Policy No.   -
Renewal Of   -

EXCESS LIABILITY POLICY DECLARATIONS

ITEM 1. NAMED INSURED AND MAILING ADDRESS:	ITEM 2. POLICY PERIOD: 12:01 A.M. Standard Time at the mailing address of the Named Insured shown at left. From To
IN RETURN FOR 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.	AGENT'S NAME AND ADDRESS:

Insurance is Afforded by Company indicated below:
(Each a Capital Stock corporation)

( ) Great American Insurance Co.   ( ) Agricultural Insurance Co.
( ) American National Fire Insurance Co.   ( ) American Alliance Insurance Co.
( )

ITEM 3. POLICY PREMIUM: **POLICY MINIMUM PREMIUM:**
  $ $
  PREMIUM BASIS: ( ) Flat ( ) Auditable

ITEM 4. LIMITS OF INSURANCE:
The Company's Liability under this policy will not exceed the following limit: percent of "loss" excess of Underlying Insurance stated in **Item 5.** of the Declarations, but for no greater than:
  $ Each Occurrence
  $ Aggregate Limit (where applicable)

ITEM 5. SCHEDULE OF UNDERLYING INSURANCE:

First Underlying Insurance Policy
Insurer, Policy No., Policy Period   Applicable Limit
                                              $ Each Occurrence
                                              $ Aggregate Limit
                                                           (where applicable)

Other Underlying Insurance (Excess
of First Underlying Insurance Policy)   Applicable Limit
                                              $ Each Occurrence
                                              $ Aggregate Limit
                                                           (where applicable)

ITEM 6. FORMS AND ENDORSEMENTS applicable to all Coverage Forms and made part of this policy at time of issue are listed on the attached Forms and Endorsements Schedule, TAU 9997 (Ed. 11/97).

Countersigned _____ By _____
              Date   Authorized Representative