

United Specialty Insurance Company

ENVIRONMENTAL SERVICES BUSINESSOWNERS COVERAGE FORM

NAMED INSURED:

POLICY NO:

PART I – PROPERTY DECLARATIONS

DESCRIPTION OF PREMISES:					
PREM	BLDG NO	LOCATION ADDRESS	CITY	ST	ZIP

COVERAGES PROVIDED – Insurance at the described premises applies only for which a limit of insurance is shown.

PREM	BLDG NO	COVERAGE BLDG or BPP	LIMIT INSURED	ACV BLDG OPTION	
			\$	<input type="checkbox"/>	BLDG means Building; BPP means Business Personal Property, ACV means Actual Cash Value
			\$	<input type="checkbox"/>	
			\$	<input type="checkbox"/>	

ADDITIONAL COVERAGES – Applicable only when entries are made in the schedule below.

BUSINESS INCOME COVERAGE	LIMIT INSURED
Business Income, Extended Business Income, And Extra Expense	\$ _____
Business Income – Ordinary Payroll Additional Exemptions	
Exempt Job Classifications: _____	
Exempt Employees: _____	
Business Income Extended Number of Days For Ordinary Payroll Expenses: _____ Days; Premium Charge \$ _____	
Extended Business Income – Extended Number of Days: _____ Days; Premium Charge \$ _____	
Civil Authority – See Business Income, Extended Business Income and Extra Expense Limit above. Premium: \$ _____	

COVERAGE	LIMIT INSURED	COVERAGE	LIMIT INSURED	DEDUCTIBLE
BPP Temporarily in Portable Storage Units	\$	Employee Dishonesty	\$	\$
Electronic Data	\$	Forgery or Alteration	\$	\$
Fire Department Service Charge	\$	Inside Premises Money and Securities	\$	\$
Fire Extinguisher Systems Recharge	\$	Outdoor Signs	\$	\$
Increased Cost of Construction	\$	Outside Premises Money and Securities	\$	\$
Money Orders and Counterfeit Money	\$			
Pollution Clean-Up and Removal	\$			

COVERAGE EXTENTIONS	
COVERAGE	LIMIT INSURED
Accounts Receivable	\$
Interruption of Computer Operations	\$
Outdoor Property	\$
Valuable Papers and Records	\$

MORTGAGE HOLDERS		
PREM	BLDG	MORTGAGE HOLDER NAME AND MAILING ADDRESS

DEDUCTIBLE	
Unless a specific deductible appears above, please see attached endorsement EBOP 0012 for the applicable coverage deductible.	
PREMIUM	
Subtotal for this Coverage Part: \$	Minimum Premium for this Coverage Part: \$
TRIA Coverage: \$	Premium for this Coverage Part \$

FORMS AND ENDORSEMENTS
Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:
See Attached Schedule of Forms, **CIL 1500 B 0202**

PART II – LIABILITY DECLARATIONS

A. LIMITS OF INSURANCE:

General Aggregate Limit (Other than the Product-Completed Operations in Coverage A)	\$
Products-Completed Operations Aggregate Limit (Coverage A)	\$
Coverage B - Personal and Advertising Injury Limit	\$
Each Occurrence Limit	\$
Coverage C – Medical Payments Each Occurrence Limit	\$ Any One Person
Coverage D - Contractors' Pollution Liability Each Pollution Condition Limit	\$
Coverage E - Consultants' Professional Liability - Each Wrongful Act Limit	\$
Coverage F - Non-Owned Disposal Site Each Non-Owned Disposal Site Pollution Condition Limit	\$
Damage To Premises Rented To You Limit (Coverage A)	\$ Any One Fire

If any Coverage Form, Coverage Part or policy issued to you by us or any company affiliated with us apply to the same claim for damages, the maximum Limit of Insurance for Liability Coverage under all of the Coverage Forms, Coverage Parts or policies shall not exceed the highest applicable Limit of Insurance available under any one Coverage Form, Coverage Part or policy. This provision would not apply to any Coverage Part, Coverage Form or policy issued by us or an affiliated company specifically to apply as excess insurance over this policy.

B. RETROACTIVE DATES:

Contractor's Pollution Liability Coverage D Retroactive Date (ENV 2032)
 Consultants' Professional Liability Coverage E Retroactive Date
 Non-owned Disposal Site Pollution Liability Coverage F Retroactive Date

C. DEDUCTIBLE:

Commercial General Liability Coverage A and B	\$	<input type="checkbox"/> Per Occurrence/Offense	<input type="checkbox"/> Per Claim
Contractors' Pollution Liability Coverage D	\$	<input type="checkbox"/> Per Pollution Condition	<input type="checkbox"/> Per Claim
Consultants' Professional Liability Coverage E	\$	<input type="checkbox"/> Per Wrongful Act	<input type="checkbox"/> Per Claim
Non-owned Disposal Site Pollution Liability Coverage F	\$	<input type="checkbox"/> Per Pollution Condition	<input type="checkbox"/> Per Claim
Deductible also applies to Supplementary Payments		<input type="checkbox"/> Yes	<input type="checkbox"/> No

D. SCHEDULE OF HAZARDS

		RATE:		ADVANCED PREMIUM
St/Terr Code Classification	Prem. Basis	Prem. Ops.Pr/Co	Pr/Co	All Other

Audit period is Annual Unless Otherwise Stated

Total Advance Premium \$
TRIA Coverage \$
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 Part and made part of this policy at time of issue:
 See Attached Schedule of Forms, CIL 1500b 0202

**THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING
 THE NAMED INSURED AND THE POLICY PERIOD**