

Century Surety Company

550 Polaris Parkway, Suite 300
Westerville, Ohio 43082
614-895-2000
www.centurysurety.com
COMMERCIAL LINES POLICY
COMMON POLICY DECLARATIONS

POLICY NO.: NAMED INSURED AND ADDRESS:	CODE NO.:
	INSUREDS AGENT:
Business Description:	ATE HOW THE DEDUCTIBLES MIGHT AFFECT YOU. dard time at your mailing address shown above.
Individual Joint Venture Partnership Limited Liability Company (L	
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 refuservice of Suit (if form CCP 20 10 is attached) may be made upon:	ınd.
Form(s) and Endorsement(s) made a part of this policy at time of iss	sue*:
*Omits applicable Forms and Endorsements if shown in specific Coverage Part/Cove Any person who, with intent to defraud or knowing that he is facilitating a fraud again deceptive statement is guilty of insurance fraud. COMPANY REPRESENTATIVE:	rage Form Declarations. st an insurer, submits an application or files a claim containing false or
Countersig	gned ByAuthorized Representative
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IN WITNESS WHEREOF, this Company has executed and attested these presents; Agent of this Company at the Agency hereinbefore mentioned.	but this policy shall not be valid unless countersigned by the duly Authorized
R+1., cm: 11	

Secretary

President