**Common Policy Declarations**

DECLARATIONS

|  |  |
| --- | --- |
| **NAME AND ADDRESS OF AGENCY** | **INSURANCE COMPANY**  Lexington Insurance Company  (being a capital stock company)  99 High Street, Boston, MA 02110 |
| **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**

**Public Officials Liability Coverage Part $**

**Educators Legal Liability Coverage Part $**

**Law Enforcement Liability Coverage Part $**

**Employment Practices Liability Coverage Part $**

**TOTAL $**

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

Countersigned: By .

Authorized Representative

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