**Common Policy Declarations**

# DECLARATIONS

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| --- | --- |
| **NAME AND ADDRESS OF AGENCY** | **INSURANCE COMPANY**  New Hampshire Insurance Company/Granite State Insurance Company/Illinois National Insurance Company  (being a capital stock company)  175 Water Street, 18th Floor, New York, NY 10038 |
| **NAME AND MAILING ADDRESS OF NAMED INSURED** | **POLICY NUMBER**  **POLICY PERIOD**  FROM: XX-XX-XX TO: XX-XX-XX  At 12:01A.M. standard time at the mailing address shown |

**The Named Insured is:** <<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.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS

INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT. PREMIUM

## Commercial Property Coverage Part $

**Commercial General Liability Coverage Part $**

**Commercial Crime Coverage Part $**

**Commercial Inland Marine Coverage Part $**

**Commercial Auto Coverage Part $**

**Garage Coverage Part $**

**Miscellaneous Professional Liability $**

**TOTAL $**

The Policy Writing Nonrefundable Minimum Premium is $100

## Form(s) and Endorsement(s) Applicable To All Coverage Parts

Countersigned: By .

Authorized Representative

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICBLE, 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.

# 94858 (5/14)