

COMMERCIAL LIABILITY UMBRELLA DECLARATIONS

Policy Number: 5000000078	Renewal
Named Insured and Mailing Address: Continuity Programs Inc PO BOX 8003 WALLED LAKE, MI 48390-8003	Producer Name and Address: Ralph C Wilson Agency Inc PO Box 5069 Southfield, MI 48086-5069 Telephone: (248) 355-1414
Policy Period	
From: 06/16/2021	
To: 06/16/2022	12:01 AM at your mailing address shown above.

In return for the payment of the premium, and subject to all the terms and conditions of this Policy, we agree with you to provide the insurance as stated in this Policy.

Limits of Insurance		
Each Occurrence Limit (Liability Coverage)	\$1,000,000	
Personal & Advertising Injury Limit	\$1,000,000	Any one person or organization
Aggregate Limit (Liability Coverage) (except with respect to "covered autos")		\$1,000,000

Description of Business
Form of Business: Corporation
Business Description: design and implementation of customer loyalty and relationship building marketing programs that build & maintain customer loyalty. Some printing involved.

All Premises You Own, Rent Or Occupy
Refer to Underlying Policies for Information

Premium	
Other Premium	\$750
Total Coverage Part Premium	\$750
State Tax Or Other (if applicable)	
Total Premium	\$750
Endorsements Attached to this Policy:	
See Schedule of Forms and Endorsements	

Schedule of Underlying Insurance

Commercial General Liability
 Occurrence

 Claims-Made

 Company: Motorists Commercial Mutual Insurance

 Policy Number: 5000000077

 Policy Period: 06/16/2021 To 06/16/2022
Minimum Applicable Limits

General Aggregate	\$2,000,000
Products-Completed Operations Aggregate	\$2,000,000
Personal And Advertising Injury	\$1,000,000
Each Occurrence	\$1,000,000

Commercial Auto Liability

 Company: Motorists Commercial Mutual Insurance

 Policy Number: 5000000077

 Policy Period: 06/16/2021 To 06/16/2022
Minimum Applicable Limits

Each Accident	\$1,000,000
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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.