

**COMMERCIAL MARINE DECLARATIONS
RELOCATION PROGRAM**

NAMED ASSURED AND MAILING ADDRESS:

POLICY NUMBER:

EFFECTIVE DATE:

INTEREST INSURED:

LIMITS OF LIABILITY:

\$ Domestic Transit

\$ Declared Warehouse

\$ Any One Occurrence

DEDUCTIBLE:

Domestic Transit: \$ Deductible Per Occurrence

Warehouse: See attached Endorsement

DEPOSIT PREMIUM: \$

TOTAL MINIMUM PREMIUM: \$

REPORTING /ADJUSTMENT: