



Century Surety Company

465 Cleveland Avenue
Westerville, OH 43082
614-895-2000
www.centurysurety.com

COMMERCIAL LINES POLICY COMMON POLICY DECLARATIONS

POLICY NO.:

NAMED INSURED AND ADDRESS:

CODE NO.:

INSUREDS AGENT:

POLICY PERIOD: From: _____ To: _____ at 12:01 A.M. Standard time at your mailing address shown above.

Business Description:

Individual

Joint Venture

Partnership

Organization (Other than Partnership or Joint Venture)

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

PREMIUM

\$

% of the Policy Premium is fully earned as of the effective date of this policy and is not subject to return or refund. TOTAL \$

Service of Suit (if form CCP 20 10 is attached) may be made upon:

Form(s) and Endorsement(s) made a part of this policy at time of issue* :

See Attached Schedule of Forms, CIL 15 00b 02 02

* Omits applicable Forms and Endorsements if shown in specific Coverage Part/Coverage Form Declarations.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud.

COMPANY REPRESENTATIVE:

Countersigned By _____

Authorized Representative

IN WITNESS WHEREOF, this Company has executed and attested these presents; but this policy shall not be valid unless countersigned by the duly Authorized Agent of this Company at the Agency hereinbefore mentioned.

Secretary

President