



**[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**

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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 :**

**[NOTICE:**

**Your Policy Provides Coverage For A Catastrophic Ground Cover Collapse That Results In The Property Being Condemned And Uninhabitable. Otherwise, Your Policy Does Not Provide Coverage For Sinkhole Losses. You May Purchase Additional Coverage For Sinkhole Losses For An Additional Premium.]**

**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
Prem. No. / Bldg. No.				
Building				
[Applicable Building Coverages]				

# [COMPANY NAME]

## COMMERCIAL PROPERTY DECLARATION

**POLICY  
INSURED:**

**EFFECTIVE DATE:  
PRODUCER:**

### PERSONAL PROPERTY COVERAGE(S)

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

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

<b>Extra Expense</b>	[Covered Cause of Loss]	[Deductible]	[Coinsurance]	[Limit of Insurance]
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**[Applicable Extra Expense Coverages]**

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

### [GLASS COVERAGE]

Additional Interest	Name	Address
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**Prem. No. / Bldg. No.**

**[Mortgageholders]**

<b>MORTGAGEHOLDERS E&amp;O COVERAGE</b>	# of Mortgages no	Limit Per Mortgage \$
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**[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>[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>		
<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 <u>Ded - Hours hrs.</u> 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"/> <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		

**[COMPANY NAME]**  
**COMMERCIAL PROPERTY**  
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**POLICY  
INSURED:**

**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]**

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

**[AMOUNT]**

**[ELECTRONIC DATA]**

**[LIMIT OF INSURANCE]**

**[MISCELLANEOUS COVERAGE – POLICY]**

**COVERAGE**

**DEDUCTIBLE**

**LIMIT OF INSURANCE**

**[COMPANY NAME]**  
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<b>POLICY INSURED:</b>	<b>EFFECTIVE DATE: PRODUCER:</b>
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[TERRORISM RISK INSURANCE ACT IS INCLUDED]	[Amount]
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[MINE SUBSIDENCE PREMIUM:]	[Amount]
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TOTAL COMMERCIAL PROPERTY PREMIUM	\$
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[State Specific Taxes, Fees or Surcharge description]	[Amount]
<b>TOTAL PREMIUM</b>	<b>\$</b>

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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**