

Century Surety Company

TOOLS AND EQUIPMENT COMMERCIAL INLAND MARINE COVERAGE FORM

COMMERCIAL INLAND MARINE DECLARATIONS

Policy No: _____

Effective Date: _____

12:01 A.M. Standard Time

Named Insured: _____

SCHEDULE OF COVERAGES

Your Tools and/or Equipment – Blanket Coverage Employee Tools and/or Equipment – Blanket Coverage

	Limits
YOUR TOOLS The most we will pay for loss to any one "tool" per occurrence under blanket coverage is:	\$ _____
The most we will pay in any one occurrence for loss to all of your "tools" under blanket coverage is:	\$ _____
EMPLOYEE TOOLS The most we will pay for loss to any one "employee" "tool" per occurrence under blanket coverage is:	\$ _____
The most we will pay in any one occurrence for loss to all of your "employees" "tools" under blanket coverage is:	\$ _____
YOUR EQUIPMENT The most we will pay for loss to any one piece of "equipment" per occurrence under blanket coverage is:	\$ _____
The most we will pay in any one occurrence for loss to all of your "equipment" under blanket coverage is:	\$ _____
EMPLOYEE EQUIPMENT The most we will pay for loss to any one piece of "employee" "equipment" under per occurrence blanket coverage is:	\$ _____
The most we will pay in any one occurrence for loss to all of your "employees" "equipment" under blanket coverage is:	\$ _____

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

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Your Tools or Equipment – Scheduled Coverage (see attached Tool Schedule)

Employee Tools or Equipment – Scheduled Coverage (see attached Tool Schedule)

VALUATION: Actual Cash Value

COINSURANCE (check one): Not Applicable 80% 90% 100% Other: %

DEDUCTIBLE

Deductible amount per occurrence: \$, except \$ for the perils of

RATES

Blanket: \$ Scheduled: see attached Tool or Equipment Schedule

PREMIUM: \$

TRIA: \$

TOTAL PREMIUM: \$

MINIMUM PREMIUM: \$

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