

Policy No. -  
 Renewal Of -

**THE PROTECTOR COMMERCIAL UMBRELLA DECLARATIONS PAGE**

**1. NAMED INSURED AND ADDRESS:**

**2. POLICY PERIOD:**

12:01 A.M. Standard Time at the  
 address of the Named Insured  
 shown at left.  
 From \_\_\_\_\_ To \_\_\_\_\_

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

**PRODUCER'S NAME AND ADDRESS:**

Insurance is afforded by:

**3. PREMIUM:** Commercial Umbrella Premium \$  
 Personal Umbrella Premium \$  
 Total Advance Premium \$  
 Service Charge \$  
 Taxes \$  
 Surcharge \$  
 Total \$

In the event of cancellation by the Named Insured, the company will receive  
 and retain no less than \$ \_\_\_\_\_ as a policy minimum premium.

**BASIS OF PREMIUM:** Non-Auditable ( ) Auditable ( )

**4. LIMITS OF INSURANCE:** \$ \_\_\_\_\_ Each Occurrence  
 \$ \_\_\_\_\_ General Aggregate (Where Applicable)  
 \$ \_\_\_\_\_ Products-Completed Operations Aggregate

**5. SELF-INSURED RETENTION: \$** \_\_\_\_\_

**6. FORMS AND ENDORSEMENTS** applicable to all Coverage Forms and made part of  
 this Policy at time of issue are listed on the attached Forms and  
 Endorsements Schedule, GAI 6013 (Ed. 06/97).