



**[COMPANY NAME]**

A stock company  
1271 Ave of the Americas, FL 37, New York, NY 10020  
**COMMERCIAL PROPERTY**  
DECLARATION

**POLICY NO.**

**NEW or RENEWAL OF:**

**NAMED INSURED AND MAILING ADDRESS**

**PRODUCER MAILING ADDRESS**

**POLICY PERIOD:** FROM TO AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

**THE NAMED INSURED IS :**

**BUSINESS DESCRIPTION :**

**PREMISES No.:**

**BUILDING No.:**

DESCRIPTION OF PROPERTY AT YOUR PREMISES

**ADDRESS:**

**OCCUPANCY:**

**PROTECTION CLASS:**

**CONSTRUCTION:**

**COVERAGES PROVIDED**

INSURANCE AT THE DESCRIBED PREMISES APPLIES ONLY FOR COVERAGES FOR WHICH AN AMOUNT OF INSURANCE IS SHOWN

COVERAGE	COVERED CAUSE OF LOSS	DEDUCTIBLE	COINSURANCE	LIMIT OF INSURANCE
	[Covered Cause of Loss]	[Deductible]	[Coinsurance]	[Limit of Insurance]

**Prem. No. / Bldg. No.**

**Building**

**[Applicable Building Coverages]**

**PERSONAL PROPERTY COVERAGE(S)**

Business Personal Property	[Covered Cause of Loss]	[Deductible]	[Coinsurance]	[Limit of Insurance]
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**[Applicable Business Personal Property Coverages]**

**[COMPANY NAME]**  
**COMMERCIAL PROPERTY**  
DECLARATION

**POLICY**  
**INSURED:**

**EFFECTIVE DATE:**  
**PRODUCER:**

<b>Business Income (With Extra Expense)</b>	[Covered Cause of Loss]	[Deductible]	[Coinsurance]	[Limit of Insurance]
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**[Applicable Business Income Coverages]**

Extra Expense	[Covered Cause of Loss]	[Deductible]	[Coinsurance]	[Limit of Insurance]
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**[Applicable Extra Expense Coverages]**

SPECIAL CLASS COVERAGE	[Covered Cause of Loss]	[Deductible]	[Coinsurance]	[Limit of Insurance]
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**[Applicable Special Class Coverages]**

**[GLASS COVERAGE]**

Additional Interest	Name	Address

**Prem. No. / Bldg. No.**  
**[Mortgageholders]**

<b>MORTGAGEHOLDERS E&amp;O COVERAGE</b>	# of Mortgages no	Limit Per Mortgage \$
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**[OPTIONAL COVERAGES]**

<b>[BUILDING]</b>	LIMIT	FORM
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Prem. No. / Bldg. No.

**[Applicable Optional Building Coverages]**

**[COMPANY NAME]**  
**COMMERCIAL PROPERTY**  
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<b>POLICY INSURED:</b>
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<b>EFFECTIVE DATE: PRODUCER:</b>
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<b>[OPTIONAL COVERAGES]</b>		
<b>[PERSONAL PROPERTY]</b>	<b>LIMIT</b>	<b>FORM</b>
<b>[Applicable Optional Personal Property Coverages]</b>		
<b>[BUSINESS INCOME]</b>	<b>LIMIT</b>	<b>FORM</b>
<b>[Applicable Optional Business Income Coverages]</b>		
<b>[EXTRA EXPENSE]</b>	<b>LIMIT</b>	<b>FORM</b>
<b>[Applicable Optional Extra Expense Coverage]</b>		

<b>[WINDSTORM AND HAIL]</b>		
Minimum Per Occurrence Deductible:		
Annual Aggregate Deductible :		
<b>PREM No.</b>	<b>BUILDING No.</b>	<b>DEDUCTIBLE</b>
<b>BUSINESS INCOME</b>		Increased Waiting Period of Restoration: <
<b>EXTRA EXPENSE</b>		Increased Waiting Period of Restoration:

<b>[PROPERTY ONE COVERAGE]</b>	<b>[LIMIT]</b>

**[COMPANY NAME]**  
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PRODUCER:**

**[EQUIPMENT BREAKDOWN COVERAGE – PROPERTY PROGRAM PERFORMANCE]**

**Equipment Breakdown Limit:**

**Deductibles**

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Combined, All Coverages	Comb Ded – All Cvg
Direct Coverages	Ded – Direct Coverages
Indirect Coverages	Ded – Indirect Coverages or Ded - Hours <i>hrs.</i> or <u>DedADV times ADV</u>
Spoilage	Spoilage_Limit or Spoilage_%_Loss% of loss, Spoilage_Limit_Min <i>minimum</i>

**Other Conditions**

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Other Deductible:

Other Description:

Other Conditions Information :

**[COMPANY NAME]**  
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PRODUCER:**

**[EARTHQUAKE - VOLCANIC ERUPTION COVERAGE SCHEDULE]**

Property Damage Deductible	\$
Earthquake Sprinkler Leakage Only	<input type="checkbox"/>
Earthquake Sub-Limit	\$

Earthquake – Volcanic Eruption Limits and Deductibles apply to all premises/buildings on this policy except for the following

Premises , Building

The premises/buildings listed above are excluded from Earthquake Coverage

Earthquake Sprinkler Leakage only applies to all premises/buildings on the policy listed below

Premises , Building

The premises/building listed above are included with Earthquake Sprinkler Leakage Only coverage

**[EARTHQUAKE SUB-LIMIT BLANKET SUMMARY:]**

<b>BLANKET ID:</b>		<b>LIMIT:</b>	\$
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<b>PREMISES No.</b>	<b>BUILDING No.</b>	<b>COVERAGE</b>
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**[COMPANY NAME]**  
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**POLICY  
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**EFFECTIVE DATE:  
PRODUCER:**

**[FLOOD COVERAGE]**

Inception Date

**NOTE:** There is no coverage for a Flood that begins before or within 72 hours after this date. Refer to Section **D.5.a.** of the Endorsement for additional information.

Flood Deductible \$

No-Coinsurance Option ☐

Annual Aggregate Limit \$

**NOTE:** Refer to the Limit of Insurance provisions in the Endorsement for an explanation

Underlying Insurance Waiver ☐

**NOTE:** Refer to Section **I.1.** of the Endorsement for an explanation of this option.

Other Flood Insurance Description: NFIP

Description Of Covered Personal Property In The Open:

Flood Limits and Deductibles apply to all premises/buildings on this policy except for the following

Premises , Building

The premises/buildings listed above are excluded from Flood Coverage

**[ELECTRONIC COMMERCE ENDORSEMENT]**

**[AMOUNT]**

**[ELECTRONIC DATA]**

**[LIMIT OF INSURANCE]**

**[MISCELLANEOUS COVERAGE – POLICY]**

**COVERAGE**

**DEDUCTIBLE**

**LIMIT OF INSURANCE**

[TERRORISM RISK INSURANCE ACT IS INCLUDED]

[Amount]

[MINE SUBSIDENCE PREMIUM:]

[Amount]

TOTAL COMMERCIAL PROPERTY PREMIUM

\$

**TOTAL PREMIUM**

**\$**

**[COMPANY NAME]**  
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**FORMS AND ENDORSEMENTS**

APPLYING TO COMMERCIAL PROPERTY AND MADE PART OF THIS POLICY AT TIME OF ISSUE:

**See Forms Schedule**

NOTE: IF NO ENTRY APPEARS ON THE ABOVE ENDORSEMENTS, INFORMATION REQUIRED TO COMPLETE THE FORM WILL BE SHOWN ON THE SUPPLEMENTAL FORM DECLARATION.

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**THESE DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENTS, AND SUPPLEMENTAL FORM DECLARATION(S), IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY**