



POLICY NUMBER: SS-XXXXXXXX

APPENDIX A

COMMERCIAL GENERAL LIABILITY DECLARATIONS

Item 1. SOCIAL SERVICE CONTRACTOR: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
ORIGINAL COVERAGE DATE: XX/XX/XXXX
RATING PERIOD FROM: XX/XX/XXXX TO: XX/XX/XXXX
12:01 A.M. Standard Time at the Mailing Address in the Common Declarations.

In return for the payment of the premium, and subject to all the terms of the SSCIP Agreement and this policy, the Pool agrees to provide you with the coverages as stated in this Coverage Part.

Item 2. LIMITS OF INSURANCE:
General Aggregate Limit \$ X,XXX,XXX
Products - Completed Operations Aggregate Limit \$ X,XXX,XXX
Personal and Advertising Injury Limit \$ X,XXX,XXX Any one person or organization
Each Occurrence Limit \$ X,XXX,XXX
Damage To Premises Rented To You Limit \$ XXX,XXX Any one premises
Medical Expense Limit \$ XX,XXX Any one person
Organic Pathogen Aggregate Limit \$ 100,000
Organic Pathogen Each Occurrence Limit \$25,000

Item 3. FORMS AND ENDORSEMENTS ATTACHED TO THIS COVERAGE PART:

Three horizontal lines for listing forms and endorsements.

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, THE COMMON POLICY CONDITIONS, THE COMMERCIAL GENERAL LIABILITY SCHEDULE, AND THE COMMERCIAL GENERAL LIABILITY COVERAGE FORM(S) AND ENDORSEMENT(S) COMPLETE THE COMMERCIAL GENERAL LIABILITY COVERAGE PART. PLEASE READ THEM CAREFULLY.

COUNTERSIGNED BY: Susan Kowalczyk