



ASPEN

ASPEN SPECIALTY INSURANCE COMPANY

COMMERCIAL LIABILITY UMBRELLA DECLARATIONS

Policy Number: _____

Aspen Specialty Insurance Company	
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NAMED INSURED: _____
 MAILING ADDRESS: _____

 POLICY PERIOD: FROM _____ TO _____ AT 12:01 A.M. STANDARD
 TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

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

LIMITS OF INSURANCE		
EACH OCCURRENCE LIMIT (LIABILITY COVERAGE)	\$	_____
PERSONAL & ADVERTISING INJURY LIMIT	\$	_____ Any one person or organization
AGGREGATE LIMIT (LIABILITY COVERAGE) (except with respect to "covered autos")	\$	_____
OTHER: _____	\$	_____
_____	\$	_____

DESCRIPTION OF BUSINESS	
FORM OF BUSINESS:	
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP
<input type="checkbox"/> LIMITED LIABILITY COMPANY	<input type="checkbox"/> JOINT VENTURE
	<input type="checkbox"/> ORGANIZATION, INCLUDING A CORPORATION (BUT NOT INCLUDING A PARTNERSHIP, JOINT VENTURE OR LIMITED LIABILITY COMPANY)
BUSINESS DESCRIPTION: _____	



PREMIUM									
Subject Premium of Employers Liability Coverage	\$ _____	x Umbrella Factor _____	\$ _____						
Subject Premium of Comm. Gen. Liab. Coverage	\$ _____	x Umbrella Factor _____	\$ _____						
Subject Premium of Commercial Auto Coverage	\$ _____	x Umbrella Factor _____	\$ _____						
Subject Premium of Coverages	\$ _____	x Umbrella Factor _____	\$ _____						
Other Premium	\$ _____	x Umbrella Factor _____	\$ _____						
PREMIUM SHOWN IS PAYABLE: <table style="margin-left: 100px; border: none;"> <tr> <td style="padding: 5px;">AT INCEPTION</td> <td style="padding: 5px;">\$ _____</td> </tr> <tr> <td style="padding: 5px;">AT EACH ANNIVERSARY</td> <td style="padding: 5px;">\$ _____</td> </tr> <tr> <td colspan="2" style="padding: 5px;">(IF POLICY PERIOD IS MORE THAN ONE YEAR AND PREMIUM IS PAID IN ANNUAL INSTALLMENTS)</td> </tr> </table>				AT INCEPTION	\$ _____	AT EACH ANNIVERSARY	\$ _____	(IF POLICY PERIOD IS MORE THAN ONE YEAR AND PREMIUM IS PAID IN ANNUAL INSTALLMENTS)	
AT INCEPTION	\$ _____								
AT EACH ANNIVERSARY	\$ _____								
(IF POLICY PERIOD IS MORE THAN ONE YEAR AND PREMIUM IS PAID IN ANNUAL INSTALLMENTS)									
AUDIT PERIOD (IF APPLICABLE)	<input type="checkbox"/> ANNUALLY	<input type="checkbox"/> SEMI-ANNUALLY	<input type="checkbox"/> QUARTERLY						
<input type="checkbox"/> MONTHLY									

ENDORSEMENTS
ENDORSEMENTS ATTACHED TO THIS POLICY:

RETAINED LIMIT		
1. SELF-INSURED RETENTION	\$ _____	
2. SCHEDULE OF UNDERLYING INSURANCE		
Employers' Liability		
Company: _____		
Policy Number: _____		
Policy Period: _____		
Minimum Applicable Limits		
Bodily injury by accident	\$ _____	Each Accident
Bodily injury by disease	\$ _____	Each Employee
Bodily injury by disease	\$ _____	Policy Limit
	or	Each Acci-
	\$ _____	dent/Occurrence
Commercial General Liability		
	<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made
Company: _____		
Policy Number: _____		
Policy Period: _____		
Minimum Applicable Limits		
General Aggregate	\$ _____	
Products-Completed Operations Aggregate	\$ _____	
Personal And Advertising Injury	\$ _____	
Each Occurrence	\$ _____	
Hired Auto & Non Owned Auto Liability	\$ _____	
Commercial Auto Liability		
Company: _____		
Policy Number: _____		
Policy Period: _____		
Minimum Applicable Limits		
Garage Aggregate Limit For Other Than Autos (if applicable)	\$ _____	
Each Accident	\$ _____	
Directors & Officers		
	<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made
Company: _____		
Policy Number: _____		
Policy Period: _____		
Minimum Applicable Limits		
_____	\$ _____	
_____	\$ _____	
_____	_____	

Liquor Liability

Company: _____

Policy Number: _____

Policy Period: _____

Minimum Applicable Limits

Each Common Cause \$ _____

Aggregate \$ _____

Employee Benefits Liability

Company: _____

Policy Number: _____

Policy Period: _____

Minimum Applicable Limits

Each Employee \$ _____

Aggregate \$ _____

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.

Countersigned:	By:
(Date)	(Authorized Representative)

NOTE

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

- (a) An air carrier (as defined in Section 40102 of title 49, United States Code) or United States flag vessel (or a vessel based principally in the United States, on which United States income tax is paid and whose insurance coverage is subject to regulation in the United States), regardless of where the loss occurs; or
 - (b) The premises of any United States mission; and
 - c. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.
3. "Other act of terrorism" means a violent act or an act that is dangerous to human life, property or infrastructure that is committed by an individual or individuals and that appears to be part of an effort to coerce a civilian population or to influence the policy or affect the conduct of any government by coercion, and the act is not a "certified act of terrorism".

Multiple incidents of an "other act of terrorism" which occur within a seventy-two hour period and appear to be carried out in concert or to have a related purpose or common leadership shall be considered to be one incident.

- C. In the event of any incident of a "certified act of terrorism" or an "other act of terrorism" that is not subject to this exclusion, coverage does not apply to any loss or damage that is otherwise excluded under this Coverage Part.

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.