

	Coverages	All Risk	NP	Ded.	Coins %	Amount of Insurance	Rate	Premium
Property	Building	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
	Equipment	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
	Stock	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
	Contents	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
	Office Floater	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
	Builder's Risk	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
	Contractors Equip	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
	Computer Rider	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
	Cargo	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
	Other	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
Extensions of Coverage					Coins%			
	Inflation Protection		<input type="checkbox"/>	_____	_____	_____	_____	_____
	Peak Season		<input type="checkbox"/>	_____	_____	_____	_____	_____
	Earthquake		<input type="checkbox"/>	_____	_____	_____	_____	_____
	Flood		<input type="checkbox"/>	_____	_____	_____	_____	_____
	Sewer Back Up		<input type="checkbox"/>	_____	_____	_____	_____	_____
	Replacement Cost		<input type="checkbox"/>	_____	_____	_____	_____	_____
Business Interruption								
	Actual Losses		<input type="checkbox"/>	_____	_____	_____	_____	_____
	Gross Earnings		<input type="checkbox"/>	_____	_____	_____	_____	_____
	Profits		<input type="checkbox"/>	_____	_____	_____	_____	_____
Boiler and Machinery								
	Equipment Breakdown		<input type="checkbox"/>	_____	_____	_____	_____	_____
	Option 1		<input type="checkbox"/>	_____	_____	_____	_____	_____
	Option 2		<input type="checkbox"/>	_____	_____	_____	_____	_____
	Option 3		<input type="checkbox"/>	_____	_____	_____	_____	_____
Crime								
	Broad Form Money and Securities				<input type="checkbox"/>			
	Inside & Outside Paymaster Robbery				<input type="checkbox"/>			
	Money Orders & Counterfeit Currency				<input type="checkbox"/>			
	Depositors Forgery		<input type="checkbox"/>					
	Employees Dishonesty		<input type="checkbox"/>	Form A		<input type="checkbox"/>	Form B	
Liability								
	Liability (occurrence) Limit \$ _____					Prop/Ops Aggregate \$ _____		
	BI & PD Ded. \$ _____							
	Tenants Legal Liability \$ _____					Medical Payments \$ _____		
	Personal Injury \$ _____					Premises only: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Non Owned Automobile \$ _____					Prod/Comp Ops: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Other \$ _____					Exclusions _____		
	Annual Revenue \$ _____							
						M.R.P. \$ _____		Total Premium _____
Comments:								

Signed By								
	_____						Date	_____