

**DECLARATIONS**

<b>NAMED INSURED AND ADDRESS</b>	«NamedInsured» DBA «DBA» «NamedInsuredStreetAddress» «NamedInsuredCity», «NamedInsuredState» «NamedInsuredZip»
<b>ENTITY TYPE</b>	«EntityType»
<b>BROKER OF RECORD</b>	«Broker» «BrokerStreetAddress» «BrokerCity», «BrokerState» «BrokerZip»

<b>INSURER</b>	AXIS Surplus Insurance Company 233 South Wacker Dr., Suite 4930 Chicago, IL 60606 (866) 259-5435 <b>A Stock Insurer</b>
<b>POLICY FORM</b>	AXIS 1010402 0823
<b>POLICY NUMBER</b>	«PolicyNumber» <i>Renewal of: «PriorPolicyNumber»</i>
<b>POLICY PERIOD</b>	Effective Date: «PolicyEff» Expiration Date: «PolicyEnd» <i>Both dates at 12:01 a.m. at the Named Insured's address stated herein.</i>

<b>BUSINESS DESCRIPTION</b>

<b>TOTAL POLICY PREMIUM</b>	\$
<b>MINIMUM EARNED PREMIUM</b> <i>(percentage of Total Policy Premium)</i>	%

<b>TERRORISM PREMIUM FOR CERTIFIED ACTS OF TERRORISM (included in Total Policy Premium)</b>	«TRIAPremium»
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**NON ADMITTED PAPER:**

*This policy is written by a surplus lines insurer. As such, the broker is responsible for determination and collection of any applicable surplus lines taxes, related fees, and/or applicable state-imposed surcharges, invoicing the Insured, and filing in accordance with the applicable state's surplus lines laws and/or regulations.*

<b>AUDIT PERIOD</b>	Not Subject To Audit
<b>MINIMUM PREMIUM</b>	«MinimumPremium»
<b>DEPOSIT PREMIUM</b>	«DepositPremium»

<b>AXIS LIMITS OF INSURANCE</b>	
<b>Each Occurrence Limit</b>	«EachOccAXISLimit»
<b>General Aggregate Limit</b>	«GenAggAXISLimit»
<b>Products-Completed Operations Aggregate Limit</b>	«Products-Completed Operations Hazard»
<b>Total Aggregate Limit</b>	«totalaggregate»

<b>SCHEDULE OF UNDERLYING INSURANCE</b>
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<b>PRIMARY (FOLLOWED POLICY) — COMMERCIAL GENERAL LIABILITY</b>	
<b>Coverage Description</b>	
<b>Insurer</b>	
<b>Policy Number</b>	
<b>Policy Period</b>	
<b>Claims Expense / Defense Costs</b>	
<b>Limits of Insurance</b>	
<b>Each Occurrence</b>	
<b>General Aggregate</b>	
<b>Products and Completed Operations Aggregate</b>	

<b>PRIMARY (FOLLOWED POLICY) — EMPLOYERS LIABILITY INSURANCE</b>	
<b>Coverage Description</b>	
<b>Insurer</b>	
<b>Policy Number</b>	
<b>Policy Period</b>	
<b>Claims Expense / Defense Costs</b>	
<b>Limits of Insurance</b>	
Bodily Injury by Accident	\$ Each Accident
Bodily Injury by Disease	\$ Policy Limit
Bodily Injury by Disease	\$ Each Employee

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**NOTICES TO INSURER**

*Send Notice of Claims To:*

AXIS Insurance  
Claims Department  
P.O. Box 4470  
Alpharetta, GA 30023-4470

Email: [USFNOL@axiscapital.com](mailto:USFNOL@axiscapital.com)  
Phone (Toll-Free): (866) 259-5435  
Phone: (678) 746-9000  
Fax: (866) 770-5629

*Send All Other Notices And Inquiries To:*

AXIS Insurance  
10000 Avalon Blvd.  
Suite 200  
Alpharetta, GA 30009

Email: [notices@axiscapital.com](mailto:notices@axiscapital.com)  
Phone (Toll-Free): (866) 259-5435  
Phone: (678) 746-9000  
Fax: (678) 802-6161

<b>SCHEDULE OF FORMS &amp; ENDORSEMENTS</b>	
<b>Policyholder Notices, Policy Forms, and Endorsements</b>	<b>Form Number and Edition Date</b>
Policyholder Notice	AXIS 105 0316
Service of Suit	AXIS 106 0415
Policyholder Notice - Economic and Trade Sanctions	AXIS 906 0316
AXIS Excess Insurance Policy	AXIS 1010402 0823
Signature Page	AXIS 102ASIC 0415
«FormName»	«FormNumberandEditionDate»
«FormName»	«FormNumberandEditionDate»