

# [COMPANY NAME]

A stock company

1271 Ave of the Americas, FL 37, New York, NY 10020

## COMMERCIAL PROPERTY

DECLARATION

THIS IS A NON-PARTICPATING POLICY

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.

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| **THE NAMED INSURED IS :** | **BUSINESS DESCRIPTION :** |

PREMISES No.: BUILDING No.:

|  |
| --- |
| DESCRIPTION OF PROPERTY AT YOUR PREMISES |
| **ADDRESS:**  **OCCUPANCY:**  **PROTECTION CLASS: CONSTRUCTION:** |

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| **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]** |  | |  |  |  |
| **PERSONAL PROPERTY COVERAGE(S)**  **Business Personal Property**  **[Applicable Business Personal Property Coverages]** | [Covered Cause of Loss] |  | [Deductible] | [Coinsurance] | [Limit of Insurance] |

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

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

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| **[GLASS COVERAGE]** | | |
| Additional Interest | Name | Address |
| **Prem. No. / Bldg. No. [Mortgageholders]**  **MORTGAGEHOLDERS E&O COVERAGE** # of Mortgages Limit Per Mortgage  no $ | | |

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

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| **[OPTIONAL COVERAGES]** | | |
| **[BUSINESS INCOME]** | **LIMIT** | **FORM** |
| **[Applicable Optional Business Income Coverages]** | | |
| **[EXTRA EXPENSE]** | **LIMIT** | **FORM** |
| **[Applicable Optional Extra Expense Coverage]** | | |

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

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| **[PROPERTY ONE COVERAGE]** | **[LIMIT]** |
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| **[EQUIPMENT BREAKDOWN COVERAGE – PROPERTY PROGRAM PERFORMANCE]** |
| **Equipment Breakdown Limit:**  **Deductibles**  \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* Combined, All Coverages Comb Ded – All Cvg  Direct Coverages Ded – Direct Coverages  Indirect Coverages Ded – Indirect Coverages  *or* Ded - Hours *hrs.*  *or* DedADV *times ADV*  Spoilage Spoilage\_Limit  *or* Spoilage\_%\_Loss% *of loss,*  Spoilage\_Limit\_Min *minimum*  **Other Conditions**  **\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***  Other Deductible:  Other Description:  Other Conditions Information : |
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| **[EARTHQUAKE - VOLCANIC ERUPTION COVERAGE SCHEDULE]** | |
| Property Damage Deductible | $ |
| Earthquake Sprinkler Leakage Only |  |
| Earthquake Sub-Limit | $ |

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| 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 |

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| 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 |

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| **[BLANKET SUMMARY] -** | | | | | | |
| **BLANKET ID:** | |  | **LIMIT:** | **$** | **COVERED CAUSE OF LOSS:** |  |
| **PREMISES**  **No,** | **BUILDING**  **No.** | | **COVERAGE** | | **COINSURANCE:** |  |
|  | | | | | | |

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| **[EARTHQUAKE SUB-LIMIT BLANKET SUMMARY:]** | | | | |  |
| **BLANKET ID:** | |  | **LIMIT:** | **$** | |
| **PREMISES**  **No.** | **BUILDING**  **No.** | | **COVERAGE** | | |
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| **[FLOOD COVERAGE]** |
| Inception Date |

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| **[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: | |

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| 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 |

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| **[ELECTRONIC COMMERCE ENDORSEMENT] [AMOUNT)** |

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

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| **[ELECTRONIC DATA]** | **[LIMIT OF INSURANCE]** |
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| **[MISCELLANEOUS COVERAGE – POLICY]** | | |
| **COVERAGE** | **DEDUCTIBLE** | **LIMIT OF INSURANCE** |
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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 Surc****harge 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. |

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

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