

# United Specialty Insurance Company

## ENVIRONMENTAL SERVICES BUSINESSOWNERS INSTALLATION COVERAGE FORM DECLARATIONS

Policy No.: _____	Effective Date: _____	12:01 A.M. Standard Time
NAMED INSURED: _____ _____ _____		

DESCRIPTION OF OPERATIONS _____ _____
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<b>LIMITS OF INSURANCE</b>	
A. Property At The Job Site	\$ _____
B. Property While Held at Any Temporary Storage Location	\$ _____
C. Property In Transit	\$ _____
D. All Covered Property Included in A., B., And C. above, Combined In Any One Occurrence	\$ _____

<b>ADDITIONAL COVERAGE LIMITS</b>	
Debris Removal	\$ _____
Rewards	\$ _____
Testing	\$ _____
Extra Expense	\$ _____
Fire Department Service Charge	\$ _____
Fire Extinguishing Expense	\$ _____
Preservation Of Property Expense	\$ _____

<b>OPTIONAL COVERAGES</b>	
Earthquake – Volcanic Eruption Annual Aggregate Limit	\$ _____
Water Damage	
Single Occurrence	\$ _____
Annual Aggregate	\$ _____

<b>Installation Coverage Policy Limit of Insurance</b>	<b>\$ _____</b>
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<b>DEDUCTIBLES</b>	
\$ _____ Per Occurrence	
<b>PREMIUM</b>	
Subtotal for this Coverage Part:	\$ _____
TRIA Coverage	\$ _____
Premium for this Coverage Part	\$ _____
Minimum Premium for this Coverage Part:	\$ _____

<b>FORMS AND ENDORSEMENTS</b> (other than applicable Forms and Endorsements shown elsewhere in the policy): Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue: See Attached Schedule of Forms, CIL 1500b
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**THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS  
CONTAINING THE NAME OF THIS INSURED AND THE POLICY PERIOD**