

**EVANSTON INSURANCE COMPANY**

State Transaction Code:

COMMERCIAL EXCESS LIABILITY POLICY DECLARATIONS

POLICY NUMBER: EZXS3046502

RENEWAL OF POLICY: EZXS3022143

Named Insured and Mailing Address (No., Street, Town or City, County, State, Zip Code)

U Seal USA LLC
125 Old Iron Oar
Bloomfield, CT 06002

Policy Period: From 04/19/2021 to 04/19/2022 at 12:01 A.M. Standard Time at your mailing address shown above.

**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.**

Limits Of Insurance	
Each Occurrence Limit:	\$ 2,000,000
Aggregate Limit:	\$ 2,000,000
Retained Limit / Each Occurrence:	\$

Premium	
Policy Premium:	\$ 1,450.00
Terrorism Premium:	\$ Not Covered
Fees (Where Applicable):	\$ 133.00
Total Premium:	\$ 1,583.00 Payable At Inception
Audit Period: <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly	
Rating Basis (If Subject To Audit) Premium Basis: Rate:	

NOTICE
THIS IS A SURPLUS LINES POLICY AND IS NOT PROTECTED BY THE CONNECTICUT INSURANCE
GUARANTY ASSOCIATION OR SUBJECT TO REVIEW BY THE CONNECTICUT INSURANCE
DEPARTMENT. IT IS IMPORTANT THAT YOU READ AND UNDERSTAND THIS POLICY.

Producer Number, Name and Mailing Address
213077
Risk Placement Services, Inc.
530 Preston Avenue Suite 205
Meriden, CT 06450

Endorsements
Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:
Per Forms Schedule

Schedule Of Underlying Insurance
Per Schedule Of Underlying Insurance

These declarations, together with the Coverage Form and any Endorsement(s), complete the above numbered policy.

Countersigned: 04/01/2021
DATE

By: AUTHORIZED REPRESENTATIVE

RPSMER/SC/2021.04.03

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To Report a Loss
• Dial toll-free #1 (844)777-8323 or visit our
• Website: <https://my.rpsins.com/claimsfnol>
• Contact Insurer directly (see policy section)