

Ameritrust Insurance Corporation

COMMERCIAL INLAND MARINE COVERAGE PART DECLARATIONS

Policy No.: Effective Date:

**
12:01 A.M. Standard Time

NAMED INSURED:

TYPE OF COVERAGE	LIMITS OF INSURANCE:
	\$ Maximum Any One Covered Item
	\$ Maximum Any One Covered Item
	\$ Maximum Any One Covered Item
\$ Maximum Any One Loss (Total Insured Value)	

TYPE OF COVERAGE	RATE	PREMIUM	
	\$	\$	M.P. for Coverage Part \$
	\$	\$	M.P. for Coverage Part \$
	\$	\$	M.P. for Coverage Part \$
Premium Subtotal		\$	
TRIA Coverage		\$	
Total Premium		\$	

DEDUCTIBLE:			
1.	\$	Per Loss	
2.	\$	% of each loss subject to a minimum of	\$
3.	\$	Per covered item	
4.	\$		

SCHEDULE OF COVERED ITEMS:			
ITEM	DESCRIBED ITEM	MANUFACTURER	SERIAL NUMBER LIMIT

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 time of issue:

**Inclusion of Date Optional

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