**SCHEDULE OF COVERAGES**

**RENTAL DEALERS COVERAGE**

**Equipment Sales and Rental Coverage**

(The entries required to complete this schedule   
will be shown below or on the "schedule of coverages".)

**Prem. No.** **DESCRIBED PREMISES**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check if applicable:

[ ] Attach Additional Described Premises Schedule to schedule more premises.

**CATASTROPHE LIMIT** $\_\_\_\_\_\_\_\_\_\_\_

**PREMISES NO. 1.**

Coverages (check if applicable)

[ ] **Equipment Intended For Sale**

**Limit** -- The most "we" pay in any one occurrence for loss to "equipment" intended for sale is: $\_\_\_\_\_\_\_\_\_\_\_

[ ] **Equipment You Lease Or Rent To Others**

**Limit** -- The most "we" pay in any one occurrence for loss to "equipment" "you" lease or rent to others is: $\_\_\_\_\_\_\_\_\_\_\_

[ ] **Equipment You Lease Or Rent From Others**

**Limit** -- The most "we" pay in any one occurrence for loss to "equipment" "you" lease or rent from others is: $\_\_\_\_\_\_\_\_\_\_\_

[ ] **Equipment Of Others You Are Repairing Or Servicing**

**Limit** -- The most "we" pay in any one occurrence for loss to "equipment" of others "you" are repairing or servicing is: $\_\_\_\_\_\_\_\_\_\_\_

[ ] **Parts, Accessories, Fluid And Lubrication Supplies, And Tires**

**Limit** -- The most "we" pay in any one occurrence for loss to parts, accessories, fluid and lubrication supplies, and tires is: $\_\_\_\_\_\_\_\_\_\_\_

**PREMISES NO. 2.**

Coverages (check if applicable)

[ ] **Equipment Intended For Sale**

**Limit** -- The most "we" pay in any one occurrence for loss to "equipment" intended for sale is: $\_\_\_\_\_\_\_\_\_\_\_

[ ] **Equipment You Lease Or Rent To Others**

**Limit** -- The most "we" pay in any one occurrence for loss to "equipment" "you" lease or rent to others is: $\_\_\_\_\_\_\_\_\_\_\_

[ ] **Equipment You Lease Or Rent From Others**

**Limit** -- The most "we" pay in any one occurrence for loss to "equipment" "you" lease or rent from others is: $\_\_\_\_\_\_\_\_\_\_\_

[ ] **Equipment Of Others You Are Repairing Or Servicing**

**Limit** -- The most "we" pay in any one occurrence for loss to "equipment" of others "you" are repairing or servicing is: $\_\_\_\_\_\_\_\_\_\_\_

[ ] **Parts, Accessories, Fluid And Lubrication Supplies, And Tires**

**Limit** -- The most "we" pay in any one occurrence for loss to parts, accessories, fluid and lubrication supplies, and tires is: $\_\_\_\_\_\_\_\_\_\_\_

**Coverage Extensions** "Limits"

Debris Removal Additional Limit $75,000

Emergency Removal 30 days

Emergency Removal Expenses $10,000

Equipment You Lease or Rent to Others – [ ] covered

Conversion Coverage [ ] NOT covered

**SUPPLEMENTAL COVERAGES**

Equipment On Exhibition $100,000

Equipment Sent Off-Premises For Repairs $100,000

Newly Acquired Premises $500,000

Off Premises Trial Period $100,000

Pollutant Cleanup And Removal $50,000

Sewer Backup $10,000

Transit $250,000

Fire Department Service Charge $50,000

Continuing Rental or Lease Payments $10,000

Expediting Costs $10,000

Claim Preparation Expense $10,000

Reward Payments $50,000

Employee Tools $XXXX

Fuel $XXXX

Your Tools $XXXX

Earthquake:

Location Limit $\_\_\_\_\_\_\_\_\_\_\_

Occurrence Limit $ \_\_\_\_\_\_\_\_\_\_\_

Catastrophe Limit $ \_\_\_\_\_\_\_\_\_\_\_

Earthquake coverage shall not apply to any location described in below:

Location(s) description (if any)

Flood:

Location Limit $\_\_\_\_\_\_\_\_\_\_\_

Occurrence Limit $ \_\_\_\_\_\_\_\_\_\_\_

Catastrophe Limit $ \_\_\_\_\_\_\_\_\_\_\_

Flood coverage shall not apply to any location described below:

Location(s) description (if any)

**DEDUCTIBLE**

Deductible Amount Per Occurrence $\_\_\_\_\_\_\_\_\_\_\_\_ ,;OR

Deductible Amount Each Unit $ \_\_\_\_\_\_\_\_\_\_\_\_ ; EXCEPT

Employee Tools Per Occurrence $ \_\_\_\_\_\_\_\_\_\_\_\_;

Fuel Per Occurrence $ \_\_\_\_\_\_\_\_\_\_\_\_;

Your Tools Per Occurrence $ \_\_\_\_\_\_\_\_\_\_\_\_;

Earthquake and/or Flood $ \_\_\_\_\_\_\_\_\_\_\_\_;

Other Per Occurrence (describe below, if any):

Description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_;

Description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_;

Description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_;

**COINSURANCE**

**Equipment Intended For Sale** (check one)

[ ] Waived [ ] 80% [ ] 90% [ ] 100% [ ] Other %

**Equipment You Lease Or Rent To Others** (check one)

[ ] Waived [ ] 80% [ ] 90% [ ] 100% [ ] Other %

**Parts, Accessories, Fluid And Lubrication Supplies, And Tires** (check one)

[ ] Waived [ ] 80% [ ] 90% [ ] 100% [ ] Other %

**VALUATION**

**Equipment Intended For Sale**

**New Equipment** (check one)

[ ] Actual Cash Value

[ ] Replacement Cost

**Used Equipment** (check one)

[ ] Actual Cash Value

[ ] Replacement Cost

**Equipment You Lease Or Rent To Others** (check one)

[ ] Actual Cash Value

[ ] Replacement Cost

**Equipment Of Others** **You Are Repairing Or Servicing** (check one)

[ ] Actual Cash Value

[ ] Replacement Cost

**Parts, Accessories, Fluid And Lubrication Supplies, And Tires** (check one)

[ ] Actual Cash Value

[ ] Replacement Cost

**Employee Tools, Fuel and Your Tools**

[ **X**] Actual Cash Value

[ ] Replacement Cost

**REPORTING CONDITIONS** (check one)

[ ] Reporting Conditions Waived

[ ] Reporting Conditions applicable as described below:

**Reporting Period** (check one)

[ ] Monthly

[ ] Quarterly

[ ] Annual

**Additional Premium Due After Expiration** -- When the premium for the coverage provided by this policy is based upon reports of value, any additional premium owed to "us" is due on the due date that appears on the billing notice.

**Adjustment Period** (check one)

[ ] Monthly

[ ] Quarterly

[ ] Annual

**Reporting Rate - Equipment You Lease Or** Rate

**Rent To Others**

Equipment You Lease Or Rent To Others

[ ] Receipts $ \_\_\_\_\_\_\_\_\_

[ ] Average Values $\_\_\_\_\_\_\_\_\_

**Reporting Rate - Equipment You Lease Or** Rate

**Rent From Others**

Equipment You Lease Or Rent From Others

[ ] Cost of Hire $ \_\_\_\_\_\_\_\_\_

**Reporting Rate - Other Described Property**

**Coverages** (check if applicable)

[ ] Equipment Intended For Sale

[ ] Equipment Of Others You Are Repairing Or Servicing

[ ] Parts, Accessories, Fluid And Lubrication Supplies,

And Tires

**Values Or Sales - Other Described Property** Rate

(check if applicable)

**[ ] Average Values**

[ ] Equipment Intended For Sale $\_\_\_\_\_\_\_

[ ] Equipment Of Others You Are Repairing Or

Servicing $\_\_\_\_\_\_\_

[ ] Parts, Accessories, Fluid And Lubrication

Supplies, And Tires $\_\_\_\_\_\_\_

**[ ] Sales**

[ ] Equipment Intended For Sale $\_\_\_\_\_\_\_

[ ] Equipment Of Others You Are Repairing Or

Servicing $\_\_\_\_\_\_\_

[ ] Parts, Accessories, Fluid And Lubrication

Supplies, And Tires $\_\_\_\_\_\_\_

**REPORTING CONDITIONS** (cont.)

**Premiums**

Deposit Premium $\_\_\_\_\_\_\_\_\_\_\_

Minimum Premium $\_\_\_\_\_\_\_\_\_\_\_

**OPTIONAL COVERAGES AND ENDORSEMENTS**

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