

# COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

POLICY NUMBER: **NN565761**

Extension of Declarations is attached.

Effective Date: **05/03/2015 12:01 A.M. Standard Time**

**LIMITS OF INSURANCE**  If box is checked, refer to form **S132** Amendment of Limits of Insurance.

General Aggregate Limit (Other Than Products/ Completed Operations)	\$	<u>1,000,000</u>	
Products/ Completed Operations Aggregate Limit	\$	<u>1,000,000</u>	
Personal and Advertising Injury Limit	\$	<u>1,000,000</u>	Any One Person Or Organization
Each Occurrence Limit	\$	<u>1,000,000</u>	
Damage To Premises Rented To You Limit	\$	<u>100,000</u>	Any One Premises
Medical Expense Limit	\$	<u>5,000</u>	Any One Person

**RETROACTIVE DATE (CG 00 02 ONLY)**

This insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" which occurs before the Retroactive Date, if any, shown here: \_\_\_\_\_ (Enter Date or "NONE" if no Retroactive Date applies)

**BUSINESS DESCRIPTION AND LOCATION OF PREMISES**

BUSINESS DESCRIPTION: **PROPERTY PRESERVATION SERVICES**

LOCATION OF ALL PREMISES YOU OWN, RENT, OR OCCUPY:  Location address is same as mailing address.

1. Always Home, LLC 1517 STATE STREET #102  
SARASOTA FL 34236-
2. \_\_\_\_\_

Additional locations (if any) will be shown on form **S170**, Commercial General Liability Coverage Part Declarations Extension.

LOCATION OF JOB SITE (If Designated Projects are to be Scheduled): \_\_\_\_\_

CODE # -	CLASSIFICATION	*	PREMIUM BASIS	RATE		ADVANCE PREMIUM
				Prem/ Ops	Prod/ Comp Ops	
90685 -	Property Preservation Services	P				
91591 -	Contractors - subcontracted work - other than construction-related work	C				
-						
-						

**\* PREMIUM BASIS SYMBOLS**    **+** = Products/ Completed Operations are subject to the General Aggregate Limit

a = Area (per 1,000 sq. ft. of area)	o = Total Operating Expenditures (per \$1,000 Total Operating Expenditures)	s = Gross Sales (per \$1,000 of Gross Sales)
c = Total Cost (per \$1,000 of Total Cost)	p = Payroll (per \$1,000 of Payroll)	t = See Classification
m = Admissions (per 1,000 Admissions)		u = Units (per unit)

PREMIUM FOR THIS COVERAGE PART \$

**FORMS AND ENDORSEMENTS** (other than applicable Forms and Endorsements shown elsewhere in the policy)

Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:  
**Refer to Schedule of Forms and Endorsements**

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

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