



**[COMPANY NAME]**

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

THIS IS A NON-PARTICIPATING POLICY

**POLICY NO.**

**NEW or RENEWAL OF:**

**NAMED INSURED AND MAILING ADDRESS**

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**PRODUCER MAILING ADDRESS**

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**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
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**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

<b>POLICY INSURED:</b>	<b>EFFECTIVE DATE:</b> <b>PRODUCER:</b>
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<b>Business Income (With Extra Expense)</b>	[Covered Cause of Loss]	[Deductible]	[Coinsurance]	[Limit of Insurance]
<b>[Applicable Business Income Coverages]</b>				
<b>Extra Expense</b>	[Covered Cause of Loss]	[Deductible]	[Coinsurance]	[Limit of Insurance]
<b>[Applicable Extra Expense Coverages]</b>				
<b>SPECIAL CLASS COVERAGE</b>	[Covered Cause of Loss]	[Deductible]	[Coinsurance]	[Limit of Insurance]
<b>[Applicable Special Class Coverages]</b>				

<b>[GLASS COVERAGE]</b>		
Additional Interest	Name	Address
<b>Prem. No. / Bldg. No.</b> <b>[Mortgageholders]</b>		
<b>MORTGAGEHOLDERS E&amp;O COVERAGE</b>	# of Mortgages no	Limit Per Mortgage \$

<b>[OPTIONAL COVERAGES]</b>		
<b>[BUILDING]</b>	<b>LIMIT</b>	<b>FORM</b>
Prem. No. / Bldg. No. <b>[Applicable Optional Building Coverages]</b>		
<b>[PERSONAL PROPERTY]</b>	<b>LIMIT</b>	<b>FORM</b>
<b>[Applicable Optional Personal Property Coverages]</b>		

**[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>[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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**[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</u> <i>times ADV</i>
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"/> <input checked="" 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

**[BLANKET SUMMARY] -**

BLANKET ID:			LIMIT:	\$	COVERED CAUSE OF LOSS:	
PREMISES No,	BUILDING No.	COVERAGE			COINSURANCE:	

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

BLANKET ID:			LIMIT:	\$	
PREMISES No.	BUILDING No.	COVERAGE			

**[FLOOD COVERAGE]**

Inception Date

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

**[FLOOD COVERAGE]**

**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]**

**[FUNGUS, WET ROT, DRY ROT AND BACTERIA]**

**[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**

**\$**

**[State Specific Taxes, Fees or Surcharge description]**

**[Amount]**

**TOTAL PREMIUM**

**\$**

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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**