

HANOVER SMALL COMMERCIAL POLICY COMMON POLICY DECLARATIONS

Allmerica Financial Benefit Insurance Company
(A Stock Company)
440 Lincoln Street
Worcester, MA 01653

Renewal of R2D H872675 00

Policy Number:	Policy Period:	Coverage is provided by:	Agency Code:
R2D H872675 01	From: 01/01/2023 To: 01/01/2024 12:01 A.M. Standard Time at your mailing address shown below.	Allmerica Financial Benefit Insurance Company	1602701

Named Insured and Mailing Address: RICE INSPECTION INC PO BOX 264 MC GREGOR, TX 76657	Agent: PINNACLE INSURANCE GROUP INC 112 SHARRON DR WACO, TX 76712
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Insured Business Description:	Inspection And Appraisal Companies
Business Type:	Corporation

IN RETURN FOR THE PAYMENT OF THE PREMIUM AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY. YOUR POLICY CONSISTS OF THE FOLLOWING COVERAGE PART(S) FOR WHICH A SPECIFIC LIMIT OF INSURANCE IS SHOWN.

DESCRIBED PREMISES

Loc. No.	Bldg. No.	Address
001	N/A	1854 Plainview Rd, Mc Gregor, TX 76657-3652
001	001	1854 Plainview Rd, Mc Gregor, TX 76657-3652

LIABILITY COVERAGE

EXCEPT FOR DAMAGE TO PREMISES RENTED TO YOU, EACH PAID CLAIM FOR THE FOLLOWING COVERAGES REDUCES THE AMOUNT OF INSURANCE WE PROVIDE DURING THE ANNUAL PERIOD.

Coverage	Limit
General Aggregate Limit	\$ 2,000,000
Products/Completed Operations Aggregate Limit	\$ INCLUDED
Bodily Injury and Property Damage Liability – Each Occurrence Limit	\$ 1,000,000
Personal and Advertising Injury – Each Incident Limit	\$ 1,000,000
Medical Payments – Each Person Limit	\$ 5,000
Damage to Premises Rented to You – Any One Premises Limit, All Perils	\$ 1,000,000

PLEASE REFER TO THE LIMITS OF INSURANCE SECTION OF YOUR COVERAGE FORM AND ANY ENDORSEMENTS.

Date Issued: 10/28/2022

Payment Type: Direct Bill

Group:

825-3000 08 19

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