

ProCentury Insurance Company

INLAND MARINE COVERAGE DECLARATIONS

CONTRACTORS EQUIPMENT FORM; CIM 1717, CIM 1718

POLICY NO: _____

EFFECTIVE DATE: _____ AT 12:01 STANDARD

NAMED INSURED: _____

OPERATIONS LOCATION: Same as Mailing Address (if different, show address below)

Schedule of Coverages

Scheduled Contractors' Equipment

ITEM #	DESCRIPTION (Year, Model Name and Serial Number)	VALUE	VALUATION ACV/RC	COINSURANCE	LIMIT	RATE (per \$100 of value)	ANNUAL PREMIUM
		\$		%	\$	\$	\$
		\$		%	\$	\$	\$
		\$		%	\$	\$	\$
		\$		%	\$	\$	\$

Scheduled Property Covered, Not Specifically Identified Above

ITEM #	UNSCHEDULED PROPERTY DESCRIPTION	VALUE	VALUATION ACV/RC	COINSURANCE	LIMIT	RATE (per \$100 of value)	ANNUAL PREMIUM
		\$		%	\$	\$	\$
		\$		%	\$	\$	\$
		\$		%	\$	\$	\$
		\$		%	\$	\$	\$

Total Insurable Values: \$ _____

Attached Supplemental Schedule, PIM 1773a

Schedule on File

Optional Coverages

Optional Coverage:	RATING BASIS	LIMIT OF INSURANCE	RATE (per \$100 of value)	ANNUAL PREMIUM
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

DEDUCTIBLE

A. Flat Deductible: \$ _____ any one occurrence _____

B. Percentage Deductible: _____% of the covered property value(s) per any one occurrence subject to a deductible minimum of \$ _____ and a deductible maximum of \$ _____.

PREMIUM

Premium Subtotal for this Coverage: \$ _____

TRIA Premium: \$ _____

Total Premium: \$ _____

Minimum Premium for this Coverage: \$ _____

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