

Ameritrust Insurance Corporation

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		
COVERAGES PROVIDED – Insurance at the described premises applies only for which a limit of insurance is shown.										
PREM	BLDG NO	OCC CODE	COVERAGE	LIMIT INSURED	VALUATION	COVERED CAUSES OF LOSS	COINS	RATE		
RC means Replacement Cost; ACV means Actual Cash Value; MP means Minimum Premium; AV means Agreed Value										
OPTIONAL COVERAGES – Applicable only when entries are made in the schedule below										
PREM	BLDG NO	CODE	COVERAGE	LIMIT INSURED	COVERED CAUSES OF LOSS	COINS	RATE			
EB means Equipment Breakdown, BI means Business Income, EE means Extra Expense										
PREM	BLDG NO	MONTHLY LIMIT OF INDEMNITY	MAXIMUM PERIOD OF INDEMNITY	EXTENDED PERIOD OF INDEMNITY						
MORTGAGE HOLDERS										
PREM	BLDG	MORTGAGE HOLDER NAME AND MAILING ADDRESS								
DEDUCTIBLE										
See Attached Form CCF 1512 or CCF 0321 or DIC 1512										
FORMS AND ENDORSEMENTS										
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										
PREMIUM										
Subtotal for this Coverage Part:			\$	Minimum Premium for this Coverage Part:			\$			
TRIA Coverage:			\$							
Premium for this Coverage Part			\$							

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAMED INSURED AND THE POLICY PERIOD