

Ameritrust Insurance Corporation

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:
POLICY PERIOD: From:	To: at 12:01 A.M. Standard tii	me at your mailing address shown above.
Business Description: Individual Joint Venture Partnersh	nip Limited Liability Company (LLC)	Organization (Other than Partnership, LLC or Joint Venture)
IN RETURN FOR THE PAYMENT OF WITH YOU TO PROVIDE THE INSUF		O ALL THE TERMS OF THIS POLICY, WE AGREE CY.
THIS POLICY CONSISTS OF THE FO		OR WHICH A PREMIUM IS INDICATED. THIS
		PREMIUM
		\$
	n is fully earned as of the effective	TOTAL \$
date of this policy and Service of Suit (if form CCP 20 10 is a	is not subject to return or refund.	
COLVINCE OF CARE (III TOTALL COLVINS OF COLVINS OF CARE (III TOTALL COLVINS OF CARE (I	taonoa) may be made apon.	
Form(s) and Endorsement(s) made a	part of this policy at time of issue*:	
*Omits applicable Forms and Endorsements if s Any person who, with intent to defraud or knowledgeptive statement is guilty of insurance fraud COMPANY REPRESENTATIVE:	ng that he is facilitating a fraud against an ins	orm Declarations. surer, submits an application or files a claim containing false or
COM ANT RELITEDENTATIVE.	Countersigned By	у
		Authorized Representative
IN WITNESS WHEREOF, this Company has ex Agent of this Company at the Agency hereinbef		policy shall not be valid unless countersigned by the duly Authorize

Secretary

ATCP 1001 0423