

# [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.

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| **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.:

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