



**OREGON MUTUAL INSURANCE COMPANY**

M2072L (9-08)

Copy

**Commercial General Liability  
Coverage Part Declarations**

**POLICY NUMBER:**

**EFFECTIVE DATE:**

**NAMED INSURED:**

**AUDIT FREQUENCY:**

**LIMITS OF INSURANCE**

---

**CLASSIFICATION  
DESCRIPTION**

**CODE**

**PREMIUM BASIS**

**RATES**

**ADVANCE PREMIUM**

---

**SEE ATTACHED FORMS LIST - M2071**

*OUR MUTUAL INTEREST IS YOU!*