

Policy No.
Renewal of

COMMERCIAL EXCESS POLICY DECLARATIONS

1. NAMED INSURED AND ADDRESS:	2. POLICY PERIOD: 12:01 A.M. Standard Time at the address of the Named Insured shown in Item 1. above From _____ To _____
IN RETURN FOR PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.	PRODUCER'S NAME AND ADDRESS:

Insurance is afforded by: _____ (A capital stock corporation)

3. PREMIUM:	Commercial Excess Premium	\$
	Total Advance Premium	\$
	Service Charge (Where Applicable)	\$
	Taxes (Where Applicable)	\$
	Surcharge (Where Applicable)	\$
	Total	\$

In the event of cancellation by the Named Insured, the company will receive and retain no less than \$ _____ as a policy minimum premium.

BASIS OF PREMIUM: Non-Auditable () Auditable ()

4. LIMITS OF INSURANCE:	\$	Each Occurrence
	\$	General Aggregate (Where Applicable)

5. FORMS AND ENDORSEMENTS applicable to all Coverage Forms and made part of this Policy at time of issue are listed on the attached Forms and Endorsements Schedule, UMX 6002