

CONTRACTORS PROPERTY COVERAGES

CBIC - Contractors Bonding and Insurance Company

1. Agent/Broker Name: _____	2. Company Name: _____
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LOCATION SCHEDULE

3.	Loc. No.	Bld. No.	Street Address, City, County, State and Zip Code

BUSINESS PERSONAL PROPERTY COVERAGE (INLAND MARINE COV) (refer to CBIC if total contents limits are over \$100,000)

4.	Loc. No.	Bld. No.	Office Contents Limit	Shop/Storage Contents Limit	Yard Contents Limit	Deductible		
						<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500
						<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500
						<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500

BUILDING COVERAGE (refer to CBIC if total building limits are over \$200,000)

5. This coverage does NOT apply to the personal dwelling.

Loc. No.	Bld. No.	Building Limit	Building Coinsurance			Building Deductible			Business Income Limit	Business Income Coinsurance or Monthly Limitation					
			80%	90%	100%	\$500	\$1,000	\$2,500		50%	80%	100%	1/3	1/4	1/6
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Loc. No.	Bld. No.	Construction							Occupancy		Protection Class	Total Square Footage
		Frame	Joisted Masonry	Noncombustible	Masonry Noncomb	Mod Fire Resistive	Fire Resistive	Shop / Storage	Office			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Loc. No.	Bld. No.	Year Built	Number of Stories	Sprinklered		Other Occupancies
				Yes	No	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	

MISCELLANEOUS COVERAGE (MANUAL PREMIUM)

6.	Description: _____	Limit: _____
	Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500	Premium: _____