

United Specialty Insurance Company

ENVIRONMENTAL SERVICES BUSINESSOWNERS CONTRACTORS EQUIPMENT COVERAGE FORM DECLARATIONS

Policy No.: _____	Effective Date: _____	12:01 A.M. Standard Time
NAMED INSURED: _____ _____ _____		

LIMITS OF INSURANCE

Scheduled Equipment

As Per Schedule of Equipment Attached to Policy

Schedule Of Equipment Dated: _____ On File With Us

1.		\$ _____
2.		\$ _____
3.		\$ _____

ADDITIONAL COVERAGE LIMITS

Debris Removal	\$ _____
False Pretense	\$ _____
Rewards	\$ _____
Additionally Acquired Property	\$ _____
Employee Tools And Clothing	
Per Employee	\$ _____
In Any One Occurrence	\$ _____
Fire Department Service Charge	\$ _____
Fire Extinguishing Systems Expense	\$ _____
Pollution Cleanup And Removal	\$ _____
Rental Reimbursement	
Waiting Period _____ <input type="checkbox"/> hours <input type="checkbox"/> days	
Per Day	\$ _____
In Any One Occurrence	\$ _____
Trailers And Contents	\$ _____

OPTIONAL COVERAGES (Select all that apply)

<input type="checkbox"/>	Equipment Borrowed From Others	
	Any One Item	\$ _____
	In Any One Occurrence	\$ _____
<input type="checkbox"/>	Equipment Leased Or Rented From Others	
	Any One Item	\$ _____
	In Any One Occurrence	\$ _____
<input checked="" type="checkbox"/>	Equipment Loaned To Others	
	Any One Item	\$ _____
	In Any One Occurrence	\$ _____
<input type="checkbox"/>	Equipment Leased Or Rented To Others	
	Any One Item	\$ _____
	In Any One Occurrence	\$ _____
<input type="checkbox"/>	Property While Waterborne	
	Any One Item	\$ _____
	In Any One Occurrence	\$ _____

Coinsurance (If Applicable) _____%	
Valuation <input type="checkbox"/> Replacement Cost Applies For Coverage Property Not More Than _____ Years Old	
PREMIUM BASIS Gross Receipts: \$ _____ Rate (per \$100) \$ _____	
DEDUCTIBLES _____ % of each loss subject to a minimum of \$ _____	
PREMIUM Subtotal for this Coverage Part: \$ _____ Minimum Premium for this Coverage Part: \$ _____ TRIA Coverage \$ _____ 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 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

SAMPLE