



COMMERCIAL PROPERTY
COVERAGE PART DECLARATIONS

Policy No: 1

Effective Date: * 2

12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS

3 ☐ Supplemental Declarations is Attached

NAMED INSURED: 4

DESCRIPTION OF PREMISES

PREM. #	BLDG. #	LOCATION (INCLUDING COUNTY, ZIP CODE), #	STORIES, CONSTRUCTION, OCCUPANCY, PROTECTION CLASS
5a	5b	5c	5d 5e 5f 5g

COVERAGES PROVIDED -INSURANCE AT THE DESCRIBED PREMISES APPLIES ONLY FOR COVERAGES FOR WHICH A LIMIT OF INSURANCE IS SHOWN BELOW

PREM. #	BLDG. #	COVERAGE	LIMIT OF INSURANCE	PERCENT OF COINSURANCE❖	COVERED CAUSES OF LOSS	RATES	PREMIUM
6a	6b	6c	6d	6e	6f	6g	6h

OPTIONAL COVERAGES-APPLICABLE ONLY WHEN ENTRIES ARE MADE IN THE SCHEDULE BELOW ❖ IF EXTRA EXPENSE COVERAGE, LIMITS ON LOSS PAYMENTS

PREM. #	BLDG. #	COVERAGE	AGREED VALUE EXPIR. DATE	AMOUNT	REPLACEMENT COST (X)	▲ MO. LIMIT OF INDEMNITY	▲ MAX PERIOD OF INDEMNITY (X)	▲ EXTENDED PERIOD OF INDEMNITY (DAYS)	INFLATION GUARD (%)
7a(1)	7a(2)	7a(3)	7b		7c	7d(1)	7d(2)	7d(3)	7e

▲ APPLIES TO BUSINESS INCOME ONLY

DEDUCTIBLE 7f

PREMIUM FOR COVERAGE PART 8

DUE IN FULL AT INCEPTION: 9

MORTGAGE HOLDER(S)

PREM #	BLDG. #	MORTGAGE HOLDER NAME AND MAILING ADDRESS
	10	

FORMS AND ENDORSEMENTS APPLYING TO THIS COVERAGE PART AND MADE A PART OF THIS POLICY AT TIME OF ISSUE**:

APPLICABLE TO ALL COVERAGES:

11

APPLICABLE TO SPECIFIC PREMISES/ COVERAGES	PREM. #	BLDG. #	COVERAGES
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FORM NUMBERS

*Entry optional if shown in Common Policy Declarations **Forms and Endorsements applicable to this Coverage Part omitted if shown elsewhere in this policy.

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY

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