

# Century Surety Company

## COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS

Policy No.:

Effective Date:  
12:01 AM Standard Time

NAMED INSURED:

DESCRIPTION OF PREMISES:																															
PREM	BLDG NO	LOCATION ADDRESS	CITY	ST	ZIP	CONST	OCCUPANCY	P/C																							
<p><b>COVERAGES PROVIDED – Insurance at the described premises applies only for which a limit of insurance is shown.</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">PREM</th> <th style="width: 5%;">BLDG NO</th> <th style="width: 5%;">OCC CODE</th> <th style="width: 20%;">COVERAGE</th> <th style="width: 10%;">LIMIT INSURED</th> <th style="width: 10%;">VALUATION</th> <th style="width: 25%;">COVERED CAUSES OF LOSS</th> <th style="width: 5%;">COINS</th> <th style="width: 10%;">RATE</th> </tr> </thead> </table> <p>RC means Replacement Cost; ACV means Actual Cash Value; MP means Minimum Premium; AV means Agreed Value</p> <p><b>OPTIONAL COVERAGES – Applicable only when entries are made in the schedule below</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">PREM</th> <th style="width: 5%;">BLDG NO</th> <th style="width: 5%;">CODE</th> <th style="width: 20%;">COVERAGE</th> <th style="width: 10%;">LIMIT INSURED</th> <th style="width: 25%;">COVERED CAUSES OF LOSS</th> <th style="width: 5%;">COINS</th> <th style="width: 10%;">RATE</th> </tr> </thead> </table> <p>EB means Equipment Breakdown, BI means Business Income, EE means Extra Expense</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">PREM</th> <th style="width: 5%;">BLDG NO</th> <th style="width: 15%;">MONTHLY LIMIT OF INDEMNITY</th> <th style="width: 15%;">MAXIMUM PERIOD OF INDEMNITY</th> <th style="width: 20%;">EXTENDED PERIOD OF INDEMNITY</th> </tr> </thead> </table>										PREM	BLDG NO	OCC CODE	COVERAGE	LIMIT INSURED	VALUATION	COVERED CAUSES OF LOSS	COINS	RATE	PREM	BLDG NO	CODE	COVERAGE	LIMIT INSURED	COVERED CAUSES OF LOSS	COINS	RATE	PREM	BLDG NO	MONTHLY LIMIT OF INDEMNITY	MAXIMUM PERIOD OF INDEMNITY	EXTENDED PERIOD OF INDEMNITY
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<p><b>DEDUCTIBLE</b></p> <p style="text-align: center;">See Attached Form CCF 1512 or CCF 0321 or DIC 1512</p>																															
<p><b>FORMS AND ENDORSEMENTS</b></p> <p>Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue: See Attached Schedule of Forms, CIL 1500 B 0202</p>																															
<p><b>PREMIUM</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Subtotal for this Coverage Part:</td> <td style="width: 5%;">\$</td> <td style="width: 30%;">Minimum Premium for this Coverage Part:</td> <td style="width: 5%;">\$</td> </tr> <tr> <td>TRIA Coverage:</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>Premium for this Coverage Part</td> <td>\$\$</td> <td></td> <td></td> </tr> </table>										Subtotal for this Coverage Part:	\$	Minimum Premium for this Coverage Part:	\$	TRIA Coverage:	\$			Premium for this Coverage Part	\$\$												
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**THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAMED INSURED AND THE POLICY PERIOD**

CCF 1500 0811