**Granite State Insurance Company**

**Illinois National Insurance Co.**

**National Union Fire Insurance Company Of Pittsburgh, Pa.**

**New Hampshire Insurance Company**

(Each of the above being a capital stock company)

**ADMINISTRATIVE OFFICES: 175 Water Street, New York, NY, 10038**

COMMERCIAL PROPERTY COVERAGE PART  
DECLARATIONS Page

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **POLICY NO.** | | | | | | | | | | | | | | | | **EFFECTIVE DATE** | | | | |  | | | **/** |  | **/** |  |  | **🞏** | **"X" If Supplemental** | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Declarations Is Attached** | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NAMED INSURED** | | | | | | | | | | | | | | | | | | | | | | | **COMPANY** | | | | | | | | | | | | | |
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|  | **DESCRIPTION OF PREMISES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Prem. No.** | | | | **Bldg. No.** | | | | | | | | | **Location, Construction And Occupancy** | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **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 COVERAGES** | | | | | | | | | | | | | | **Applicable Only When Entries Are Made In The Schedule Below** | | | | | | | | | | | | | | | | | | | | | |
|  | **Prem.** | | **Bldg.** | | | | **Agreed Value** | | | | | | | | | | | | | | | | | **Replacement Cost (X)** | | | | | | | | | | | | |
|  | **No.** | | **No.** | | | | **Expiration Date** | | | | | | | | | | | | **Cov.** | | **Amount** | | | **Building** | | | | | | | | **Pers. Prop.** | | | **Including "Stock"** | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | **Inflation Guard (%)** | | | | | | | | | | | **\*Monthly Limit Of** | | | | | | | | | | | | | **Maximum Period** | | | | | | | | **\*Extended Period** | | |
|  |  | **Bldg.** | | | | **Pers. Prop.** | | | | | | | **Indemnity (Fraction)** | | | | | | | | | | | | | **Of Indemnity (X)** | | | | | | | | **Of Indemnity (Days)** | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | **\*Applies to Business Income Only** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **MORTGAGEHOLDERS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Prem. No.** | | | | | | | | **Bldg. No.** | | | | | | | | | **Mortgageholder Name And Mailing Address** | | | | | | | | | | | | | | | | | | |
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|  | **DEDUCTIBLE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **$500. Exceptions:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **FORMS APPLICABLE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **To All Coverages:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **To Specific Premises/Coverages:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Prem. No.** | | | | | | | **Bldg. No.** | | | | | | | | **Coverages** | | | | | | | | | | **Form Number** | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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Authorized Representative or

Countersignature Where Required by Law