



[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

[Empty box for Named Insured and Mailing Address]

PRODUCER MAILING ADDRESS

[Empty box for Producer Mailing Address]

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 |
| Prem. No. / Bldg. No. | | | | |
| Building | | | | |
| [Applicable Building Coverages] | | | | |
| PERSONAL PROPERTY COVERAGE(S) | | | | |
| Business Personal Property | [Covered Cause of Loss] | [Deductible] | [Coinsurance] | [Limit of Insurance] |
| [Applicable Business Personal Property Coverages] | | | | |

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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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 PRODUCER:**

| [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 | | |
| | | | | |

| [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:

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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| |
|--------------------------------------|
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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