



**COMMERCIAL GENERAL LIABILITY COVERAGE PART  
DECLARATIONS**

<b>Company: EMPLOYERS FIRE INSURANCE</b>				<b>Office: ASIC ORANGE</b>	
<b>Transaction Type</b>	<b>Issue Date</b>	<b>Effective Date</b>	<b>Rex Number</b>	<b>Policy Number</b>	<b>File Number</b>
RENEWAL	07/29/2009	09/04/2009	1N410J	FF 1U40330	6671736 3
<b>COMMERCIAL GENERAL LIABILITY COVERAGE PART</b>					
<b>Liability Coverage</b>					<b>Limit Of Insurance</b>

**STANDARD COVERAGES**

Each Occurrence:	\$1,000,000
Damage to Premises Rented to You (any one premises):	\$300,000
Personal and Advertising Injury (any one person or organization):	\$1,000,000
Medical Expenses (any one person):	\$5,000
General Aggregate (except Products and Completed Operations):	\$2,000,000
Products-Completed Operations Aggregate:	\$2,000,000

<b>LIABILITY CLASSIFICATION SCHEDULE-STANDARD COVERAGES</b>						
<b>Description Of Classification</b>	<b>Class Code</b>	<b>Premises / Products</b>	<b>Rate Basis</b>	<b>Exposure Amount</b>	<b>Annual Final Rate</b>	<b>Advance Premium</b>
Inspection/Appraisal Company-Inspect for Ins or Val Purposes	96317	PREMISES PRODUCTS	Payroll	104,000	4.395	\$457 Included

General Liability Premium Subject to Audit: No

