

# RENTAL DOCK LIABILITY COVERAGE DECLARATIONS

<b>Century Surety Company</b> 550 Polaris Parkway, Suite 300 Westerville, OH 43082	Agent Code: <hr/> Producer:
POLICY NUMBER:	
POLICYHOLDER: <u>CONNECTHEDOCKS, LLC d/b/a/ connecthedocks.com</u>	
MAILING ADDRESS: _____	
POLICY PERIOD: FROM _____ TO _____ AT 12:01 A.M. TIME AT THE MAILING ADDRESS SHOWN ABOVE	

**IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL OF THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.**

### LIMITS OF INSURANCE

EACH MEMBER OCCURRENCE LIMIT:	\$1,000,000
EACH MEMBER AGGREGATE LIMIT*:	\$2,000,000
POLICY AGGREGATE LIMIT:	\$5,000,000

\* Subject to Each Member Occurrence Limit

### DEDUCTIBLE

EACH OCCURRENCE DEDUCTIBLE	\$500
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### CLASSIFICATION AND PREMIUM

CLASSIFICATION	CODE NO.	PREMIUM BASE	RATE	ESTIMATED MEMBERS	ADVANCE PREMIUM
MEMBER		EACH MEMBER		Reported Monthly	Reported Monthly
ESTIMATED ANNUAL PREMIUM (SUBJECT TO AUDIT)					Reported Monthly
DEPOSIT PREMIUM IS PAYABLE ON OR BEFORE					
REPORTING PERIOD IS <b>MONTHLY</b>					

Policy Premium is fully earned and not subject to return or refund.

COMPANY REPRESENTATIVE:
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### ENDORSEMENTS

ENDORSEMENTS ATTACHED TO THIS POLICY: See attached form CIL 1500b (02/02)
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**THESE DECLARATIONS, TOGETHER WITH THE COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.**

Policyholder Signature	Date

Countersigned:	By:
(Date)	(Authorized Representative)

**NOTE**

OFFICERS' FACSIMILE SIGNATURES MAY BE INSERTED HERE, ON THE POLICY COVER OR ELSEWHERE AT THE COMPANY'S OPTION.

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