

**COMMERCIAL INLAND MARINE COVERAGE PART
DECLARATIONS**

Policy No.

Effective date:

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12:01 A.M. Standard Time

BUSINESS DESCRIPTION*

ADDITIONAL INTEREST/LOSS PAYEES

PREMIUM

Premium for this Coverage Part \$

FORMS AND ENDORSEMENTS (other than applicable Forms and Endorsements shown elsewhere in the policy)

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

COVERED PROPERTY

Item No.	Description (Model Year, Type, Manufacturer, Model, Serial No.)	Deductible	Limit Of Insurance	Rate	Premium

*Information omitted if shown elsewhere in the policy.

**Inclusion of date optional.

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY