

COMMERCIAL FOLLOW FORM EXCESS AND UMBRELLA POLICY

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

POLICY NUMBER: UH3 A802343 05
 COMPANY: Hanover Insurance Company

DECLARATIONS

Item 1. Named Insured and Address

(No., Street, Town, County, State)

Agent

LINDAMOOD BELL LEARNING PROCESSES 416 HIGUERA STREET SAN LUIS OBISPO CA 93401	1001241 TOLMAN & WIKER INSURANCE SERVICES, LLC. 196 S. FIR STREET VENTURA CA 93001
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Item 2. Policy Period: (Month, Day, Year)

From 12/15/2020 To 12/15/2021
 12:01 A. M., standard time at the address of the Named Insured as stated herein.

Form of Business:	
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Organization (Other than Partnership, Joint Venture or Limited Liability Company)	
Business Description: Educational Institution	
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. THIS PREMIUM MAY BE SUBJECT TO AUDIT.	
Item 3. Limit of Insurance	
Each Occurrence or Each Claim Limit:	\$10,000,000
Products – Completed Operations Aggregate Limit:	\$10,000,000
General Aggregate Limit	\$10,000,000
Retained Limit:	\$0
Item 4. Premium Computation:	
Estimated Annual Premium	\$29,947.00
Premium Surcharges	\$
(Premium Surcharges NOT APPLICABLE in New York)	
Annual Minimum Premium	\$29,947.00
Advance Premium	\$29,947.00

Endorsements:

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