BEST CHOICE CONTRACTOR PROGRAM

Common Policy Declarations

Renewal of:

Policy No. _____

Insurance Carrier Name and Address:

Producer and Mailing Address

Telephone No.:
E-mail address:
Producer Code:

1. Named Insured and Mailing Address:

Form of Business:

Business Description:

2. Policy Period: **From:** **to** At 12:01 A.M. Standard Time at your mailing address shown above.

3. This Policy consists of the following Coverage Parts for which a premium is indicated. This premium may be subject to adjustment.

	Premium:*
Commercial General Liability Coverage Part	$ _____
Commercial Inland Marine Coverage Part	$ _____
_____	$ _____
Policy Fee: $ _____	$ _____
Total Premium and Surcharges:*	$ _____

* Please see each Coverage Part's Declarations for itemization of premiums, taxes, surcharges and fees.

4. Forms and endorsements attached to this Policy at issuance:

Please see Schedule of Applicable Forms

These Declarations, along with any attached forms and endorsements shall constitute the contract between the insureds and the insurer.

IN WITNESS WHEREOF, the Insurer has caused this Policy to be signed by its Chairman and Secretary at Chicago, Illinois.

Chairman	**Secretary**
_____	_____