



OREGON MUTUAL INSURANCE COMPANY

P.O. Box 808, McMinnville, Oregon 97128

M2060B (7-11)

COPY

Businessowners Protector Policy

POLICY NUMBER

POLICY PERIOD

TO

12:01 A.M. Standard Time at Your Mailing Address.

Ryan Stoffel

PRESIDENT

NAMED INSURED

CUSTOMER SINCE:

YOUR AGENT

AUTHORIZED REPRESENTATIVE

THE NAMED INSURED IS:
BUSINESS DESCRIPTION:
PREMISES DESCRIPTION(S)

SAMPLE

PREM. NO.

BLDG. NO.

PREM. NO.

BLDG. NO.

MORTGAGEE:

MORTGAGEE:

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 Declarations Page or Continuation Certificate, when attached, completes the above numbered policy.

BASIC PROPERTY COVERAGE

Limits of Insurance

Deductible \$

Buildings

PREM. NO.

BLDG. NO.

\$

Business Personal Property

PREM. NO.

BLDG. NO.

\$

This policy includes Business Income Coverages. See paragraph A.5.f in Section I - Property of the BUSINESS COVERAGE FORM.

BASIC LIABILITY AND MEDICAL PAYMENTS

General Aggregate Limit (Other than Products-Completed Operations)

\$

Products Completed Operations Aggregate Limit

\$

Liability and Medical Expenses Limit

\$

Medical Expenses (per Person)

\$

Damage to Premises Rented to You Limit

\$

Except for Damage to Premises Rented To You, each paid claim for the above coverages reduces the amount of the insurance we provide during the applicable period. Please refer to paragraph D.4. in Sect. II - Liability of the BUSINESSOWNERS COVERAGE FORM.

OPTIONAL/MISCELLANEOUS COVERAGES

\$

THESE FORMS APPLY:

TOTAL PREMIUM \$

Renews or Replaces Policy No.:

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