**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.