

# ProCentury Insurance Company

## SCHEDULE OF COVERAGES INSTALLATION FLOATER COVERAGE FORM

Policy No: \_\_\_\_\_

Effective Date: \_\_\_\_\_

12:01 A.M. Standard Time

Named Insured: \_\_\_\_\_  
\_\_\_\_\_

Description of Installation Operations:

\_\_\_\_\_  
\_\_\_\_\_

### PROPERTY COVERED (check one)

Scheduled Locations Coverage

| Location No. | Jobsite | Limit    |
|--------------|---------|----------|
| _____        | _____   | \$ _____ |
| _____        | _____   | \$ _____ |

Catastrophe Limit: \$ \_\_\_\_\_

Blanket Coverage

Jobsite Limit \$ \_\_\_\_\_

Catastrophe Limit \$ \_\_\_\_\_

Temporary Storage Locations (replaces limit indicated in Supplemental Coverages) \$ \_\_\_\_\_

Transit (replaces limit indicated in Supplemental Coverages) \$ \_\_\_\_\_

### DEDUCTIBLE

Deductible Amount: \$ \_\_\_\_\_

### COINSURANCE (check one)

Waived       80%       90%       100%       Other \_\_\_\_\_%

### PREMIUM

Subtotal for this Coverage Form: \$ \_\_\_\_\_

TRIA Coverage: \$ \_\_\_\_\_

Premium for this Coverage Form: \$ \_\_\_\_\_

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 Form 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 THIS  
INSURED AND THE POLICY PERIOD