



AMCO INSURANCE COMPANY
 1100 LOCUST ST DEPT 3000
 DES MOINES, IA 50391-3000

51093
RENEWAL

COMMERCIAL GENERAL LIABILITY DECLARATIONS

ALLIED SERIES

Policy Number: **FPK ABPO 7871158741**

Named Insured: **WHITE OAK FROZEN FOODS, INC.**

Address: **2100 ORESTIMBA RD
 NEWMAN CA 95360-9788**

Agent: **SCHUT INSURANCE SERVICES** 84-51093-000
 Address: **PATTERSON CA 95363**

Policy Period: From **09/06/09** to **09/06/10** 12:01 A.M. standard time at the address of the named insured as stated herein.

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

GENERAL AGGREGATE LIMIT (other than products-completed operations)	\$ 2,000,000
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	\$ 2,000,000
PERSONAL AND ADVERTISING INJURY LIMIT	\$ 1,000,000
EACH OCCURRENCE LIMIT	\$ 1,000,000
DAMAGE TO PREMISES RENTED TO YOU LIMIT (any one premises)	\$ 100,000
MEDICAL EXPENSE LIMIT (any one person)	\$ 5,000

Retroactive Date (CG0002 only)

The Named Insured is: **CORPORATION**
 Business of the Named Insured is: **DEHYDRATES/FREEZES VEGETA**
 Audit Period: **ANNUAL**

ENDORSEMENTS ATTACHED TO THIS POLICY

SEE COMMERCIAL GENERAL LIABILITY FORMS AND ENDORSEMENTS SCHEDULE

TOTAL ADVANCE PREMIUM

Replacement or
 Renewal Number **FPK ABPO 7861158741**
A PACKAGE MODIFICATION FACTOR HAS BEEN APPLIED

Countersigned By _____
 Authorized Representative

GL-D (10-98)

DIRECT BILL 78QQ 09231

INSURED COPY

FPK ABPO 7871158741 868437429 78 0012054