



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.

Michael E. Koyen

President

BUSINESS DESCRIPTION:

AGENT INFORMATION

FORM OF BUSINESS:

Authorized Representative

SAMPLE

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