

COMMERCIAL LINES POLICY - COMMON POLICY DECLARATIONS

NAUTILUS INSURANCE COMPANY

Scottsdale, Arizona

Transaction Type:

Policy No.

Renewal of Policy # _____
Rewrite of Policy # _____
Cross Ref. Policy # _____

Inspection Ordered:
[] Yes [] No

Named Insured and Mailing Address

(No., Street, Town or City, County, State, Zip Code)

Agent and Mailing Address

Agency No. _____

(No., Street, Town or City, County, State, Zip Code)

Policy Period:

From _____ to _____ at 12:01 A.M. Standard Time at your mailing address shown above.

Business Description:

Tax State _____

Form of Business: [] Individual [] Partnership [] Joint Venture [] Trust [] Limited Liability Company (LLC)
[] Organization, including a Corporation (but not including a Partnership, Joint Venture or LLC)

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE WILL PROVIDE YOU THE INSURANCE 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

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

Tax & Fee Schedule

\$

TOTAL ADVANCE PREMIUM \$ _____

TOTAL TAXES & FEES \$ _____

TOTAL \$ _____

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

Refer to Schedule of Forms and Endorsements.

Countersigned:

By _____

Countersignature or Authorized Representative, whichever is applicable

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE PART COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.