



**OREGON MUTUAL INSURANCE COMPANY  
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY  
DECLARATIONS**

M2125L (9-08)  
Copy

**POLICY NUMBER:**

**EFFECTIVE DATE:**

**NAMED INSURED:**

**AUDIT FREQUENCY:**

**LIMITS OF INSURANCE**

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**PROJECTS**

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**SAMPLE**

**CLASSIFICATION**

DESCRIPTION	CODE	PREMIUM BASIS	RATES PER \$1000 OF COST	ADVANCE PREMIUM
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**SEE ATTACHED FORMS LIST - M2071**

**OUR MUTUAL INTEREST IS YOU!**