



ALLIED WORLD NATIONAL ASSURANCE COMPANY

160 Federal Street, 6th Floor, Boston, MA 02110 · Tel. (857) 288-6000 · Fax (617) 556-8060

(hereinafter called the Company)

**COMMERCIAL PROPERTY POLICY
DECLARATIONS**

POLICY NUMBER:

RENEWAL OF:

ITEM 1.

Named Insured:

Address:

ITEM 2. Policy Period:

From:

To:

at 12:01 A.M. Standard Time at the location of property insured as stated in the Schedule of Locations.

ITEM 3. Limit of Insurance:

See attached Forms and Endorsements, for Sublimits which may apply to these or to other Perils or Coverages.

Premium, all Coverages Excluding Terrorism:

\$

Premium, Terrorism Coverage:

\$

Total Premium, All Coverages:

\$

In the event of cancellation of this policy by the Insured, a minimum premium of \$ shall become earned, any provision of the policy to the contrary notwithstanding.

Failure of the Insured to make timely payment of premium shall be considered a request by the Insured for the Company to cancel on the Insured's behalf. In the event of such cancellation for non-payment of premium, the minimum earned premium shall be due and payable; provided, however, such cancellation shall be rescinded if the Insured remits and the Company receives the full policy premium within 10 days after the date of issuance of the cancellation notice. Such remittance and acceptance by the Company shall not effect the minimum earned premium provision of this endorsement. In the event of any other cancellation by the Company, the earned premium shall be computed pro-rata, not subject to the minimum earned premium.

ITEM 4. Perils: All Risk of Direct Physical Loss or Damage Including Flood and Earthquake, Excluding Terrorism and Boiler & Machinery

ITEM 5. Description of Property Covered: Real and Personal Property, Business Interruption, Extra Expenses, Loss of Rents

ITEM 6. Coinsurance: NIL

ITEM 7. Forms Attached: See attached Forms Schedule

"The Insurer(s) named herein is (are) not licensed by the State of New York, not subject to its supervision, and in the event of the insolvency of the insurer(s), not protected by the New York State Security Funds. The policy may not be subject to all of the regulations of the Department of Financial Services pertaining to policy forms."

NPDP 0001 0609



This is to certify that Excess Line Association of New York received and reviewed the attached insurance document in accordance with Article 21 of the New York State Insurance Law

12/19/2019
Id:1887070624

THE INSURER(S) NAMED HEREIN IS (ARE) NOT LICENSED BY THE STATE OF NEW YORK, NOT SUBJECT TO ITS SUPERVISION, AND IN THE EVENT OF THE INSOLVENCY OF THE INSURER(S), NOT PROTECTED BY THE NEW YORK STATE SECURITY FUNDS. THE POLICY MAY NOT BE SUBJECT TO ALL OF THE REGULATIONS OF THE DEPARTMENT OF FINANCIAL SERVICES PERTAINING TO POLICY FORMS.