

[COMPANY NAME]
COMMERCIAL PROPERTY
 DECLARATION

POLICY INSURED:

EFFECTIVE DATE:
PRODUCER:

Business Income (With Extra Expense)	[Covered Cause of Loss]	[Deductible]	[Coinsurance]	[Limit of Insurance]
[Applicable Business Income Coverages]				
Extra Expense	[Covered Cause of Loss]	[Deductible]	[Coinsurance]	[Limit of Insurance]
[Applicable Extra Expense Coverages]				
SPECIAL CLASS COVERAGE	[Covered Cause of Loss]	[Deductible]	[Coinsurance]	[Limit of Insurance]
[Applicable Special Class Coverages]				

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

[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]		

[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:

[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 <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

Other Deductible:
Other Description:

Other Conditions Information :

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[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		

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[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

[TERRORISM RISK INSURANCE ACT IS INCLUDED] **[Amount]**

[MINE SUBSIDENCE PREMIUM:] **[Amount]**

TOTAL COMMERCIAL PROPERTY PREMIUM **\$**

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[State Specific Taxes, Fees or Surcharge description]	[Amount]
TOTAL PREMIUM	\$

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