

Excess Policy Declarations



RLI Insurance Company
Peoria, Illinois 61615

Policy No.

Item 1. **Entity** - Name and Address:

Item 2. **Policy Period:**

From:

To:

at 12:01 a.m. at the address stated in Item 1.

Item 3. Limit of Liability:

Each **Policy Period** \$

Item 4. **Underlying Insurance:**

Insurer

Policy Number

Limits

Policy Period

(A) **Primary Policy:**

(B) Other Policies:

Item 5. Endorsements Effective at Inception:

Item 6. Termination of Prior Policies:


Item 7. Pending or Prior Date:

Item 8. Notice to the Insurer shall be addressed to:

RLI Insurance Company
9025 North Lindbergh Drive
Peoria, Illinois 61615-1431

The Insurer issuing this Policy has caused this Policy to be signed by its authorized officers, but it shall not be valid unless also signed by a duly Authorized Representative.

Date



Authorized Company Representative