

Ameritrust Insurance Corporation

COMMERCIAL OCEAN MARINE DECLARATIONS PIERS AND WHARVES COVERAGE

NAMED INSURED:

POLICY NUMBER:

SCHEDULE OF LOCATIONS AND PROPERTY COVERED:

Location No.	Dock No.	Address	Property Description
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COVERAGE:

Location No.	Dock No.	Valuation	Coinsurance	Dock Limit	Rate	Premium
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Location No.	Structure No.	Business Personal Property Limit	Rate	Premium
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DEDUCTIBLE(S):

Loc. No.	Struc. No.	AOP	Windstorm; Flood; Wave Action	Weight of Ice / Snow	Other
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PREMIUM:

Subtotal for this Coverage Part:	\$
TRIA Coverage:	\$
Premium for this Coverage Part:	\$
Minimum Premium for this Coverage Part:	\$

FORMS AND ENDORSEMENTS (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 the time of issue:

See attached Schedule of Forms, CIL 1500b

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