECLARATIONS
(continued)

POLICY NUMBER:

FORMS AND ENDORSEMENTS

Forms and Endorsements attached to this policy: See SCHEDULE OF FORMS AND ENDORSEMENTS

LOCATION OF COVERED OPERATIONS

Location of all premises you own rent or occupy: See SCHEDULE OF LOCATIONS

CLASSIFICATIONS AND PREMIUMS

Classifications and premiums: See LIQUOR LIABILITY SCHEDULE

PREMIUM

TOTAL ADVANCE PREMIUM: \$

PREMIUM SHOWN IS PAYABLE:

AUDIT PERIOD

AUDIT PERIOD (if applicable):

THESE SUPPLEMENTAL DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, COMMON POLICY CONDITIONS AND COVERAGE FORMS AND ENDORSEMENTS, COMPLETE THIS POLICY.

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Text Comparison

Documents Compared

GL9 05 005 03 97.pdf

GL9 05 005 02 08 OCP DEC.pdf

Summary

258 word(s) added

To see where the changes are, scroll down.

TOKIO MARINE & NICHIDO FIRE INSURANCE CO., LTD.

A Stock Company

OWNERS AND CONTRACTORS PROTECTIVE LIABILITY
DECLARATIONS

POLICY NUMBER

Named Insured and Mailing Address

Producer Name and Mailing Address

Customer #:

Producer Code:

Producer Contact (if any):

Item 1. Business Description:

Item 2. Policy Period From _____ to _____ at

12:01 A.M. Standard Time at your mailing address shown above.

Item 3. Designation of Contractor:

Mailing Address:

Item 4. Location of Covered Operations:

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

Item 5. Limits of Insurance

Aggregate Limit _____

Each Occurrence Limit _____

Item 6. Form of Business

Classification	Code No.	Premium Base	Rate per 1,000 of cost	Advance Premium
----------------	----------	--------------	------------------------	-----------------

Item 7. Forms and Endorsements

Form(s) and Endorsement(s) made a part of this policy a time of issue:

See Schedule of Forms and Endorsements

Premium shown is payable:

at inception

Countersigned on:

Date of Issue:

COMPANY USE ONLY

by: _____
Countersigning Agent

by: *D. Kelly Pugh*
Authorized Representative

U/W Unit
Region
Branch

Servicing/Issuing Office

TOKIO MARINE & NICHIDO FIRE INSURANCE CO., LTD. (U.S. BRANCH)

A New York Stock Company



**OWNERS AND CONTRACTORS PROTECTIVE LIABILITY
SUPPLEMENTAL DECLARATIONS**

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE:

at 12:01 a.m. standard time at your mailing address shown in the Policy
Declarations

DESCRIPTION OF BUSINESS

FORM OF BUSINESS:

BUSINESS DESCRIPTION:

LIMITS OF INSURANCE

EACH OCCURRENCE LIMIT

\$

AGGREGATE LIMIT

\$

STAMPS (if applicable)

**THESE SUPPLEMENTAL DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, COMMON
POLICY CONDITIONS AND COVERAGE FORM(S) AND ENDORSEMENTS, COMPLETE THIS POLICY.**

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TOKIO MARINE & NICHIDO FIRE INSURANCE CO., LTD. (U.S. BRANCH)
A New York Stock Company



OWNERS AND CONTRACTORS PROTECTIVE LIABILITY
SUPPLEMENTAL DECLARATIONS
(continued)

POLICY NUMBER:

DESIGNATED CONTRACTOR

DESIGNATED CONTRACTOR

NAME:

MAILING ADDRESS:

FORMS AND ENDORSEMENTS

Forms and Endorsements attached to this policy:

See SCHEDULE OF FORMS AND ENDORSEMENTS

LOCATION OF COVERED OPERATIONS

Location of all covered operation:

See SCHEDULE OF LOCATIONS

CLASSIFICATIONS AND PREMIUMS

Classifications and premiums:

See OWNERS AND CONTRACTORS PROTECTIVE LIABILITY SCHEDULE

PREMIUM

TOTAL ADVANCE PREMIUM:

\$

PREMIUM SHOWN IS PAYABLE:

AUDIT PERIOD

AUDIT PERIOD (if applicable):

THESE SUPPLEMENTAL DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ENDORSEMENTS, COMPLETE THIS POLICY.

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Text Comparison

Documents Compared

CG DS 04 07 98.pdf

GL9 05 013 02 08 RRP DEC.pdf

Summary

285 word(s) added

To see where the changes are, scroll down.

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG DS 04 07 98

RAILROAD PROTECTIVE LIABILITY DECLARATIONS

COMPANY NAME AREA	PRODUCER NAME AREA
NAMED INSURED: _____ MAILING ADDRESS: _____ _____ POLICY PERIOD: FROM _____ TO _____ AT 12:01 A.M. TIME AT YOUR MAILING ADDRESS SHOWN ABOVE JOB LOCATION: _____ _____	
DESIGNATED CONTRACTOR: _____ _____	
MAILING ADDRESS: _____ _____	
NAME AND ADDRESS OF INVOLVED GOVERNMENTAL AUTHORITY OR OTHER CONTRACTING PARTY: _____ _____	

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	\$ _____
AGGREGATE LIMIT	\$ _____

TOKIO MARINE & NICHIDO FIRE INSURANCE CO., LTD. (U.S. BRANCH)
A New York Stock Company



**RAIL ROAD PROTECTIVE LIABILITY
 SUPPLEMENTAL DECLARATIONS**

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE:

at 12:01 a.m. standard time at your mailing address shown in the Policy
 Declarations

DESCRIPTION OF BUSINESS

FORM OF BUSINESS:

BUSINESS DESCRIPTION:

**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

\$

AGGREGATE LIMIT

\$

STAMPS (if applicable)

**THESE SUPPLEMENTAL DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, COMMON
 POLICY CONDITIONS AND COVERAGE FORMS AND ENDORSEMENTS, COMPLETE THIS POLICY.**

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TOKIO MARINE & NICHIDO FIRE INSURANCE CO., LTD. (U.S. BRANCH)
A New York Stock Company



RAILROAD PROTECTIVE LIABILITY
SUPPLEMENTAL DECLARATIONS
(continued)

POLICY NUMBER:

DESIGNATED CONTRACTOR

DESIGNATED CONTRACTOR

NAME:

MAILING ADDRESS:

INVOLVED GOVERNMENTAL AUTHORITY OR OTHER CONTRACTING PARTY

NAME:

MAILING ADDRESS:

FORMS AND ENDORSEMENTS

Forms and Endorsements attached to this policy:

See SCHEDULE OF FORMS AND ENDORSEMENTS

JOB LOCATION

Job Location:

See SCHEDULE OF LOCATIONS

CLASSIFICATIONS AND PREMIUMS

Classifications and premiums:

See RAILROAD PROTECTIVE LIABILITY SCHEDULE

PREMIUM

TOTAL ADVANCE PREMIUM:

\$

PREMIUM SHOWN IS PAYABLE:

AUDIT PERIOD

AUDIT PERIOD (if applicable):

THESE SUPPLEMENTAL DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, COMMON POLICY CONDITIONS AND COVERAGE FORMS AND ENDORSEMENTS, COMPLETE THIS POLICY.

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Text Comparison

Documents Compared

GL9 05 999 12 01.pdf

GL9 05 999 02 08 PROD CO DEC.pdf

Summary

264 word(s) added

To see where the changes are, scroll down.

TOKIO MARINE & NICHIDO FIRE INSURANCE CO., LTD.

**PRODUCTS / COMPLETED OPERATIONS LIABILITY COVERAGE PART
SUPPLEMENTAL DECLARATIONS**

Policy Number

Named Insured:

Effective Date:

12:01 A.M. Standard Time

Producer Name:

Producer No.:

Item 1. Business Description:

Item 2. Limits of Insurance

	Limit of Liability
Each Occurrence Limit	
Aggregate Limit	

Item 3. Retroactive Date ((CG 00 38 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)

Item 4. Form of Business

Form of Business:

Item 5. Forms and Endorsements

Form(s) and Endorsement(s) made a part of this policy at time of issue:

See Schedule of Forms and Endorsements

Item 6. Premiums

Coverage Part Premium:

Other Premium:

Total Premium:

Item 7. Classification

Classification Description	Classification Code Number	Premium Base	Rate	Advance Premium

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

TOKIO MARINE & NICHIDO FIRE INSURANCE CO., LTD. (U.S. BRANCH)
A New York Stock Company



PRODUCTS/COMPLETED OPERATIONS LIABILITY
SUPPLEMENTAL DECLARATIONS

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE:

at 12:01 a.m. standard time at your mailing address shown in the Policy
Declarations

DESCRIPTION OF BUSINESS

FORM OF BUSINESS:

BUSINESS DESCRIPTION:

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

\$

AGGREGATE LIMIT

\$

STAMPS (if applicable)

THESE SUPPLEMENTAL DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, COMMON
POLICY CONDITIONS AND COVERAGE FORM(S) AND ENDORSEMENTS, COMPLETE THIS POLICY.

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TOKIO MARINE & NICHIDO FIRE INSURANCE CO., LTD. (U.S. BRANCH)
A New York Stock Company



PRODUCTS/COMPLETED OPERATIONS LIABILITY
SUPPLEMENTAL DECLARATIONS
(continued)

POLICY NUMBER:

FORMS AND ENDORSEMENTS

Forms and Endorsements attached to this policy: See SCHEDULE OF FORMS AND ENDORSEMENTS

CLASSIFICATIONS AND PREMIUMS

Classifications and premiums: See PRODUCTS/COMPLETED OPERATIONS SCHEDULE

PREMIUM

TOTAL ADVANCE PREMIUM: \$

PREMIUM SHOWN IS PAYABLE:

AUDIT PERIOD

AUDIT PERIOD (if applicable):

THESE SUPPLEMENTAL DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ENDORSEMENTS, COMPLETE THIS POLICY.

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