



**OREGON MUTUAL INSURANCE GROUP**

Oregon Mutual and Western Protectors Insurance Companies  
P.O. Box 808, McMinnville, Oregon 97128

Copy

**Common Policy Declarations**

**NAMED INSURED**                      **CUSTOMER SINCE**

**POLICY NUMBER**  
**POLICY PERIOD**                      **TO**  
**BILLING PLAN**

Effective 12:01 A.M. Standard Time at your mailing address shown. In return for the payment of your premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

*Brian Steffy*  
\_\_\_\_\_  
President

**BUSINESS DESCRIPTION:**

**AGENT INFORMATION**

**FORM OF BUSINESS:**

\_\_\_\_\_  
Authorized Representative

**COVERAGE PARTS**

**PREMIUMS**

This policy consists of the following coverage parts for which a premium is indicated. This Premium may be subject to adjustment.

**PRIOR POLICY NUMBER:**

**FORMS APPLICABLE TO ALL COVERAGE PARTS**

**SEE ATTACHED FORMS LIST - M2071**

**TOTAL PREMIUM**  
**CALIFORNIA SURCHARGE**  
**OREGON SURCHARGE**  
**TOTAL AMOUNT**