

# Century Surety Company

## 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 \$
<b>Premium Subtotal</b>		\$	
<b>TRIA Coverage</b>		\$	
<b>Total Premium</b>		\$	

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**

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