Northland INSURANCE

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

Policy No: 1

Effective Date: * 2 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS

3 ☐ Supplemental Declarations is Attached

NAMED INSURED: 4

LIMITS OF INSURANCE 5

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

RETROACTIVE DATE (CG 00 02 Only) 6

Coverage A of this insurance does not apply to "bodily injury" or "property damage" which occurs before the Retroactive Date, if any, shown here: _____

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

BUSINESS INFORMATION

Form of Business: ☐ Individual ☐ Joint Venture ☐ Partnership ☐ Limited Liability Company
☐ Organization (Other than Partnership, Joint Venture or Limited Liability Company)

Location(s) (Including **Zip Code**) of All Premises you Own, Rent or Occupy (Enter "Same" if same location as your mailing address):

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Your Interest in Such Premises: ☐ Owner ☐ Lessee ☐ Tenant ☐ Other:

PREMIUM

Classification	Code No.	Premium Basis	Rate Pr/ CO	Rate All Other	Advance Premium Pr/ CO	Advance Premium All Other
8	9	10	11	12	$ 13	$ 14

Total Advance Premium $ 15 $

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

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

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* Entry optional if shown in Common Policy Declarations

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY

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