**Commercial Inland Marine**

DECLARATIONS

|  |  |
| --- | --- |
| **NAME AND ADDRESS OF AGENCY** | **INSURANCE COMPANY**  New Hampshire Insurance Company/Granite State 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: -- TO: --  At 12:01A.M. standard time at the mailing address shown |

|  |
| --- |
| **Location Building**  **Coverage Description: DED LIMIT PREMIUM** |

**TOTAL INLAND MARINE PREMIUM $**

**Form(s) and Endorsement(s)**

APPLYING TO COMMERCIAL INLAND MARINE COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE:

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.