

COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS

POLICY NUMBER _____ EFFECTIVE DATE _____ 12:01 A.M. Standard Time

NAMED INSURED _____

DESCRIPTION OF PREMISES

PREM.NO. BLDG.NO. LOCATION (STREET, CITY, STATE, ZIP), CONSTRUCTION AND

COVERAGES PROVIDED

INSURANCE AT THE DESCRIBED PREMISES APPLIES ONLY FOR COVERAGES FOR WHICH A LIMIT OF INSURANCE IS SHOWN.

PREM.NO. BLDG.NO. COVERAGE LIMIT OF INSURANCE COVERED CAUSES OF LOSS COINSURANCE* RATES

* IF EXTRA EXPENSE COVERAGE, LIMITS ON LOSS PAYMENT

OPTIONAL

APPLICABLE ONLY WHEN ENTRIES ARE MADE IN THE SCHEDULE

PREM.NO. BLDG.NO. AGREED VALUE EXPIRATION DATE COVERAGE AMOUNT REPLACEMENT COST(X) BUILDING PERSONAL PROPERTY INCLUDING "STOCK"

INFLATION GUARD(Percentage) BUILDING PERSONAL PROPERTY *MONTHLY LIMIT OF INDEMNITY (Fraction) *MAXIMUM PERIOD OF INDEMNITY (X) *EXTENDED PERIOD OF INDEMNITY (Days)

* APPLIES TO BUSINESS INCOME ONLY.

MORTGAGE HOLDERS

PREM.NO. BLDG.NO. MORTGAGE HOLDER NAME AND MAILING ADDRESS

DEDUCTIBLE

\$500. EXCEPTIONS:

FORMS APPLICABLE TO THIS COVERAGE PART

TO ALL COVERAGES:

TO SPECIFIC PREMISES/COVERAGES:

PREM.NO. BLDG.NO. COVERAGES

FORM