



**OREGON MUTUAL INSURANCE COMPANY
COMMERCIAL UMBRELLA LIABILITY POLICY
DECLARATIONS**

M2053U (9-18)

Copy

ITEM ONE

Policy No: _____

Named Insured:

Address:

ITEM TWO

The Named Insured is:

Business Description:

ITEM THREE

Policy Period From: _____ To: 12:01 A.M. STANDARD TIME at the address shown above.

ITEM FOUR

Commercial Umbrella Liability Policy

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.

ITEM FIVE

Limits of Insurance

Aggregate Limit (other than auto)	\$
Personal and Advertising Injury Limit	\$
Each Occurrence Limit	\$
Self Insured Retention	\$

ITEM SIX

Premium

Advance Premium	\$	<input type="checkbox"/> Flat	<input type="checkbox"/> Auditable
California Surcharge	\$		
Oregon Surcharge	\$		
Minimum Earned Premium	\$	Annual Minimum Premium	\$
Total	\$		

ITEM SEVEN

Forms and Endorsements Attached to this Policy:

Authorized Representative: _____ Date: _____