

## POLICY SCHEDULE

### COMPREHENSIVE GENERAL LIABILITY

Policy No. : <b>CGL-PRSM- 0150444</b> Insured : Address : Agent Code : Period of Insurance : From _____ (noon) To _____ (noon)	Date of Issuance : <b>FEB . 5 . 20</b> Premium : Doc. Stamps : <b>2,700.00</b> Premium Tax : Local Gov't. Tax : <hr/> <b>TOTAL : 2,700.-</b>
Renewing/Replacing: _____	
Insured Business : <b>TROPICAL EXPERIENCE TRAVEL SERVICES</b> Location of Risk : The Premises : <b>9 NORIEL ST. KATARUNGAN VILL., SAN ICONO CANTA.</b> Limits of Indemnity : <b>₱ 800,000.00</b> TPL Deductible : 5,000.00 on Property Damage only each and every loss. Description of Risk : <b>167.56 sqm</b>	

PREMISES OPERATION: PUBLIC LEGAL LIABILITY IN RESPECT OF BODILY INJURY OR DEATH AND PROPERTY DAMAGE TO THIRD PARTY CONNECTION WITH THE ASSURED'S BUSINESS.

DOCUMENTARY STAMPS MEMO, CGL EXCLUSIONS AND ITS DEDUCTIBLES, NUCLEAR, ASBESTOS, PUNITIVE DAMAGES EXCLUSION PUBLIC/GENERAL LIABILITY PRIMER, SINGLE LIMIT ENDORSEMENT, WAR & TERRORISM EXCLUSION ENDORSEMENT.

<b>BODILY INJURY</b>	<b>LIMITS OF LIABILITY</b>	<b>PROPERTY DAMAGE LIABILITY</b>	<b>LIMITS OF LIABILITY</b>
Each Person	PHP 50,000.00	Each Accident	PHP 50,000.00
Each Accident		Aggregate Operations	
Aggregate Products		Annual Aggregate Limit	
		Aggregate Products	
		Aggregate Contractual	

Remarks \_\_\_\_\_

**IN WITNESS WHEREOF**, a duly authorized officer of the company has set his hand hereunto this \_\_\_\_\_

**BETHEL GENERAL INSURANCE AND SURETY CORPORATION**  
 TIN-000-745-041-000

*Emerito B. Purisima*  
**Emerito B. Purisima**

Documentary stamps to the value shown herein have been properly affixed and cancelled on the duplicate copy of the Policy.

\_\_\_\_\_  
 Authorized Signature