

Commercial Property Coverage: Terms & Definitions

Coverage Type	Description of Coverage
<p>Office Contents * (Business Personal Property)</p>	<p>This coverage applies to miscellaneous office contents and equipment, furniture and fixtures usual and incidental to the applicant's business, the applicant's property or the property of others for which the applicant is legally liable. Contents must be located in the building or in the open (or in a vehicle) within 100 feet of the insured's physical location. Earthquake and Flood are excluded.</p>
<p>Miscellaneous Tools and Small Equipment</p>	<p>This coverage is intended to cover hand tools, compressors, generators, nail guns, paint sprayers, cell phone and similar items. The maximum value of any one tool is \$1,000.</p>
<p>Computer Systems - Hardware</p>	<p>This coverage applies to the applicant's programmable electronic equipment that is used to store, retrieve and process data and other associated equipment such as printers.</p>
<p>Computer Systems - Data and Media</p>	<p>This coverage applies to data stored on media and programming records used for electronic data processing or electronically controlled equipment. Media includes such items as software, films, tapes, discs, drums or cells.</p>
<p>Computer Systems - Extra Expense</p>	<p>This coverage is intended to cover those extra expenses required to avoid or minimize the suspension of business and to continue business operations.</p>
<p>Scheduled Equipment - Light/Medium</p>	<p>This coverage is intended to cover equipment such as tractors, fork lifts, compressors, portable generators, scaffolding, portable welders portable concrete mixers, light plants, job site trailers and those small tools valued more than \$1,000. Items will be specifically listed and scheduled on the policy. Please list each item and its make, model, year, and value on the attached blank schedule form. <i>complete attached</i></p>
<p>Scheduled Equipment - Heavy</p>	<p>This coverage is intended to cover equipment such as loaders, bulldozers, graders, scrapers, and power shovels. Equipment used in asphalt plants, demolition, dredging, farming, logging, mining, oil field, landfill, roofing, scrap yards or cranes, booms, material handling conveyer equipment are types of equipment that are not eligible for coverage. Please list each item and its make, model, year, and value on the attached blank schedule form. <i>complete attached</i></p>
<p>Installation Floater</p>	<p>This coverage applies to materials and supplies intended for installation, while in transit and at the job sites or at premises owned or leased by the insured if the material is designated for installation at a specific job site.</p>
<p>Rented/Leased Equipment</p>	<p>This coverage applies to equipment rented or leased from others. The lease or rental term on the equipment cannot exceed 12 consecutive months.</p>

BUILDING INFORMATION

Required for Building/ Business Personal Property [Contents] Coverages *

This information is required in order to provide you with a cost estimate. If you do not have access to this information, please provide the contact information for your Property Manager; we will be happy to contact him/her on your behalf.

NAME & ADDRESS:

PROPERTY MANAGER:

Name: _____
Phone: _____
Email: _____

BUILDING CONSTRUCTION: (TYPE)

- Frame [Wood]
- Joisted Masonry
- Non-Combustible
- Masonry Non-Combustible
- Fire Resistive

Number of Stories: _____

Square Ft. Occupied by Your Business: _____

Do you own the Building? No Yes

If you DO own the building:

Building Coverage Amount requested: _____

*** Building Year Built:** _____

*** NOTE: If building is over 20 years old, indicate the year of the renovation/replacement of:**

Wiring: _____ **Roofing:** _____ **Plumbing:** _____ **Heating/AC:** _____

Sprinkler System: No Yes **If "Yes" is it:** Wet (water) Dry

Fire Alarm: Local Central Station None

Burglar Alarm: Local Central Station None

If your lease requires ADDITIONAL INSURED for your Property Manager and / or the Property Owner, please provide the name and mailing address as it should appear on the Certificate of Insurance:

Please Note: If applying due to lease requirements, please fax or e-mail a copy of the requirements with this application.

BoA

SCHEDULE OF EQUIPMENT (Inland Marine)

APPLICANT NAME: _____

Schedule of Equipment (items must be valued greater than \$1,000 to schedule)

Item No.	Year	Description	Serial Number	Value
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

* [] Unscheduled Equipment (Misc. Tools and Small Equipment Tools): \$ _____
* [] Business Personal Property (Office Contents): \$ _____

** Please complete **