



**OREGON MUTUAL INSURANCE COMPANY  
RENEWAL CERTIFICATE**

M2289 (3-89)

Please insert this Renewal Certificate with the rest of your policy.

**Named Insured:**

**Agent:**

**Address:**

SAMPLE

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This certificate extends Policy #		From:	To:
Renewal Premium	\$		
	\$		
Total Charge	\$		

Your policy is extended in its present form except for any changes described below. You will also receive the benefit of any changes we've made in our standard policy forms that broaden or extend your coverage without increasing your premium.

**POLICY CHANGES**

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This certificate is not effective unless it's signed by an authorized representative of the Company.

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Authorized Representative

Date