

# Ameritrust Insurance Corporation

## INLAND MARINE COVERAGE DECLARATIONS

### CONTRACTORS EQUIPMENT FORM; CIM 1717, CIM 1718

POLICY NO: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_ AT 12:01 STANDARD

NAMED INSURED: \_\_\_\_\_

OPERATIONS LOCATION:  Same as Mailing Address (if different, show address below)

\_\_\_\_\_

### Schedule of Coverages

#### Scheduled Contractors' Equipment

ITEM #	DESCRIPTION (Year, Model Name and Serial Number)	VALUE	VALUATION ACV/RC	COINSURANCE	LIMIT	RATE (per \$100 of value)	ANNUAL PREMIUM
		\$		%	\$	\$	\$
		\$		%	\$	\$	\$
		\$		%	\$	\$	\$
		\$		%	\$	\$	\$

#### Scheduled Property Covered, Not Specifically Identified Above

ITEM #	UNSCHEDULED PROPERTY DESCRIPTION	VALUE	VALUATION ACV/RC	COINSURANCE	LIMIT	RATE (per \$100 of value)	ANNUAL PREMIUM
		\$		%	\$	\$	\$
		\$		%	\$	\$	\$
		\$		%	\$	\$	\$
		\$		%	\$	\$	\$

Total Insurable Values: \$ \_\_\_\_\_

Attached Supplemental Schedule, ATIM 1773a

Schedule on File

#### Optional Coverages

Optional Coverage:	RATING BASIS	LIMIT OF INSURANCE	RATE (per \$100 of value)	ANNUAL PREMIUM
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

#### DEDUCTIBLE

- A. Flat Deductible: \$ \_\_\_\_\_ any one occurrence \_\_\_\_\_
- B. Percentage Deductible: \_\_\_\_\_ % of the covered property value(s) per any one occurrence subject to a deductible minimum of \$ \_\_\_\_\_ and a deductible maximum of \$ \_\_\_\_\_.
- \_\_\_\_\_

#### PREMIUM

Premium Subtotal for this Coverage:	\$ _____		
TRIA Premium:	\$ _____	Minimum Premium for this Coverage:	\$ _____
Total Premium:	\$ _____		

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THIS INSURED AND THE POLICY PERIOD.