



OREGON MUTUAL INSURANCE COMPANY

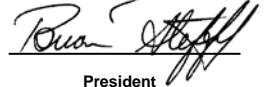
P.O. Box 808, McMinnville, Oregon 97128

Insured
Copy

Common Policy Declarations

POLICY NUMBER
POLICY PERIOD TO
BILLING PLAN Direct Bill

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.


President

AGENT INFORMATION

NAMED INSURED Customer Since

BUSINESS DESCRIPTION:

FORM OF BUSINESS:

SAMPLE

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.

Form M3125 (Policyholder Disclosure Notice of Terrorism Insurance Coverage) is attached to this policy at a premium of \$0.00.

PRIOR POLICY NUMBER:

FORMS APPLICABLE TO ALL COVERAGE PARTS

SEE ATTACHED FORMS LIST - M2071

TOTAL PREMIUM	\$0.00
CALIFORNIA SURCHARGE	
TOTAL AMOUNT	\$0.00