

Ameritrust Insurance Corporation

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	Rate	Premium	Coverage Form
_____	_____	\$ _____	_____	\$ _____	_____
_____	_____	\$ _____	_____	\$ _____	_____
_____	_____	\$ _____	_____	\$ _____	_____
_____	_____	\$ _____	_____	\$ _____	_____
_____	_____	\$ _____	_____	\$ _____	_____

Catastrophe Limit: \$ _____

Blanket Coverage

Jobsite Limit \$ _____

Annual Receipts: \$ _____

Coverage Form: _____

Catastrophe Limit \$ _____

Rate: _____

Temporary Storage Locations (replaces limit indicated in Supplemental Coverages)

\$ _____

Transit (replaces limit indicated in Supplemental Coverages)

\$ _____

Debris Removal (replaces limit indicated in Coverage Extensions)

\$ _____

Emergency Removal (replaces limit indicated in Coverage Extensions)

\$ _____

Rewards (replaces limit indicated in Supplemental Coverages)

\$ _____

Recharge of Fire Extinguishing Equipment (replaces limit indicated in Supplemental Coverages)

\$ _____

DEDUCTIBLE(S)

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Ameritrust Insurance Corporation

SCHEDULE OF COVERAGES

INSTALLATION FLOATER COVERAGE FORM

CONTINUED

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.**