

SERFF Tracking Number:	CNNA-125875140	State:	Arkansas
Filing Company:	The Cincinnati Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	CCIM-08-6014-AR		
TOI:	09.0 Inland Marine	Sub-TOI:	09.0000 Inland Marine Sub-TOI Combinations
Product Name:	CCIM-08-6014-AR		
Project Name/Number:	/		

Filing at a Glance

Company: The Cincinnati Insurance Company

Product Name: CCIM-08-6014-AR

TOI: 09.0 Inland Marine

Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations

Filing Type: Form

SERFF Tr Num: CNNA-125875140 State: Arkansas

SERFF Status: Closed

Co Tr Num: CCIM-08-6014-AR

Co Status:

Author: Sharon Whitaker

Date Submitted: 10/27/2008

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Llyweyia Rawlins, Brittany Yielding

Disposition Date: 10/31/2008

Disposition Status: Approved

Effective Date Requested (New): 05/01/2009

Effective Date Requested (Renewal): 05/01/2009

Effective Date (New): 05/01/2009

Effective Date (Renewal):

05/01/2009

State Filing Description:

General Information

Project Name:

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 10/31/2008

State Status Changed: 10/29/2008

Corresponding Filing Tracking Number:

Filing Description:

At this time, we wish to file new forms per the attached explanatory memorandum.

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Final printed copies are attached for your review.

Please be advised that we work on a 90-days-in-advance schedule. As a result, we would appreciate your approval by February 1, 2009 for the software to be mailed to our agents on March 1, 2009 for the effective date of May 1, 2009.

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Your approval is respectfully requested for use on policies effective on or after May 1, 2009.

Company and Contact

Filing Contact Information

Sharon Grubbs, Senior Filings Analyst sharon_grubbs@cinfin.com
 6200 S. Gilmore Road (513) 870-2091 [Phone]
 Fairfield, OH 45014

Filing Company Information

The Cincinnati Insurance Company CoCode: 10677 State of Domicile: Ohio
 6200 S. Gilmore Road Group Code: 244 Company Type:
 Fairfield, OH 45014 Group Name: State ID Number:
 (513) 870-2000 ext. [Phone] FEIN Number: 31-0542366

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Cincinnati Insurance Company	\$50.00	10/27/2008	23498116

SERFF Tracking Number: CNNA-125875140 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/31/2008	10/31/2008

SERFF Tracking Number: *CNNA-125875140* *State:* *Arkansas*
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Project Name/Number: /

Disposition

Disposition Date: 10/31/2008

Effective Date (New): 05/01/2009

Effective Date (Renewal): 05/01/2009

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	MEMORANDUM	Approved	Yes
Form	ACCOUNTS RECEIVABLE COVERAGE	Approved	Yes
Form	VALUABLE PAPERS AND RECORDS COVERAGE	Approved	Yes
Form	SCHEDULED PREMISES ENDORSEMENT	Approved	Yes
Form	CONTRACTORS' EQUIPMENT (AND TOOLS) COVERAGE PART RATE AND DEDUCTIBLE SCHEDULE	Approved	Yes
Form	ACCOUNTS RECEIVABLE COVERAGE PART DECLARATIONS	Approved	Yes
Form	GENERAL FLOATER COVERAGE PART DECLARATIONS	Approved	Yes
Form	ANIMAL FLOATER COVERAGE PART DECLARATIONS	Approved	Yes
Form	COMMERCIAL ARTICLES COVERAGE PART DECLARATIONS	Approved	Yes
Form	BAILEES' CUSTOMERS COVERAGE PART DECLARATIONS	Approved	Yes
Form	SIGNS COVERAGE PART DECLARATIONS	Approved	Yes
Form	CONTRACTORS' EQUIPMENT (AND TOOLS) COVERAGE PART DECLARATIONS	Approved	Yes
Form	INSTALLATION FLOATER COVERAGE PART DECLARATIONS	Approved	Yes
Form	BUILDERS' RISK INLAND MARINE COVERAGE PART DECLARATIONS	Approved	Yes
Form	CAMERA AND MUSICAL INSTRUMENT DEALERS COVERAGE PART DECLARATIONS	Approved	Yes
Form	VALUABLE PAPERS AND RECORDS COVERAGE PART DECLARATIONS	Approved	Yes
Form	PROPERTY FLOATER COVERAGE PART DECLARATIONS	Approved	Yes

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Form	SATELLITE DISH COVERAGE PART DECLARATIONS	Approved	Yes
Form	RADIO AND TELEVISION TOWER AND EQUIPMENT COVERAGE PART DECLARATIONS	Approved	Yes
Form	MOTOR TRUCK CARGO COVERAGE PART DECLARATIONS	Approved	Yes
Form	TRANSPORTATION COVERAGE PART DECLARATIONS	Approved	Yes
Form	ELECTRONIC DATA PROCESSING EQUIPMENT COVERAGE FORM DECLARATIONS	Approved	Yes
Form	EQUIPMENT DEALERS COVERAGE PART DECLARATIONS	Approved	Yes
Form	WATERCRAFT HULL COVERAGE PART DECLARATIONS	Approved	Yes
Form	WATERCRAFT LIABILITY COVERAGE PART DECLARATIONS	Approved	Yes
Form	MARINA OPERATORS LEGAL LIABILITY COVERAGE PART DECLARATIONS	Approved	Yes
Form	PIERS, WHARVES AND DOCKS COVERAGE PART DECLARATIONS	Approved	Yes
Form	MOBILE PROPERTY BUSINESS INCOME COVERAGE FORM DECLARATIONS	Approved	Yes
Form	FLOOR PLAN COVERAGE PART DECLARATIONS	Approved	Yes
Form	FILM COVERAGE PART DECLARATIONS	Approved	Yes
Form	THEATRICAL PROPERTY COVERAGE PART DECLARATIONS	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	ACCOUNTS RECEIVABLE COVERAGE	MA 240	06 07	Policy/CoveNew rage Form		0.00	MA240 06-07 ECLAS.pdf
Approved	VALUABLE PAPERS AND RECORDS COVERAGE	MA 241	06 07	Policy/CoveNew rage Form		0.00	MA241 06-07 ECLAS.pdf
Approved	SCHEDULED PREMISES ENDORSEMENT	MA 4015	06 07	Endorseme New nt/Amendm ent/Condi tions		0.00	MA4015 06-07 ECLAS.pdf
Approved	CONTRACTORS' EQUIPMENT (AND TOOLS) COVERAGE PART RATE AND DEDUCTIBLE SCHEDULE	MA 4016	06 07	Declaration New s/Schedule		0.00	MA4016 06-07 ECLAS.pdf
Approved	ACCOUNTS RECEIVABLE COVERAGE PART DECLARATIONS	MA 553	06 07	Declaration New s/Schedule		0.00	MA553 06-07 ECLAS.pdf
Approved	GENERAL FLOATER COVERAGE PART DECLARATIONS	MA 554	06 07	Declaration New s/Schedule		0.00	MA554 06-07 ECLAS.pdf
Approved	ANIMAL FLOATER COVERAGE PART	MA 555	06 07	Declaration New s/Schedule		0.00	MA555 06-07 ECLAS.pdf

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 Product Name: CCIM-08-6014-AR
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DECLARATIONS

Approved	COMMERCIAL ARTICLES COVERAGE PART DECLARATIONS	MA 556	06 07	Declaration New s/Schedule	0.00	MA556 06-07 ECLAS.pdf
Approved	BAILEES' CUSTOMERS COVERAGE PART DECLARATIONS	MA 557	06 07	Declaration New s/Schedule	0.00	MA557 06-07 ECLAS.pdf
Approved	SIGNS COVERAGE PART DECLARATIONS	MA 558	06 07	Declaration New s/Schedule	0.00	MA558 06-07 ECLAS.pdf
Approved	CONTRACTORS' EQUIPMENT (AND TOOLS) COVERAGE PART DECLARATIONS	MA 559	06 07	Declaration New s/Schedule	0.00	MA559 06-07 ECLAS.pdf
Approved	INSTALLATION FLOATER COVERAGE PART DECLARATIONS	MA 560	06 07	Declaration New s/Schedule	0.00	MA560 06-07 ECLAS.pdf
Approved	BUILDERS' RISK INLAND MARINE COVERAGE PART DECLARATIONS	MA 561	06 07	Declaration New s/Schedule	0.00	MA561 06-07 ECLAS.pdf
Approved	CAMERA AND MUSICAL INSTRUMENT DEALERS COVERAGE PART DECLARATIONS	MA 564	06 07	Declaration New s/Schedule	0.00	MA564 06-07 ECLAS.pdf

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Approved	VALUABLE PAPERS AND RECORDS COVERAGE PART DECLARATIONS	MA 566	06 07	Declaration News/Schedule	0.00	MA566 06-07 ECLAS.pdf
Approved	PROPERTY FLOATER COVERAGE PART DECLARATIONS	MA 567	06 07	Declaration News/Schedule	0.00	MA567 06-07 ECLAS.pdf
Approved	SATELLITE DISHMA COVERAGE PART DECLARATIONS	569	06 07	Declaration News/Schedule	0.00	MA569 06-07 ECLAS.pdf
Approved	RADIO AND TELEVISION TOWER AND EQUIPMENT COVERAGE PART DECLARATIONS	MA 570	06 07	Declaration News/Schedule	0.00	MA570 06-07 ECLAS.pdf
Approved	MOTOR TRUCK CARGO COVERAGE PART DECLARATIONS	MA 571	06 07	Declaration News/Schedule	0.00	MA571 06-07 ECLAS.pdf
Approved	TRANSPORTATION COVERAGE PART DECLARATIONS	MA 572	06 07	Declaration News/Schedule	0.00	MA572 06-07 ECLAS.pdf
Approved	ELECTRONIC DATA PROCESSING EQUIPMENT COVERAGE FORM	MA 573	06 07	Declaration News/Schedule	0.00	MA573 06-07 ECLAS.pdf

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 Product Name: CCIM-08-6014-AR
 Project Name/Number: /

DECLARATIONS

Approved	EQUIPMENT DEALERS COVERAGE PART DECLARATIONS	MA 574	06 07	Declaration New s/Schedule	0.00	MA574 06-07 ECLAS.pdf
Approved	WATERCRAFT HULL COVERAGE PART DECLARATIONS	MA 576	06 07	Declaration New s/Schedule	0.00	MA576 06-07 ECLAS.pdf
Approved	WATERCRAFT LIABILITY COVERAGE PART DECLARATIONS	MA 577	06 07	Declaration New s/Schedule	0.00	MA577 06-07 ECLAS.pdf
Approved	MARINA OPERATORS LEGAL LIABILITY COVERAGE PART DECLARATIONS	MA 578	06 07	Declaration New s/Schedule	0.00	MA578 06-07 ECLAS.pdf
Approved	PIERS, WHARVES AND DOCKS COVERAGE PART DECLARATIONS	MA 579	06 07	Declaration New s/Schedule	0.00	MA579 06-07 ECLAS.pdf
Approved	MOBILE PROPERTY BUSINESS INCOME COVERAGE FORM DECLARATIONS	MA 580	06 07	Declaration New s/Schedule	0.00	MA580 06-07 ECLAS.pdf
Approved	FLOOR PLAN COVERAGE	MA 583	06 07	Declaration New s/Schedule	0.00	MA583 06-07

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	PART						ECLAS.pdf
	DECLARATIONS						
Approved	FILM	MA 584	06 07	Declaration New	0.00	MA584	
	COVERAGE			s/Schedule		06-07	
	PART					ECLAS.pdf	
	DECLARATIONS						
Approved	THEATRICAL	MA 585	06 07	Declaration New	0.00	MA585	
	PROPERTY			s/Schedule		06-07	
	COVERAGE					ECLAS.pdf	
	PART						
	DECLARATIONS						

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ACCOUNTS RECEIVABLE COVERAGE

This endorsement modifies insurance provided under the following:

ELECTRONIC DATA PROCESSING EQUIPMENT COVERAGE PART

SCHEDULE:

Limit of Insurance:

At Your Premises: \$

Away From Your Premises: \$

Applies:

- Blanket** (All Premises) **Blanket** (Scheduled Premises Only) **Separately** (at each Scheduled Premises)

Loc. No.

Scheduled Premises:

Rates and Premium: **Nonreporting** **Reporting**

Nonreporting Rate:

Premium:

Reporting:

- a. Deposit Premium:
- b. Minimum Annual Premium:
- c. Reporting Period:
- d. Premium Adjustment Period:
- e. Rate:

Applicable Premises

All Premises, or:

Loc. No.

Protection of Records: Property

Accounts Receivable

Description of Receptacles:

Deductible:

I. Section I - Coverages is amended as follows:

A. The following Coverage is added:

ACCOUNTS RECEIVABLE

1. Insuring Agreement

We will pay:

- a. All amounts due from your customers that you are unable to collect;
- b. Interest charges on any loan required to offset amounts you are unable to collect pending our payment of these amounts;

c. Collection expenses in excess of your normal collection expenses that are made necessary by the "loss"; and

d. Other reasonable and necessary expenses that you incur to reestablish your records of accounts receivable,

That result from a Covered Cause of Loss to Covered Property.

2. Covered Property

Covered Property, as used in Accounts Receivable Coverage, means

your records of accounts receivable while located:

- a. On your "premises" or within one thousand (1,000) feet thereof; or
- b. Within a building occupied by a third party billing service with which you contract for such service, including while in transit to and from such location; and
- c. In the "coverage territory",

Except as may be provided in the Coverage Extension.

3. Property Not Covered

Covered Property does not include:

- a. Records of accounts receivable in storage away from your "premises"; or
- b. Contraband, or property in the course of illegal transit or trade.

4. Covered Causes of Loss

Covered Causes of Loss, with respect to Accounts Receivable Coverage, means risks of direct "loss" to Covered Property except those causes of "loss" listed in Section II - Exclusions.

5. Coverage Extension

REMOVAL

If you give us written notice within ten (10) days of removal of Covered Property because of imminent danger of "loss", we will pay for "loss" while such Covered Property is:

- a. At a safe place away from your "premises"; or
- b. Being taken to and returned from that place.

This Coverage Extension is included within the Limit of Insurance applicable to Accounts Receivable Coverage.

- B. Coverage C - Additional Coverages is amended as follows:

Wherever the phrase Coverage(s) A and / or B appears, Coverage(s) A, B and / or Accounts Receivable Coverage replaces it.

- II. Section II - Exclusions is amended as follows:

- A. It is agreed that Coverage A - Electronic Data Processing Property and Coverage B - Business Income and Extra Expense - Exclusions apply to Accounts Receivable Coverage.

- B. The following exclusion is added to Paragraph 2.:

Alteration, falsification, concealment or destruction of records of accounts receivable done to conceal the wrongful giving, taking or withholding of "money", "securities", "electronic securities" or "other property".

This exclusion applies only to the extent of the wrongful giving, taking or withholding.

- III. Section III - Limits of Insurance and Deductibles is amended to include the following:

- A. Accounts Receivable - Limit of Insurance

The most we will pay in any one "occurrence" is the applicable Limit of Insurance for Accounts Receivable Coverage stated in the Schedule of this endorsement, plus the applicable Limit of Insurance for Additional Coverage 2. Loss Establishment Expenses stated in the Declarations or any endorsement amendatory thereof.

However, under Additional Coverage 2, Loss Establishment Expenses, we will not pay more than the actual cost of the "loss" insured under Accounts Receivable Coverage in "loss establishment expenses".

- B. Accounts Receivable - Deductible

We will not pay for "loss" in any one "occurrence" insured under Accounts Receivable Coverage unless the amount of "loss" exceeds the applicable Deductible shown in the Schedule of this endorsement. We will then pay the amount of "loss" in excess of the Deductible, up to the Limit of Insurance.

- IV. Section IV - Additional Conditions is amended as follows:

- A. The following Conditions are added and apply to Accounts Receivable Coverage only:

1. Protection of Records

Whenever you are not open for business and except while you are actually using the records, you must keep all records of accounts receivable in receptacles that are de-

scribed in the Schedule of this endorsement.

2. If **Nonreporting** is indicated in the **Schedule** above the following is added:

DETERMINATION OF RECEIVABLES

In the **COMMERCIAL INLAND MARINE CONDITIONS, GENERAL CONDITIONS, F. Valuation** is replaced by the following:

- a. If you cannot accurately establish the amount of accounts receivable outstanding as of the time of "loss", the following method will be used:

(1) Determine the total of the average monthly amounts of accounts receivable for the 12 months immediately preceding the month in which the "loss" occurs; and

(2) Adjust that total for any normal fluctuations in the amount of accounts receivable for the month in which the "loss" occurred or for any demonstrated variance from the average for that month.

- b. The following will be deducted from the total amount of accounts receivable, however that amount is established:

(1) The amount of the accounts for which there is no "loss";

(2) The amount of the accounts that you are able to reestablish or collect;

(3) An amount to allow for probable bad debts that you are normally unable to collect; and

(4) All unearned interest and service charges.

3. If **Reporting** is indicated in the **Schedule** above the following is added:

DETERMINATION OF RECEIVABLES

In the **COMMERCIAL INLAND MARINE CONDITIONS, GENERAL CONDITIONS, F. Valuation** is replaced by the following:

- a. If you cannot accurately establish the amount of accounts receivable outstanding as of the time of "loss", the following method will be used:

(1) Determine the amount of all outstanding accounts receivable at the end of the same month of the preceding year;

(2) Determine the percentage of increase or decrease in the total amount of outstanding accounts receivable between the 2 preceding 12-month periods;

(3) Adjust the amount determined in (1) by the percentage determined in (2). This result will be used as the total amount of accounts receivable at the end of the month in which the "loss" occurred.

- b. The following will be deducted from the total amount of accounts receivable, however that amount is established:

(1) The amount of the accounts for which there is no "loss";

(2) The amount of the accounts that you are able to reestablish or collect.

(3) An amount to allow for probable bad debts that you are normally unable to collect; and

(4) All unearned interest and service charges.

4. If **Reporting** is indicated in the **Schedule** above the following is added:

REPORTS AND PREMIUMS

- a. Reports

You will report to us the amount of your accounts receivable at each "premises" within 30 days after the end of each reporting period shown in the Schedule.

- b. Rates and Premium

- (1) Premium Computation

We will compute the premium:

- (a) Using the rates shown in the Schedule and the reported amount of accounts receivable; and
 - (b) As of each Premium Adjustment Period shown in the Schedule.
- (2) Premium Adjustment
- (a) When an Annual Premium Adjustment Period is shown in the Schedule, we will compare the total computed premium to the Deposit Premium. If it is more than the Deposit Premium, you will pay us the difference. If it is less than the Deposit Premium, we will pay you the difference.
 - (b) When any other Premium Adjustment Period is shown in the Schedule, we will apply the computed premium to the Deposit Premium until it is used up. You will pay us all premiums that exceed the Deposit Premium.
 - (c) If this coverage is cancelled, you will report the amount of the accounts receivable as of the date of cancellation. We will compute the premium for less than a full adjustment period on a pro rata basis.
- c. Minimum Premium
- You must pay at least the minimum annual premium shown in the Schedule.
- d. Failure to Submit Reports
- If you have failed to submit the required reports as of the time of "loss", we will not pay more than the amount included in your last report.
- e. Reports in Excess of Limits of Insurance
- Although the reported amount will be used in computing premium, we will not pay more than the applicable Limit of Insurance shown in the Schedule.
- f. Annual Rerating
- This coverage will be rerated at each anniversary.
- B. Condition **b. Blanket Insurance** in Paragraph 4. Common Conditions is deleted and replaced by the following with respect to Accounts Receivable Coverage only:
- Blanket Insurance:**
- a. If **Blanket** (All Premises) is indicated in the Schedule of this endorsement, the Limit of Insurance for Accounts Receivable Coverage applies to all "premises" within the "coverage territory".
 - b. If **Blanket** (Scheduled Premises Only) is indicated in the Schedule of this endorsement, the Limit of Insurance for Accounts Receivable Coverage applies to all "premises" listed in the Schedule of this endorsement.
- V. **Section V - Definitions** is amended as follows:
- Definition **22.** "Premises" is deleted and replaced by the following with respect to Accounts Receivable Coverage only:
- "Premises" means:
- a. If **Blanket** (All Premises) is indicated in the Schedule of this endorsement:
- The interior of that portion of any building you lease, rent or own and while you occupy it in conducting your business.
- b. If **Blanket** (Scheduled Premises Only) or **Separately** (at each Scheduled Premises) is indicated in the Schedule of this endorsement:
- The interior of that portion of any building located at an address referenced in the Schedule of this endorsement you lease, rent or own and while you occupy it in conducting your business.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

VALUABLE PAPERS AND RECORDS COVERAGE

This endorsement modifies insurance provided under the following:

ELECTRONIC DATA PROCESSING EQUIPMENT COVERAGE PART

SCHEDULE:

Protection of Records:

Property

Applicable Premises: Valuable Papers and Records

All Premises, or:

Loc. No. Description of Receptacles:

I. **Section I - Coverages, Coverage A - Electronic Data Processing Property** is amended as follows:

A. Paragraph 2. **Covered Property** is amended to include "valuable papers and records".

B. Paragraph 3. **Property Not Covered** is amended to delete Item k. "valuable papers and records".

II. **Section IV - Additional Conditions, Paragraph 1. Coverage A - Electronic Data Processing Property - Conditions** is amended as follows:

A. Paragraph b. of the **Valuation Condition** is deleted and replaced by the following:

b. Valuation of "electronic media and records" and "valuable papers and records":

(1) We will not pay for more than the actual reproduction costs of covered "electronic media and records" or "valuable papers and records".

(2) But we will not pay the cost to duplicate research or operations away from your "premises" that led to the development of your "electronic media and records" or "valuable papers and records" or that led to the development of any proprietary or confidential information or intellectual property.

(3) If you do not replace or reproduce the "electronic media and records" or "valuable papers

and records", the cost we will pay is:

(a) The cost of blank "electronic media and records"; or

(b) The cost of blank medium upon which the "valuable papers and records" were stored.

The most we will pay is the Limit of Insurance shown on the Declarations

B. The following Condition is added:

PROTECTION OF RECORDS

Whenever you are not open for business, and except while you are actually using the property, you must keep all "valuable papers and records" in receptacles that are described in the Schedule of this endorsement.

III. **Section V - Definitions** is amended as follows:

Definition 32. "Valuable papers and records" is deleted and replaced by the following:

32. "Valuable papers and records" means inscribed, printed or written documents, manuscripts or records, including abstracts, books, deeds, drawings, films, maps or mortgages.

But "valuable papers and records" does not mean "money", "securities", "electronic securities", "other property", records of accounts receivables or "electronic media and records".

b. Blanket Insurance

If blanket insurance is indicated by () in the Schedule of the Scheduled Premises Endorsement, the Limit of Insurance for each Coverage applies to all "premises" listed in the endorsement.

IV. Section V - Definitions is amended as follows:

A. Definition **22.** "Premises" is hereby deleted and replaced by the following:

22. "Premises" means any building located at an address referenced in the Schedule of the Scheduled Premises Endorsement you lease, rent or own and while you occupy it in conducting your business.

B. The following definition is added:

"Newly acquired" means:

a. First acquired; or

b. First moved to a new location within the "coverage territory" not yet reported to us as a "premises",

since the inception of the current "coverage term".

**CONTRACTORS' EQUIPMENT (AND TOOLS) COVERAGE PART
RATE AND DEDUCTIBLE SCHEDULE**

Covered Property	Flat Deductible	Percentage Deductible	Maximum Deductible	Minimum Deductible
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THE CINCINNATI INSURANCE COMPANY

A Stock Insurance Company

ACCOUNTS RECEIVABLE COVERAGE PART DECLARATIONS

Attached to and forming part of POLICY NUMBER:

Named Insured is the same as it appears in the Common Policy Declarations.

Loc. No. Location (address)

COVERAGE PROVISIONS

A. Coverage Applicable at Your Premises

Locations

Limit of Insurance

\$

\$

\$

B. Coverage Applicable away from Your Premises

\$

C. Coverage Applicable at all Locations

\$

DESCRIPTION OF RECEPTACLES

Location

Description

RATES AND PREMIUM

A. Nonreporting

Rate

Premium \$

B. Reporting

1. Deposit Premium

\$

2. Minimum Annual Premium

\$

3. Reporting Period

4. Premium Adjustment Period

5. Rates

\$

\$

\$

DEDUCTIBLE

The deductible amount is \$500 unless otherwise stated

\$

DUPLICATE RECORDS

If the Duplicate Records endorsement is attached, the following applies:

Location Number

Percentage Duplicated

FORMS AND / OR ENDORSEMENTS APPLICABLE TO ACCOUNTS RECEIVABLE COVERAGE

LOSS PAYEE (if any)

SPECIAL PROVISIONS (if any)

QUICK REFERENCE

COMMERCIAL INLAND MARINE COVERAGE PART

READ YOUR POLICY CAREFULLY

DECLARATIONS PAGE

Named Insured

Coverages and Limits of Insurance

COVERAGE FORM(S)

A. COVERAGE

1. Covered Property
2. Property Not Covered
3. Covered Causes of Loss
4. Additional Coverage - Collapse
5. Coverage Extensions

B. EXCLUSIONS

- Governmental Action
- Nuclear Hazard
- War and Military Action
- Other Exclusions

C. LIMITS OF INSURANCE

D. ADDITIONAL CONDITIONS

E. DEFINITIONS

ENDORSEMENTS (IF APPLICABLE)

COMMERCIAL INLAND MARINE CONDITIONS

LOSS CONDITIONS

- A. Abandonment
- B. Appraisal
- C. Duties in the Event of Loss
- D. Insurance Under Two or More Coverages
- E. Loss Payment
- F. Other Insurance
- G. Pair, Sets or Parts
- H. Privilege to Adjust With Owner
- I. Recoveries
- J. Reinstatement of Limit After Loss
- K. Transfer of Rights of Recovery Against Others to Us

GENERAL CONDITIONS

- A. Concealment, Misrepresentation or Fraud
- B. Legal Action Against Us
- C. Liberalization
- D. No Benefit to Bailee
- E. Policy Period
- F. Valuation

COMMON POLICY CONDITIONS

- A. Cancellation
- B. Changes
- C. Examination of Your Books and Records
- D. Inspections and Surveys
- E. Premiums
- F. Transfer of Your Rights and Duties Under this Policy

THE CINCINNATI INSURANCE COMPANY

A Stock Insurance Company

GENERAL FLOATER COVERAGE PART DECLARATIONS

Attached to and forming part of POLICY NUMBER:

Named Insured is the same as it appears in the Common Policy Declarations

TYPE OF COVERAGE

Broad Special

COVERED PROPERTY

Item #	Description	Limit of Insurance
--------	-------------	--------------------

Miscellaneous items are subject to a maximum limit of \$ _____ per any one item.

DEDUCTIBLE

The deductible amount is \$500 unless otherwise stated \$ _____

FORMS AND / OR ENDORSEMENTS APPLICABLE TO GENERAL FLOATER COVERAGE

LOSS PAYEE (if any)

SPECIAL PROVISIONS (if any)

QUICK REFERENCE

COMMERCIAL INLAND MARINE COVERAGE PART

READ YOUR POLICY CAREFULLY

DECLARATIONS PAGE

Named Insured

Coverages and Limits of Insurance

COVERAGE FORM(S)

A. COVERAGE

1. Covered Property
2. Property Not Covered
3. Covered Causes of Loss
4. Additional Coverage - Collapse
5. Coverage Extensions (If Applicable)

B. EXCLUSIONS

- Earthquake (If Applicable)
- Governmental Action
- Nuclear Hazard
- War and Military Action
- Water (If Applicable)
- Other Exclusions

C. LIMITS OF INSURANCE

D. DEDUCTIBLE (IF APPLICABLE)

E. ADDITIONAL CONDITIONS

F. DEFINITIONS

ENDORSEMENTS (IF APPLICABLE)

COMMERCIAL INLAND MARINE CONDITIONS

LOSS CONDITIONS

- A. Abandonment
- B. Appraisal
- C. Duties in the Event of Loss
- D. Insurance Under Two or More Coverages
- E. Loss Payment
- F. Other Insurance
- G. Pair, Sets or Parts
- H. Privilege to Adjust With Owner
- I. Recoveries
- J. Reinstatement of Limit After Loss
- K. Transfer of Rights of Recovery Against Others to Us

GENERAL CONDITIONS

- A. Concealment, Misrepresentation or Fraud
- B. Legal Action Against Us
- C. Liberalization
- D. No Benefit to Bailee
- E. Policy Period
- F. Valuation

COMMON POLICY CONDITIONS

- A. Cancellation
- B. Changes
- C. Examination of Your Books and Records
- D. Inspections and Surveys
- E. Premiums
- F. Transfer of Your Rights and Duties Under this Policy

THE CINCINNATI INSURANCE COMPANY

A Stock Insurance Company

ANIMAL FLOATER COVERAGE PART DECLARATIONS

Attached to and forming part of POLICY NUMBER:

Named Insured is the same as it appears in the Common Policy Declarations

PREMIUM FOR THIS COVERAGE FORM \$ RATE

COVERAGE PROVISIONS

Description of Property	Limit of Insurance
A. On any one animal	\$
B. At any owned location	\$
C. While in transit	\$

FORMS AND / OR ENDORSEMENTS APPLICABLE TO ANIMAL FLOATER COVERAGE

LOSS PAYEE (if any)

SPECIAL PROVISIONS (if any)

QUICK REFERENCE

COMMERCIAL INLAND MARINE COVERAGE PART

READ YOUR POLICY CAREFULLY

DECLARATIONS PAGES

Named Insured

Coverages and Limits of Insurance

COVERAGE FORM(S)

A. COVERAGE

1. Covered Property
2. Property Not Covered
3. Covered Causes of Loss
4. Additional Coverage--Collapse
5. Coverage Extensions

B. EXCLUSIONS

- Governmental Action
- Nuclear Hazard
- War and Military Action
- Other Exclusions

C. LIMITS OF INSURANCE

D. ADDITIONAL CONDITIONS

E. DEFINITIONS

ENDORSEMENTS (IF APPLICABLE)

COMMERCIAL INLAND MARINE CONDITIONS

LOSS CONDITIONS

- A. Abandonment
- B. Appraisal
- C. Duties in the Event of Loss
- D. Insurance Under Two or More Coverages
- E. Loss Payment
- F. Other Insurance
- G. Pair, Sets or Parts
- H. Privilege to Adjust With Owner
- I. Recoveries
- J. Reinstatement of Limit After Loss
- K. Transfer of Rights of Recovery Against Others to Us

GENERAL CONDITIONS

- A. Concealment, Misrepresentation or Fraud
- B. Legal Action Against Us
- C. Liberalization
- D. No Benefit to Bailee
- E. Policy Period
- F. Valuation

COMMON POLICY CONDITIONS

- A. Cancellation
- B. Changes
- C. Examination of Your Books and Records
- D. Inspections and Surveys
- E. Premiums
- F. Transfer of Your Rights and Duties Under this Policy

THE CINCINNATI INSURANCE COMPANY

A Stock Insurance Company

COMMERCIAL ARTICLES COVERAGE PART DECLARATIONS

Attached to and forming part of POLICY NUMBER:

Named Insured is the same as it appears in the Common Policy Declarations

COVERAGE PROVISIONS

Limit of Insurance

A. Cameras, projection machines, films and related equipment and accessories

Total \$

B. Musical instruments and related equipment and accessories

Total \$

C. Fine Arts

Total \$

DEDUCTIBLE

The Deductible amount is \$500 unless otherwise stated

\$

RATE AND PREMIUM

A. Cameras, projection machines, films and related equipment and accessories

Rate

Premium

\$

B. Musical instruments and related equipment and accessories

\$

C. Fine Arts

\$

FORMS AND / OR ENDORSEMENTS APPLICABLE TO COMMERCIAL ARTICLES COVERAGE

LOSS PAYEE (if any)

SPECIAL PROVISIONS (if any)

QUICK REFERENCE

COMMERCIAL INLAND MARINE COVERAGE PART

READ YOUR POLICY CAREFULLY

DECLARATIONS PAGE

Named Insured

Coverages and Limits of Insurance

COVERAGE FORM(S)

A. COVERAGE

1. Covered Property
2. Property Not Covered
3. Covered Causes of Loss
4. Additional Coverage - Collapse

B. EXCLUSIONS

- Governmental Action
- Nuclear Hazard
- War and Military Action
- Other Exclusions

C. LIMITS OF INSURANCE

D. DEDUCTIBLE (IF APPLICABLE)

E. ADDITIONAL CONDITIONS

F. DEFINITIONS

ENDORSEMENTS (IF APPLICABLE)

COMMERCIAL INLAND MARINE CONDITIONS

LOSS CONDITIONS

- A. Abandonment
- B. Appraisal
- C. Duties in the Event of Loss
- D. Insurance Under Two or More Coverages
- E. Loss Payment
- F. Other Insurance
- G. Pair, Sets or Parts
- H. Privilege to Adjust With Owner
- I. Recoveries
- J. Reinstatement of Limit After Loss
- K. Transfer of Rights of Recovery Against Others to Us

GENERAL CONDITIONS

- A. Concealment, Misrepresentation or Fraud
- B. Legal Action Against Us
- C. Liberalization
- D. No Benefit to Bailee
- E. Policy Period
- F. Valuation

COMMON POLICY CONDITIONS

- A. Cancellation
- B. Changes
- C. Examination of Your Books and Records
- D. Inspections and Surveys
- E. Premiums
- F. Transfer of Your Rights and Duties Under this Policy

THE CINCINNATI INSURANCE COMPANY

A Stock Insurance Company

BAILEES' CUSTOMERS COVERAGE PART DECLARATIONS

Attached to and forming part of POLICY NUMBER:

Named Insured is the same as it appears in the Common Policy Declarations

Loc. No. Location

TYPE OF COVERAGE

Broad Special

COVERAGE PROVISIONS

A. Property at Your Premises

Limit of Insurance

We cover only at the following Premises:

Location Number:

\$

\$

\$

\$

B. Property in Transit

Rate \$

Premium \$

DEDUCTIBLE

The deductible amount is \$500 unless otherwise stated

\$

FORMS AND / OR ENDORSEMENTS APPLICABLE TO BAILEES' CUSTOMERS COVERAGE

LOSS PAYEE (if any)

SPECIAL PROVISIONS (if any)

QUICK REFERENCE

COMMERCIAL INLAND MARINE COVERAGE PART

READ YOUR POLICY CAREFULLY

DECLARATIONS PAGE

Named Insured

Coverages and Limits of Insurance

COVERAGE FORM(S)

A. COVERAGE

1. Covered Property
2. Property Not Covered
3. Covered Causes of Loss
4. Additional Coverage - Collapse

B. EXCLUSIONS

- Governmental Action
- Nuclear Hazard
- War and Military Action
- Other Exclusions

C. LIMITS OF INSURANCE

D. DEDUCTIBLE (IF APPLICABLE)

E. ADDITIONAL CONDITIONS

F. DEFINITIONS

ENDORSEMENTS (IF APPLICABLE)

COMMERCIAL INLAND MARINE CONDITIONS

LOSS CONDITIONS

- A. Abandonment
- B. Appraisal
- C. Duties in the Event of Loss
- D. Insurance Under Two or More Coverages
- E. Loss Payment
- F. Other Insurance
- G. Pair, Sets or Parts
- H. Privilege to Adjust With Owner
- I. Recoveries
- J. Reinstatement of Limit After Loss
- K. Transfer of Rights of Recovery Against Others to Us

GENERAL CONDITIONS

- A. Concealment, Misrepresentation or Fraud
- B. Legal Action Against Us
- C. Liberalization
- D. No Benefit to Bailee
- E. Policy Period
- F. Valuation

COMMON POLICY CONDITIONS

- A. Cancellation
- B. Changes
- C. Examination of Your Books and Records
- D. Inspections and Surveys
- E. Premiums
- F. Transfer of Your Rights and Duties Under this Policy

QUICK REFERENCE

COMMERCIAL INLAND MARINE COVERAGE PART

READ YOUR POLICY CAREFULLY

DECLARATIONS PAGE

Named Insured

Coverages and Limits of Insurance

COVERAGE FORM(S)

A. COVERAGE

1. Covered Property
2. Property Not Covered
3. Covered Causes of Loss
4. Additional Coverage - Collapse

B. EXCLUSIONS

- Governmental Action
- Nuclear Hazard
- War and Military Action
- Other Exclusions

C. LIMITS OF INSURANCE

D. DEDUCTIBLE (IF APPLICABLE)

E. ADDITIONAL CONDITIONS

F. DEFINITIONS

ENDORSEMENTS (IF APPLICABLE)

COMMERCIAL INLAND MARINE CONDITIONS

LOSS CONDITIONS

- A. Abandonment
- B. Appraisal
- C. Duties in the Event of Loss
- D. Insurance Under Two or More Coverages
- E. Loss Payment
- F. Other Insurance
- G. Pair, Sets or Parts
- H. Privilege to Adjust With Owner
- I. Recoveries
- J. Reinstatement of Limit After Loss
- K. Transfer of Rights of Recovery Against Others to Us

GENERAL CONDITIONS

- A. Concealment, Misrepresentation or Fraud
- B. Legal Action Against Us
- C. Liberalization
- D. No Benefit to Bailee
- E. Policy Period
- F. Valuation

COMMON POLICY CONDITIONS

- A. Cancellation
- B. Changes
- C. Examination of Your Books and Records
- D. Inspections and Surveys
- E. Premiums
- F. Transfer of Your Rights and Duties Under this Policy

THE CINCINNATI INSURANCE COMPANY

A Stock Insurance Company

CONTRACTORS' EQUIPMENT (AND TOOLS) COVERAGE PART DECLARATIONS

Attached to and forming part of POLICY NUMBER:

Named Insured is the same as it appears in the Common Policy Declarations

Covered Property (check one)

Scheduled Equipment

Schedule on File

Description of Covered Property
(Make, Model, Year Built, Serial Number, Etc.)

Valuation
(ACV, FRC, RC)

Limit of Insurance

Schedule

\$
\$

Limits

Total Scheduled Equipment \$

Total Unscheduled Equipment \$

Additional Debris Removal Expense \$

Employee-Owned Tools - Any One Tool \$

Employee-Owned Tools - Any One Occurrence \$

Newly Purchased Equipment \$

Newly Purchased Equipment Number of Days

Pollutant Cleanup and Removal \$

Equipment Leased or Rented from Others \$

Loss of Use of Equipment Leased or Rented from Others \$

Equipment Borrowed from Others \$

Rental Reimbursement - Per Day \$

Rental Reimbursement - Per Year \$

Rental Reimbursement Waiting Period Hours

Spare Parts and Fuel \$

Your Tools - Any One Tool \$

Your Tools - Any One Occurrence \$

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THE CINCINNATI INSURANCE COMPANY

A Stock Insurance Company

INSTALLATION FLOATER COVERAGE PART DECLARATIONS

Attached to and forming part of POLICY NUMBER:

Named Insured is the same as it appears in the Common Policy Declarations

COVERAGE PROVISIONS

Limit of Insurance

A. Description of Property

We cover materials and supplies to be used in the construction, erection, or installation of:

B. 1. Transit	\$
2. Temporary Storage	\$
3. In any one loss or disaster, either partial or total loss, or salvage charges, or expenses, or all combined.	\$

RATES AND PREMIUM

Rate \$	Premium \$
---------	------------

DEDUCTIBLE

The deductible amount is \$500 unless otherwise stated	\$
--	----

FORMS AND / OR ENDORSEMENTS APPLICABLE TO INSTALLATION FLOATER COVERAGE

LOSS PAYEE (if any)

SPECIAL PROVISIONS (if any)

QUICK REFERENCE

COMMERCIAL INLAND MARINE COVERAGE PART

READ YOUR POLICY CAREFULLY

DECLARATIONS PAGE

Named Insured

Coverages and Limits of Insurance

COVERAGE FORM(S)

A. COVERAGE

1. Covered Property
2. Property Not Covered
3. Covered Causes of Loss
4. Additional Coverage - Collapse

B. EXCLUSIONS

- Governmental Action
- Nuclear Hazard
- War and Military Action
- Other Exclusions

C. LIMITS OF INSURANCE

D. DEDUCTIBLE (IF APPLICABLE)

E. ADDITIONAL CONDITIONS

F. DEFINITIONS

ENDORSEMENTS (IF APPLICABLE)

COMMERCIAL INLAND MARINE CONDITIONS

LOSS CONDITIONS

- A. Abandonment
- B. Appraisal
- C. Duties in the Event of Loss
- D. Insurance Under Two or More Coverages
- E. Loss Payment
- F. Other Insurance
- G. Pair, Sets or Parts
- H. Privilege to Adjust With Owner
- I. Recoveries
- J. Reinstatement of Limit After Loss
- K. Transfer of Rights of Recovery Against Others to Us

GENERAL CONDITIONS

- A. Concealment, Misrepresentation or Fraud
- B. Legal Action Against Us
- C. Liberalization
- D. No Benefit to Bailee
- E. Policy Period
- F. Valuation

COMMON POLICY CONDITIONS

- A. Cancellation
- B. Changes
- C. Examination of Your Books and Records
- D. Inspections and Surveys
- E. Premiums
- F. Transfer of Your Rights and Duties Under this Policy

THE CINCINNATI INSURANCE COMPANY
 A Stock Insurance Company
BUILDERS' RISK INLAND MARINE COVERAGE
PART DECLARATIONS

Attached to and forming part of POLICY NUMBER:

Named Insured is the same as it appears in the Common Policy Declarations

COVERAGE PROVISIONS

a.

Loc. No.	DESCRIPTION	Limit
----------	-------------	-------

Loc. No.

Loc. No.

Loc. No.

Loc. No.

Loc. No.

b. Covered property in transit	\$	
c. Covered property at unscheduled storage locations	\$	
d. All Covered Property in any one occurrence	\$	

DEDUCTIBLE

For all covered perils unless a different deductible is indicated below or elsewhere in the policy: \$ _____
 Theft: \$ _____

MORTGAGE HOLDER

Loc. No.	Name and Address
----------	------------------

LOSS PAYEE (if any)

Loc. No.	Name and Address
----------	------------------

FORMS AND / OR ENDORSEMENTS APPLICABLE TO BUILDERS' RISK INLAND MARINE COVERAGE.

SPECIAL PROVISIONS (if any)

QUICK REFERENCE

COMMERCIAL INLAND MARINE COVERAGE PART

READ YOUR POLICY CAREFULLY

DECLARATIONS PAGE

Named Insured

Coverages and Limits of Insurance

COVERAGE FORM

A. COVERAGE

1. Covered Property
 - a. Buildings and Structures
 - b. Scaffolding and Construction Forms
2. Property Not Covered
3. Covered Causes of Loss
4. Additional Coverages
 - a. Transit and Storage Locations
 - b. Debris Removal
 - c. Emergency Removal
 - d. Fire Department Service Charges
 - e. Pollutant Cleanup and Removal
 - f. Arson Reward
 - g. Fire Extinguisher Recharge
 - h. Trees, Shrubs and Plants

B. EXCLUSIONS

- Civil Authority
- Earth Movement or Volcanic Eruption
- Flood
- Ground Water
- Nuclear Hazard
- Ordinance or Law
- Penalties
- War and Military Action
- Contamination or Deterioration
- Criminal, Fraudulent or Dishonest Acts
- Freezing
- Loss of Use
- Missing Property
- Pollutants
- Rain, Snow, Ice or Sleet
- Voluntary Parting
- Defects, Errors and Omissions
- Electrical Currents
- Mechanical Breakdown
- Settling, Cracking, Shrinking, Bulging or Expanding
- Temperature/Humidity
- Wear and Tear

C. DEDUCTIBLE

D. LOSS CONDITIONS

E. OTHER CONDITIONS

F. DEFINITIONS

COMMON POLICY CONDITIONS

- A. Cancellation
- B. Changes
- C. Examination of Your Books and Records
- D. Inspections and Surveys
- E. Premiums
- F. Transfer of Your Rights and Duties Under This Policy

THE CINCINNATI INSURANCE COMPANY
A Stock Insurance Company
**CAMERA AND MUSICAL INSTRUMENT DEALERS
COVERAGE PART DECLARATIONS**

Attached to and forming part of POLICY NUMBER:

Named Insured is the same as it appears in the Common Policy Declarations

Loc. No. Location (Address)

Camera

PREMIUM FOR THIS COVERAGE FORM \$

COVERAGE PROVISIONS

A. PROPERTY AT YOUR PREMISES	Limit of Insurance
We cover only at the following described premises:	
	\$
	\$
B. PROPERTY AWAY FROM YOUR PREMISES IN THE CARE, CUSTODY OR CONTROL OF YOU OR YOUR EMPLOYEES	\$
C. PROPERTY IN TRANSIT	\$
D. PROPERTY NOT AT YOUR PREMISES AND NOT INCLUDED ABOVE	\$
E. ALL COVERED PROPERTY AT ALL LOCATIONS	\$

RATES AND PREMIUM

A. Nonreporting			
Rate \$		Premium	\$
B. Reporting			
1. Deposit Premium			\$
2. Minimum Annual Premium			\$
3. Reporting Period			
4. Premium Adjustment Period			
5. Premium Base			\$
6. Rates			\$

Musical Instrument

PREMIUM FOR THIS COVERAGE FORM \$

COVERAGE PROVISIONS

	Limit of Insurance
A. PROPERTY AT YOUR PREMISES We cover only at the following described premises:	\$
	\$
B. PROPERTY AWAY FROM YOUR PREMISES IN THE CARE, CUSTODY OR CONTROL OF YOU OR YOUR EMPLOYEES	\$
C. PROPERTY IN TRANSIT	\$
D. PROPERTY NOT AT YOUR PREMISES AND NOT INCLUDED ABOVE	\$
E. ALL COVERED PROPERTY AT ALL LOCATIONS	\$

RATES AND PREMIUM

A. Nonreporting			
Rate \$		Premium	\$
B. Reporting			
1. Deposit Premium			\$
2. Minimum Annual Premium			\$
3. Reporting Period			
4. Premium Adjustment Period			
5. Premium Base			\$
6. Rates			\$

DEDUCTIBLE

The Deductible amount is \$500 unless otherwise stated

FORMS AND / OR ENDORSEMENTS APPLICABLE TO CAMERA AND MUSICAL INSTRUMENT DEALERS COVERAGE

LOSS PAYEE (if any)

SPECIAL PROVISIONS (if any)

QUICK REFERENCE

COMMERCIAL INLAND MARINE COVERAGE PART

READ YOUR POLICY CAREFULLY

DECLARATIONS PAGE

Named Insured

Coverages and Limits of Insurance

COVERAGE FORM(S)

A. COVERAGE

1. Covered Property
2. Property Not Covered
3. Covered Causes of Loss
4. Additional Coverage - Collapse
5. Coverage Extensions (If Applicable)

B. EXCLUSIONS

- Earthquake (If Applicable)
- Governmental Action
- Nuclear Hazard
- War and Military Action
- Water (If Applicable)
- Other Exclusions

C. LIMITS OF INSURANCE

D. DEDUCTIBLE (IF APPLICABLE)

E. ADDITIONAL CONDITIONS

F. DEFINITIONS

ENDORSEMENTS (IF APPLICABLE)

COMMERCIAL INLAND MARINE CONDITIONS

LOSS CONDITIONS

- A. Abandonment
- B. Appraisal
- C. Duties in the Event of Loss
- D. Insurance Under Two or More Coverages
- E. Loss Payment
- F. Other Insurance
- G. Pair, Sets or Parts
- H. Privilege to Adjust With Owner
- I. Recoveries
- J. Reinstatement of Limit After Loss
- K. Transfer of Rights of Recovery Against Others to Us

GENERAL CONDITIONS

- A. Concealment, Misrepresentation or Fraud
- B. Legal Action Against Us
- C. Liberalization
- D. No Benefit to Bailee
- E. Policy Period
- F. Valuation

COMMON POLICY CONDITIONS

- A. Cancellation
- B. Changes
- C. Examination of Your Books and Records
- D. Inspections and Surveys
- E. Premiums
- F. Transfer of Your Rights and Duties Under this Policy

THE CINCINNATI INSURANCE COMPANY

A Stock Insurance Company

VALUABLE PAPERS AND RECORDS COVERAGE PART DECLARATIONS

Attached to and forming part of POLICY NUMBER:

Named Insured is the same as it appears in the Common Policy Declarations

Loc. No. Location (address)

COVERAGE PROVISIONS

	Limit of Insurance
A. PROPERTY AT YOUR PREMISES	
1. Location Number	
a. Specifically Described Property	\$
	\$
	Total \$
b. All Other Covered Property	\$
2. Location Number	
a. Specifically Described Property	\$
	\$
	Total \$
b. All Other Covered Property	\$
3. Location Number	
a. Specifically Described Property	\$
	\$
	Total \$
b. All Other Covered Property	\$
B. PROPERTY AWAY FROM YOUR PREMISES	\$

DEDUCTIBLE

The Deductible amount is NIL unless otherwise stated \$

DESCRIPTION OF RECEPTACLES

Location Description

FORMS AND / OR ENDORSEMENTS APPLICABLE TO VALUABLE PAPERS AND RECORDS COVERAGE

LOSS PAYEE (if any)

SPECIAL PROVISIONS (if any)

QUICK REFERENCE
COMMERCIAL INLAND MARINE COVERAGE PART

READ YOUR POLICY CAREFULLY

DECLARATIONS PAGE

Named Insured
Coverages and Limits of Insurance

COVERAGE FORM(S)

A. COVERAGE

1. Covered Property
2. Property Not Covered
3. Covered Causes of Loss
4. Additional Coverage--Collapse
5. Coverage Extensions

B. EXCLUSIONS

- Governmental Action
- Nuclear Hazard
- War and Military Action
- Other Exclusions

C. LIMITS OF INSURANCE

D. DEDUCTIBLE (IF APPLICABLE)

E. ADDITIONAL CONDITIONS

F. DEFINITIONS

ENDORSEMENTS (IF APPLICABLE)

COMMERCIAL INLAND MARINE CONDITIONS

LOSS CONDITIONS

- A. Abandonment
- B. Appraisal
- C. Duties in the Event of Loss
- D. Insurance Under Two or More Coverages
- E. Loss Payment
- F. Other Insurance
- G. Pair, Sets or Parts
- H. Privilege to Adjust With Owner
- I. Recoveries
- J. Reinstatement of Limit After Loss
- K. Transfer of Rights of Recovery Against Others to Us

GENERAL CONDITIONS

- A. Concealment, Misrepresentation or Fraud
- B. Legal Action Against Us
- C. Liberalization
- D. No Benefit to Bailee
- E. Policy Period
- F. Valuation

COMMON POLICY CONDITIONS

- A. Cancellation
- B. Changes
- C. Examination of Your Books and Records
- D. Inspections and Surveys
- E. Premiums
- F. Transfer of Your Rights and Duties Under this Policy

THE CINCINNATI INSURANCE COMPANY

A Stock Insurance Company

PROPERTY FLOATER COVERAGE PART DECLARATIONS

Attached to and forming part of POLICY NUMBER:

Named Insured is the same as it appears in the Common Policy Declarations

Loc. No. Location (address)

PREMIUM FOR THIS COVERAGE FORM \$

COVERAGE

LIMIT OF INSURANCE

\$

DEDUCTIBLE

The Deductible amount is \$500 unless otherwise stated \$

FORMS AND / OR ENDORSEMENTS APPLICABLE TO PROPERTY FLOATER COVERAGE

LOSS PAYEE (if any)

SPECIAL PROVISIONS (if any)

QUICK REFERENCE

COMMERCIAL INLAND MARINE COVERAGE PART

READ YOUR POLICY CAREFULLY

DECLARATIONS PAGE

Named Insured

Coverages and Limits of Insurance

COVERAGE FORM(S)

A. COVERAGE

1. Covered Property
2. Property Not Covered
3. Covered Causes of Loss
4. Additional Coverage - Collapse
5. Coverage Extensions (If Applicable)

B. EXCLUSIONS

- Earthquake (If Applicable)
- Governmental Action
- Nuclear Hazard
- War and Military Action
- Water (If Applicable)
- Other Exclusions

C. LIMITS OF INSURANCE

D. DEDUCTIBLE (IF APPLICABLE)

E. ADDITIONAL CONDITIONS

F. DEFINITIONS

ENDORSEMENTS (IF APPLICABLE)

COMMERCIAL INLAND MARINE CONDITIONS

LOSS CONDITIONS

- A. Abandonment
- B. Appraisal
- C. Duties in the Event of Loss
- D. Insurance Under Two or More Coverages
- E. Loss Payment
- F. Other Insurance
- G. Pair, Sets or Parts
- H. Privilege to Adjust With Owner
- I. Recoveries
- J. Reinstatement of Limit After Loss
- K. Transfer of Rights of Recovery Against Others to Us

GENERAL CONDITIONS

- A. Concealment, Misrepresentation or Fraud
- B. Legal Action Against Us
- C. Liberalization
- D. No Benefit to Bailee
- E. Policy Period
- F. Valuation

COMMON POLICY CONDITIONS

- A. Cancellation
- B. Changes
- C. Examination of Your Books and Records
- D. Inspections and Surveys
- E. Premiums
- F. Transfer of Your Rights and Duties Under this Policy

THE CINCINNATI INSURANCE COMPANY

A Stock Insurance Company

SATELLITE DISH COVERAGE PART DECLARATIONS

Attached to and forming part of POLICY NUMBER

Named Insured is the same as it appears in the Common Policy Declarations

Loc. No. Location (address)

PREMIUM FOR THIS COVERAGE FORM \$

COVERAGE PROVISIONS

Each item that is covered must be described below or on a schedule that is a part of this policy. A Limit of Insurance must be shown for each item. This is the most that we will pay for a loss to that item.

Described Item

**Limit of
Insurance
\$**

DEDUCTIBLE

The Deductible amount is \$500 unless otherwise stated \$

FORMS AND / OR ENDORSEMENTS APPLICABLE TO SATELLITE DISH COVERAGE

LOSS PAYEE (if any)

SPECIAL PROVISIONS (if any)

QUICK REFERENCE

COMMERCIAL INLAND MARINE COVERAGE PART

READ YOUR POLICY CAREFULLY

DECLARATIONS PAGE

Named Insured
Coverages and Limits of Insurance

COVERAGE FORM(S)

A. COVERAGE

1. Covered Property
2. Covered Causes of Loss
3. Additional Coverage - Collapse

B. EXCLUSIONS

- Governmental Action
- Nuclear Hazard
- War and Military Action
- Other Exclusions

C. LIMITS OF INSURANCE

D. DEDUCTIBLE (IF APPLICABLE)

E. ADDITIONAL CONDITIONS

F. DEFINITIONS

ENDORSEMENTS (IF APPLICABLE)

COMMERCIAL INLAND MARINE CONDITIONS

LOSS CONDITIONS

- A. Abandonment
- B. Appraisal
- C. Duties in the Event of Loss
- D. Insurance Under Two or More Coverages
- E. Loss Payment
- F. Other Insurance
- G. Pair, Sets or Parts
- H. Privilege to Adjust With Owner
- I. Recoveries
- J. Reinstatement of Limit After Loss
- K. Transfer of Rights of Recovery Against Others to Us

GENERAL CONDITIONS

- A. Concealment, Misrepresentation or Fraud
- B. Legal Action Against Us
- C. Liberalization
- D. No Benefit to Bailee
- E. Policy Period
- F. Valuation

COMMON POLICY CONDITIONS

- A. Cancellation
- B. Changes
- C. Examination of Your Books and Records
- D. Inspections and Surveys
- E. Premiums
- F. Transfer of Your Rights and Duties Under this Policy

THE CINCINNATI INSURANCE COMPANY

A Stock Insurance Company

RADIO AND TELEVISION TOWER AND EQUIPMENT COVERAGE PART DECLARATIONS

Attached to and forming part of POLICY NUMBER:

Named Insured is the same as it appears in the Common Policy Declarations

Item Location (address)

PREMIUM FOR THIS COVERAGE FORM

COVERAGE PROVISIONS

Each item that is covered must be described below or on a schedule that is a part of this policy. A Limit of Insurance must be shown for each item. This is the most that we will pay for a loss to that item.

Item A,1, Form MA-116

Item A,1,a, Form MA-117

a. Described Towers, Antennas and Equipment

Limit of Insurance

Loc. No. Description of Towers, Antennas and Equipment

\$
\$
\$
\$

The following apply only to Form MA-117:

b. Described Transmitter Buildings and Equipment

Loc. No. Description of Transmitter Buildings and Equipment

\$
\$
\$
\$

c. Described Broadcasting Studio Equipment

Loc. No. Description of Broadcasting Studio Equipment

\$
\$
\$
\$

d. Described Contents of Mobile Units

\$

DEDUCTIBLE

The Deductible amount is \$500 unless otherwise stated \$

FORMS AND / OR ENDORSEMENTS APPLICABLE TO RADIO AND TELEVISION TOWER AND EQUIPMENT COVERAGE

LOSS PAYEE (if any)

SPECIAL PROVISIONS (if any)

QUICK REFERENCE
COMMERCIAL INLAND MARINE COVERAGE PART

READ YOUR POLICY CAREFULLY

DECLARATIONS PAGES

Named Insured
Coverages and Limits of Insurance

COVERAGE FORM(S)

A. COVERAGE

1. Covered Property
2. Property Not Covered
3. Covered Causes of Loss
4. Additional Coverage - Collapse
5. Coverage Extensions (If Applicable)

B. EXCLUSIONS

- Earthquake (If Applicable)
- Governmental Action
- Nuclear Hazard
- War and Military Action
- Water (If Applicable)
- Other Exclusions

C. LIMITS OF INSURANCE

D. DEDUCTIBLE (IF APPLICABLE)

E. ADDITIONAL CONDITIONS

F. DEFINITIONS

ENDORSEMENTS (IF APPLICABLE)

COMMERCIAL INLAND MARINE CONDITIONS

LOSS CONDITIONS

- A. Abandonment
- B. Appraisal
- C. Duties in the Event of Loss
- D. Insurance Under Two or More Coverages
- E. Loss Payment
- F. Other Insurance
- G. Pair, Sets or Parts
- H. Privilege to Adjust With Owner
- I. Recoveries
- J. Reinstatement of Limit After Loss
- K. Transfer of Rights of Recovery Against Others to Us

GENERAL CONDITIONS

- A. Concealment, Misrepresentation or Fraud
- B. Legal Action Against Us
- C. Liberalization
- D. No Benefit to Bailee
- E. Policy Period
- F. Valuation

COMMON POLICY CONDITIONS

- A. Cancellation
- B. Changes
- C. Examination of Your Books and Records
- D. Inspections and Surveys
- E. Premiums
- F. Transfer of Your Rights and Duties Under this Policy

THE CINCINNATI INSURANCE COMPANY

A Stock Insurance Company

MOTOR TRUCK CARGO COVERAGE PART DECLARATIONS

Attached to and forming part of POLICY NUMBER:

Named Insured is the same as it appears in the Common Policy Declarations

TYPE OF COVERAGE

OWNER'S FORM

LEGAL LIABILITY

COVERAGE PROVISIONS

Described Cargo

The described cargo consists of:

Covered Radius of Operations

mile radius of

(City)

(State)

For each situation described below, the coverage amount shown is the most that we will pay for a loss:

1. Each unit that is covered must be described below or on a schedule that is a part of this policy. A coverage amount must be shown for each unit. This is the most that we will pay for a loss to cargo, carried in or on the unit, except for cargo listed in Items 2. and 3. below.

	Described Units			Coverage Amount
	Trade Name	Year Built	Type of Body or Weight	
a.			Factory or Motor Number	\$
b.				\$
c.				\$
d.				\$
2. For cargo that consists of furs; garments trimmed with or that consist principally of fur; liquor, when the alcoholic content exceeds 10%; silk, rayon, nylon, wool, cotton and other textiles, including garments made from these; tobacco and tobacco products or a combination of these carried on each described unit, the most that we will pay for a loss is:				\$
3. For cargo that consists of:				
Carried on each described unit, the most that we will pay for a loss is:				\$
4. If two or more described units are involved in a single loss, the most that we will pay for this loss is:				\$

DEDUCTIBLE

The Deductible amount is \$500 unless otherwise stated \$

FORMS AND / OR ENDORSEMENTS APPLICABLE TO MOTOR TRUCK CARGO COVERAGE

LOSS PAYEE (if any)

SPECIAL PROVISIONS (if any)

QUICK REFERENCE
COMMERCIAL INLAND MARINE COVERAGE PART

READ YOUR POLICY CAREFULLY

DECLARATIONS PAGE

Named Insured
Coverages and Limits of Insurance

COVERAGE FORM(S)

A. COVERAGE

1. Covered Property
2. Property Not Covered
3. Covered Causes of Loss
4. Additional Coverage - Collapse
5. Extension of Coverage

B. EXCLUSIONS

- Governmental Action
- Nuclear Hazard
- War and Military Action
- Other Exclusions

C. LIMITS OF INSURANCE

D. DEDUCTIBLE (IF APPLICABLE)

E. ADDITIONAL CONDITIONS

F. DEFINITIONS

ENDORSEMENTS (IF APPLICABLE)

COMMERCIAL INLAND MARINE CONDITIONS

LOSS CONDITIONS

- A. Abandonment
- B. Appraisal
- C. Duties in the Event of Loss
- D. Insurance Under Two or More Coverages
- E. Loss Payment
- F. Other Insurance
- G. Pair, Sets or Parts
- H. Privilege to Adjust With Owner
- I. Recoveries
- J. Reinstatement of Limit After Loss
- K. Transfer of Rights of Recovery Against Others to Us

GENERAL CONDITIONS

- A. Concealment, Misrepresentation or Fraud
- B. Legal Action Against Us
- C. Liberalization
- D. No Benefit to Bailee
- E. Policy Period
- F. Valuation

COMMON POLICY CONDITIONS

- A. Cancellation
- B. Changes
- C. Examination of Your Books and Records
- D. Inspections and Surveys
- E. Premiums
- F. Transfer of Your Rights and Duties Under this Policy

THE CINCINNATI INSURANCE COMPANY

A Stock Insurance Company

TRANSPORTATION COVERAGE PART DECLARATIONS

Attached to and forming part of POLICY NUMBER:

Named Insured is the same as it appears in the Common Policy Declarations

COVERAGE PROVISIONS

Described Property

The covered property that you ship consists mainly of:

For each situation described below, the coverage amount shown is the most we will pay for a loss:

	Coverage Amount
1. For each loss that involves more than one railroad car, vessel or vehicle	\$
2. For property subject to Item 1. on each railroad car, vessel or vehicle while it is in the custody of:	
a. A Railroad	\$
b. A Private Paid Delivery Service	\$
c. A Public Trucker	\$
d. An Air Carrier	\$
e. A Waterborne Carrier	\$
f. You, on a Vehicle that you own, lease or hire	\$

REPORT, RATE AND PREMIUM

Report		Rate
You must report		
Reporting		Railroad \$
1. Deposit Premium	\$	Private Paid Delivery Service \$
2. Minimum Annual Premium	\$	Public Trucker \$
3. Reporting Period		Air Carrier \$
4. Premium Adjustment Period		Water Carrier \$
5. Premium Base	\$	Your Vehicles \$
		Combined Single Rate \$
Estimated Premium	\$	
Minimum Premium	\$	

DEDUCTIBLE

The Deductible amount is \$500 unless otherwise stated \$

FORMS AND / OR ENDORSEMENTS APPLICABLE TO TRANSPORTATION COVERAGE

LOSS PAYEE (if any)

SPECIAL PROVISIONS (if any)

QUICK REFERENCE
COMMERCIAL INLAND MARINE COVERAGE PART

READ YOUR POLICY CAREFULLY

DECLARATIONS PAGE

Named Insured
Coverages and Limits of Insurance

COVERAGE FORM(S)

A. COVERAGE

1. Covered Property
2. Property Not Covered
3. Covered Causes of Loss
4. Additional Coverage - Collapse
5. Coverage Extensions (If Applicable)

B. EXCLUSIONS

- Earthquake (If Applicable)
- Governmental Action
- Nuclear Hazard
- War and Military Action
- Water (If Applicable)
- Other Exclusions

C. LIMITS OF INSURANCE

D. DEDUCTIBLE (IF APPLICABLE)

E. ADDITIONAL CONDITIONS

F. DEFINITIONS

ENDORSEMENTS (IF APPLICABLE)

COMMERCIAL INLAND MARINE CONDITIONS

LOSS CONDITIONS

- A. Abandonment
- B. Appraisal
- C. Duties in the Event of Loss
- D. Insurance Under Two or More Coverages
- E. Loss Payment
- F. Other Insurance
- G. Pair, Sets or Parts
- H. Privilege to Adjust With Owner
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- J. Reinstatement of Limit After Loss
- K. Transfer of Rights of Recovery Against Others to Us

GENERAL CONDITIONS

- A. Concealment, Misrepresentation or Fraud
- B. Legal Action Against Us
- C. Liberalization
- D. No Benefit to Bailee
- E. Policy Period
- F. Valuation

COMMON POLICY CONDITIONS

- A. Cancellation
- B. Changes
- C. Examination of Your Books and Records
- D. Inspections and Surveys
- E. Premiums
- F. Transfer of Your Rights and Duties Under this Policy

THE CINCINNATI INSURANCE COMPANY
A Stock Insurance Company

**ELECTRONIC DATA PROCESSING EQUIPMENT COVERAGE
FORM DECLARATIONS**

NOTICE: INSURANCE COVERAGE UNDER ANY PARTICULAR COVERAGE INCLUDED WITHIN THIS FORM IS NOT IN FORCE UNLESS THE CORRESPONDING SECTION OF THESE DECLARATIONS HAS BEEN COMPLETED.

Attached to and forming a part of POLICY NUMBER:
 Named Insured is the same as it appears in the Common Policy Declarations
COVERAGE PROVISIONS (Only those items marked by an , where so indicated, are applicable):

Limits of Insurance:

	Limit of Insurance:
	<input type="checkbox"/> Blanket:
<input type="checkbox"/> Coverage A - Electronic Data Processing Property:	\$
	<input type="checkbox"/> See Scheduled Premises Endorsement
<input type="checkbox"/> Coverage A - Coverage Extensions:	
	Limit of Insurance - Unless Otherwise Stated:
a. Debris Removal:	\$50,000 - \$
b. Duplicate and Backup Electronic Media and Records:	\$10,000 - \$
c. Off Premises: 20% of the Coverage A Limit of Insurance subject to a maximum of: \$50,000	\$
d. Pollutant Clean Up and Removal	\$10,000 - \$
e. Recharge or Refill of a Fire Protection Device:	\$50,000 - \$
f. Third Party Host:	\$10,000 - \$

	Limit of Insurance:
	<input type="checkbox"/> Blanket:
<input type="checkbox"/> Coverage B - Business Income and Extra Expense:	\$
	<input type="checkbox"/> See Scheduled Premises Endorsement
<input type="checkbox"/> Coverage C - Additional Coverages:	
	Limit of Insurance - Unless Otherwise Stated:
1. Denial of Service	\$ 10,000 - \$
2. Loss Establishment Expenses	\$ 5,000 - \$
3. Malicious Code	\$ 10,000 - \$
4. Unauthorized Use	\$ 10,000 - \$

Note: The maximum aggregate Limit of Insurance for any Additional Coverage in any one "coverage term" is three times the Limit of Insurance stated here.

Deductibles:

	Deductible:
Coverage A:	
Basic:	\$
Specified Losses:	\$
Coverage B:	(Hours)

FORMS AND / OR ENDORSEMENTS APPLICABLE TO ELECTRONIC DATA PROCESSING COVERAGE FORM:

LOSS PAYEE (if any)

SPECIAL PROVISIONS (if any)

QUICK REFERENCE

COMMERCIAL INLAND MARINE COVERAGE PART

READ YOUR POLICY CAREFULLY

DECLARATIONS PAGE

Named Insured
Coverages and Limits of Insurance

COVERAGE FORM(S)

A. COVERAGE

1. Covered Property
2. Property Not Covered
3. Covered Causes of Loss
4. Additional Coverage - Collapse
5. Coverage Extensions (If Applicable)

B. EXCLUSIONS

- Earthquake (If Applicable)
- Governmental Action
- Nuclear Hazard
- War and Military Action
- Water (If Applicable)
- Other Exclusions

C. LIMITS OF INSURANCE

D. DEDUCTIBLE (IF APPLICABLE)

E. ADDITIONAL CONDITIONS

F. DEFINITIONS

ENDORSEMENTS (IF APPLICABLE)

COMMERCIAL INLAND MARINE CONDITIONS

LOSS CONDITIONS

- A. Abandonment
- B. Appraisal
- C. Duties in the Event of Loss
- D. Insurance Under Two or More Coverages
- E. Loss Payment
- F. Other Insurance
- G. Pair, Sets or Parts
- H. Privilege to Adjust With Owner
- I. Recoveries
- J. Reinstatement of Limit After Loss
- K. Transfer of Rights of Recovery Against Others to Us

GENERAL CONDITIONS

- A. Concealment, Misrepresentation or Fraud
- B. Legal Action Against Us
- C. Liberalization
- D. No Benefit to Bailee
- E. Policy Period
- F. Valuation

COMMON POLICY CONDITIONS

- A. Cancellation
- B. Changes
- C. Examination of Your Books and Records
- D. Inspections and Surveys
- E. Premiums
- F. Transfer of Your Rights and Duties Under this Policy

THE CINCINNATI INSURANCE COMPANY
A STOCK INSURANCE COMPANY

WATERCRAFT HULL COVERAGE PART DECLARATIONS

Attached to and forming part of **POLICY NUMBER:**

Named Insured is the same as it appears in the Common Policy Declarations

Described Vessels (**COVERAGE A.1.**):

Manufacturer	Model & Length	Engines & Horsepower	Serial Number	Year Built	Coverage Amount
					\$

Described Trailers (**COVERAGE A.2.**):

Manufacturer	Model & Length	Serial Number	Year Built	Coverage Amount
				\$

DEDUCTIBLE: Class I - \$500 unless otherwise stated \$
 Class II - \$500 unless otherwise stated \$

FORMS AND / OR ENDORSEMENTS APPLICABLE TO WATERCRAFT HULL COVERAGE PART:

LOSS PAYEE (if any)

SPECIAL PROVISIONS (If any)

QUICK REFERENCE

COMMERCIAL INLAND MARINE COVERAGE PART

READ YOUR POLICY CAREFULLY

DECLARATIONS PAGE

Named Insured

Coverages and Limits of Insurance

COVERAGE FORM(S)

A. COVERAGE

1. Covered Property
2. Property Not Covered
3. Covered Causes of Loss
4. Coverage Extensions (If Applicable)

B. EXCLUSIONS

1. Animals
2. Atmosphere
3. Corrosion, Breakage and Chipping
4. Delay
5. Deterioration
6. Disappearance
7. Dishonesty
8. Earth Movement
9. Electrical Currents
10. Governmental Action
11. Ice
12. Inherent Vice
13. Inventory Shortage
14. Marine Life
15. Mechanical Breakdown
16. Nuclear Hazard
17. Pollutants
18. Utility Services
19. Seizure
20. Temperature
21. Voluntary Parting
22. War and Military Action
23. Water
24. Wear
25. Weathering
26. Weight of Load
27. Work in Process

C. LIMITS OF INSURANCE

D. DEDUCTIBLE (IF APPLICABLE)

E. ADDITIONAL CONDITIONS

F. DEFINITIONS

ENDORSEMENTS (IF APPLICABLE)

COMMERCIAL INLAND MARINE CONDITIONS

LOSS CONDITIONS

- A. Abandonment
- B. Appraisal
- C. Duties in the Event of Loss
- D. Insurance Under Two or More Coverages
- E. Loss Payment
- F. Other Insurance
- G. Pair, Sets or Parts
- H. Privilege to Adjust With Owner
- I. Recoveries
- J. Reinstatement of Limit After Loss

K. Transfer of Rights of Recovery Against Others to Us

GENERAL CONDITIONS

A. Concealment, Misrepresentation or Fraud

B. Legal Action Against Us

C. Liberalization

D. No Benefit to Bailee

E. Policy Period

F. Valuation

COMMON POLICY CONDITIONS

A. Cancellation

B. Changes

C. Examination of Your Books and Records

D. Inspections and Surveys

E. Premiums

F. Transfer of Your Rights and Duties Under this Policy

THE CINCINNATI INSURANCE COMPANY

A Stock Insurance Company

WATERCRAFT LIABILITY COVERAGE PART DECLARATIONS

Attached to and forming part of POLICY NUMBER:

Named Insured is the same as it appears in the Common Policy Declarations

Legal Entity / Business Description

LIMITS OF INSURANCE

Each Occurrence Limit

Medical Expense Limit

\$1,000 limit unless otherwise indicated hereon:

Any One Person

CLASSIFICATION AND DESCRIPTION OF WATERCRAFT (IF APPLICABLE)	CODE NO.	PREMIUM BASIS (b) Payroll (c) Gross Sales (d) Units (e) Other	RATE	ADVANCE PREMIUM
Class I Watercraft	681	(d)		
Class I Watercraft	682	(d)		
Class II Watercraft	684	(d)		
Boat Dealers	689	(c)		
Marinas, Service and Repair	690	(c) or (b) depending on operations		
Increased Medical Expense	691			
TOTAL ANNUAL PREMIUM				

FORMS AND / OR ENDORSEMENTS APPLICABLE TO WATERCRAFT LIABILITY COVERAGE PART:

SPECIAL PROVISIONS (if any)

THE CINCINNATI INSURANCE COMPANY

A STOCK INSURANCE COMPANY

MARINA OPERATORS LEGAL LIABILITY COVERAGE PART DECLARATIONS

Attached to and forming part of POLICY NUMBER:

Named Insured is the same as it appears in the Common Policy Declarations

Loc. No. **Described Premises**

PREMIUM: \$

Loc.
No. **LIMIT OF INSURANCE**

Loc.
No. **LIMIT OF INSURANCE**

DEDUCTIBLE: \$250.00 unless otherwise stated \$

**FORMS AND / OR ENDORSEMENTS APPLICABLE TO MARINA OPERATORS LEGAL LIABILITY
COVERAGE PART:**

SPECIAL PROVISIONS (if any)

THE CINCINNATI INSURANCE COMPANY

A STOCK INSURANCE COMPANY

PIERS, WHARVES AND DOCKS COVERAGE PART DECLARATIONS

Attached to and forming part of POLICY NUMBER:

Named Insured is the same as it appears in the Common Policy Declarations

Loc. No. Described Premises (Address)

Loc. No.	Fixed Property	Floating Property	Limits of Insurance
----------	----------------	-------------------	---------------------

DEDUCTIBLE: \$500.00 unless otherwise stated \$

FORMS AND / OR ENDORSEMENTS APPLICABLE TO PIERS, WHARVES AND DOCKS COVERAGE PART:

LOSS PAYEE (if any)

SPECIAL PROVISIONS (If any)

QUICK REFERENCE

COMMERCIAL INLAND MARINE COVERAGE PART

READ YOUR POLICY CAREFULLY

DECLARATIONS PAGE

Named Insured

Coverages and Limits of Insurance

COVERAGE FORM(S)

A. COVERAGE

1. Covered Property
2. Property Not Covered
3. Covered Causes of Loss
4. Additional Coverage - Collapse and Debris Removal

B. EXCLUSIONS

- Governmental Action
- Nuclear Hazard
- War and Military Action
- Building Ordinance
- Water
- Earth Movement
- Ice
- Other Exclusions

C. LIMITS OF INSURANCE

D. DEDUCTIBLE (IF APPLICABLE)

E. ADDITIONAL CONDITIONS

F. DEFINITIONS

G. BLANKET INSURANCE

ENDORSEMENTS (IF APPLICABLE)

COMMERCIAL INLAND MARINE CONDITIONS

LOSS CONDITIONS

- A. Abandonment
- B. Appraisal
- C. Duties in the Event of Loss
- D. Insurance Under Two or More Coverages
- E. Loss Payment
- F. Other Insurance
- G. Pair, Sets or Parts
- H. Privilege to Adjust With Owner
- I. Recoveries
- J. Reinstatement of Limit After Loss
- K. Transfer of Rights of Recovery Against Others to Us

GENERAL CONDITIONS

- A. Concealment, Misrepresentation or Fraud
- B. Legal Action Against Us
- C. Liberalization
- D. No Benefit to Bailee
- E. Policy Period
- F. Valuation

COMMON POLICY CONDITIONS

- A. Cancellation
- B. Changes
- C. Examination of Your Books and Records
- D. Inspections and Surveys
- E. Premiums
- F. Transfer of Your Rights and Duties Under this Policy

QUICK REFERENCE
COMMERCIAL INLAND MARINE COVERAGE PART

READ YOUR POLICY CAREFULLY

DECLARATIONS PAGE

Named Insured

Coverages and Limits of Insurance

COVERAGE FORM(S)

A. COVERAGE

1. Business Income
2. Covered Causes of Loss
3. Additional Coverages

B. LIMITS OF INSURANCE

C. WAITING PERIOD

D. LOSS CONDITIONS

E. DEFINITIONS

ENDORSEMENTS (IF APPLICABLE)

COMMERCIAL INLAND MARINE CONDITIONS

LOSS CONDITIONS

- A. Abandonment
- B. Appraisal
- C. Duties in the Event of Loss
- D. Insurance Under Two or More Coverages
- E. Loss Payment
- F. Other Insurance
- G. Pair, Sets or Parts
- H. Privilege to Adjust With Owner
- I. Recoveries
- J. Reinstatement of Limit After Loss
- K. Transfer of Rights of Recovery Against Others to Us

GENERAL CONDITIONS

- A. Concealment, Misrepresentation or Fraud
- B. Legal Action Against Us
- C. Liberalization
- D. No Benefit to Bailee
- E. Policy Period
- F. Valuation

COMMON POLICY CONDITIONS

- A. Cancellation
- B. Changes
- C. Examination of Your Books and Records
- D. Inspections and Surveys
- E. Premiums
- F. Transfer of Your Rights and Duties Under this Policy

QUICK REFERENCE
COMMERCIAL INLAND MARINE COVERAGE PART

READ YOUR POLICY CAREFULLY

DECLARATIONS PAGES

Named Insured

Coverages and Limits of Insurance

COVERAGE FORM(S)

A. COVERAGE

1. Covered Property
2. Property Not Covered
3. Covered Causes of Loss
4. Additional Coverage - Collapse
5. Coverage Extensions (If Applicable)

B. EXCLUSIONS

- Earthquake (If Applicable)
- Governmental Action
- Nuclear Hazard
- War and Military Action
- Water (If Applicable)
- Other Exclusions

C. LIMITS OF INSURANCE

D. DEDUCTIBLE (IF APPLICABLE)

E. ADDITIONAL CONDITIONS

F. DEFINITIONS

ENDORSEMENTS (IF APPLICABLE)

COMMERCIAL INLAND MARINE CONDITIONS

LOSS CONDITIONS

- A. Abandonment
- B. Appraisal
- C. Duties in the Event of Loss
- D. Insurance Under Two or More Coverages
- E. Loss Payment
- F. Other Insurance
- G. Pair, Sets or Parts
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- B. Changes
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QUICK REFERENCE

COMMERCIAL INLAND MARINE COVERAGE PART

READ YOUR POLICY CAREFULLY

DECLARATIONS PAGES

Named Insured

Coverages and Limits of Insurance

COVERAGE FORMS(S)

A. COVERAGE

1. Covered Property
2. Property Not Covered
3. Covered Causes of Loss
4. Additional Coverage--Collapse

B. EXCLUSIONS

- Governmental Action
- Nuclear Hazard
- War and Military Action
- Other Exclusions

C. LIMITS OF INSURANCE

D. DEDUCTIBLE (IF APPLICABLE)

E. ADDITIONAL CONDITIONS

F. DEFINITIONS

ENDORSEMENTS (IF APPLICABLE)

COMMERCIAL INLAND MARINE CONDITIONS

LOSS CONDITIONS

- A. Abandonment
- B. Appraisal
- C. Duties in the Event of Loss
- D. Insurance Under Two or More Coverages
- E. Loss Payment
- F. Other Insurance
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- C. Liberalization
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COMMON POLICY CONDITIONS

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- E. Premiums
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THE CINCINNATI INSURANCE COMPANY

A Stock Insurance Company

THEATRICAL PROPERTY COVERAGE PART DECLARATIONS

Attached to and forming part of POLICY NUMBER:

Named Insured is the same as it appears in the Common Policy Declarations

Item Location (address)

PREMIUM FOR THIS COVERAGE FORM: \$

COVERAGE AND LIMITS OF INSURANCE

ITEM NO.	COVERAGE	LIMIT
----------	----------	-------

DEDUCTIBLE

The deductible amount is \$500 unless otherwise stated \$

FORMS AND / OR ENDORSEMENTS APPLICABLE TO THEATRICAL PROPERTY COVERAGE

LOSS PAYEE (if any)

SPECIAL PROVISIONS (if any)

QUICK REFERENCE

COMMERCIAL INLAND MARINE COVERAGE PART

READ YOUR POLICY CAREFULLY

DECLARATIONS PAGES

Named Insured

Coverages and Limits of Insurance

COVERAGE FORMS(S)

A. COVERAGE

1. Covered Property
2. Property Not Covered
3. Covered Causes of Loss
4. Additional Coverage--Collapse

B. EXCLUSIONS

- Governmental Action
- Nuclear Hazard
- War and Military Action
- Other Exclusions

C. LIMITS OF INSURANCE

D. DEDUCTIBLE (IF APPLICABLE)

E. ADDITIONAL CONDITIONS

F. DEFINITIONS

ENDORSEMENTS (IF APPLICABLE)

COMMERCIAL INLAND MARINE CONDITIONS

LOSS CONDITIONS

- A. Abandonment
- B. Appraisal
- C. Duties in the Event of Loss
- D. Insurance Under Two or More Coverages
- E. Loss Payment
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COMMON POLICY CONDITIONS

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- F. Transfer of Your Rights and Duties Under this Policy

SERFF Tracking Number: CNNA-125875140 State: Arkansas
Filing Company: The Cincinnati Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: CCIM-08-6014-AR
TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations
Product Name: CCIM-08-6014-AR
Project Name/Number: /

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 10/31/2008

Comments:

Attachments:

F777AR_CCIM-08-6014-AR.pdf
F778AR_307_3_ CCIM-08-6014-AR.pdf
F778AR_307_1_ CCIM-08-6014-AR.pdf
F778AR_307_2_ CCIM-08-6014-AR.pdf

Satisfied -Name: MEMORANDUM **Review Status:** Approved 10/31/2008

Comments:

Attachment:

#MEMOF.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="width: 50%; text-align: center;">New Business</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">Renewal Business</td> <td></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #
The Cincinnati Insurance Company	0244

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
The Cincinnati Insurance Company	Ohio	0244-10677	31-0542366	03

5. Company Tracking Number	CCIM-08-6014-AR
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	6200 South Gilmore Road Fairfield, Ohio 45014-5141	Senior Filing Specialist	513-870-2091	513-888-8884	Sharon_grubbs@cinfin.com
7.	Signature of authorized filer		<i>Sharon Grubbs</i>		
8.	Please print name of authorized filer		Sharon Grubbs		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	INLAND MARINE
10. Sub-Type of Insurance (Sub-TOI)	COMMERCIAL INLAND MARINE
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	n/a
12. Company Program Title (Marketing title)	n/a
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 05/01/2009 Renewal: 05/01/09
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	n/a
17. Reference Organization # & Title	n/a
18. Company's Date of Filing	10/27/08
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	CCIM-08-6014-AR
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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See Memorandum

22. Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: EFT FILING
Amount: \$50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	CCIM-08-6014-AR (CONT'D 3)			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A			
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	ELECTRONIC DATA PROCESSING EQUIPMENT COVERAGE FORM DEC	MA 573 06 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	EQUIPMENT DEALERS COVERAGE PART	MA 574 06 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	WATERCRAFT HULL COVERAGE PART DEC	MA 576 06 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	WATERCRAFT LIABILITY COVERAGE PART DEC	MA 577 06 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	MARINA OPERATORS LEGAL LIABILITY COVERAGE PART DEC	MA 578 06 97	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06	PIERS, WHARVES AND DOCKS COVERAGE PART DEC	MA 579 06 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07	MOBILE PROPERTY BUSINESS INCOME COVERAGE FORM DEC	MA 580 06 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08	FLOOR PLAN COVERAGE PART DEC	MA 583 06 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09	FILM COVERAGE PART DEC	MA 584 06 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10	THEATRICAL PROPERTY COVERAGE PART DEC	MA 585 06 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	CCIM-08-6014-AR (1)			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A			
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	ACCOUNTS RECEIVABLE COVERAGE	MA 240 06 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	VALUABLE PAPERS AND RECORDS	MA 241 06 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	SCHEDULED PREMISES ENDORSEMENT	MA 4105 06 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	CONTRACTOR'S EQUIPMENT (AND TOOLS) COVERAGE PART RATE AND DEDUCTIBLE	MA 4016 06 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	ACCOUNTS RECEIVABLE COVERAGE PART DECLARATIONS	MA 553 06 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06	GENERAL FLOATER COVERAGE PART DECLARATIONS	MA 554 06 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07	ANIMAL FLOATER COVERAGE PART DEC	MA 555 06 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08	COMMERCIAL ARTICLES COVERAGE PART DEC	MA 556 06 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09	BAILEES' CUSTOMER COVERAGE PART DEC	MA 557 06 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10	SIGNS COVERAGE PART DEC	MA 558 06 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	CCIM-08-6014-AR (CONT'D 2)			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A			
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	CONTRACTOR'S EQUIPMENT (AND TOOLS) COVERAGE PART DEC	MA 559 06 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	INSTALLATION FLOATER COVERAGE PART DEC	MA 560 06 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	BUILDERS' RISK INLAND MARINE COVERAGE PART DEC	MA 561 06 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	CAMERA AND MUSICAL INSTRUMENT DEALERS COVERAGE PART DEC	MA 564 06 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	VALUABLE PAPERS AND RECORDS COVERAGE PART DEC	MA 566 06 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06	PROPERTY FLOATER COVERAGE PART DEC	MA 567 06 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07	SATELLITE DISH COVERAGE PART DEC	MA 569 06 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08	RADIO AND TELEVISION TOWER AND EQUIPMENT COVERAGE PART DEC	MA 570 06 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09	MOTOR TRUCK CARGO COVERAGE PART DEC	MA 571 06 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10	TRANSPORTATION COVERAGE PART DEC	MA 572 06 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

**ARKANSAS
DIVISION EIGHT- COMMERCIAL INLAND MARINE
FORMS MEMORANDUM**

NEW FORM	OLD/WITHDRAWN FORM	TITLE/DESCRIPTION OF CHANGE
MA 240 06 07	-----	ACCOUNTS RECEIVABLE COVERAGE
MA 241 06 07	-----	VALUABLE PAPERS AND RECORDS COVERAGE
MA 4015 06 07	-----	SCHEDULED PREMISES ENDORSEMENT
MA 4016 06 07	-----	CONTRACTORS' EQUIPMENT (AND TOOLS) COVERAGE PART RATE AND DEDUCTIBLE SCHEDULE
MA 553 06 07	-----	ACCOUNTS RECEIVABLE COVERAGE PART DECLARATIONS
MA 554 06 07	-----	GENERAL FLOATER COVERAGE PART DECLARATIONS
MA 555 06 07	-----	ANIMAL FLOATER COVERAGE PART DECLARATIONS
MA 556 06 07	-----	COMMERCIAL ARTICLES COVERAGE PART DECLARATIONS
MA 557 06 07	-----	BAILEES' CUSTOMERS COVERAGE PART DECLARATIONS
MA 558 06 07	-----	SIGNS COVERAGE PART DECLARATIONS
MA 559 06 07	-----	CONTRACTORS' EQUIPMENT (AND TOOLS) COVERAGE PART DECLARATIONS
MA 560 06 07	-----	INSTALLATION FLOATER COVERAGE PART DECLARATIONS
MA 561 06 07	-----	BUILDERS' RISK INLAND MARINE COVERAGE PART DECLARATIONS
MA 564 06 07	-----	CAMERA AND MUSICAL INSTRUMENT DEALERS COVERAGE PART DECLARATIONS
MA 566 06 07	-----	VALUABLE PAPERS AND RECORDS COVERAGE PART DECLARATIONS
MA 567 06 07	-----	PROPERTY FLOATER COVERAGE PART DECLARATIONS
MA 569 06 07	-----	SATELLITE DISH COVERAGE PART DECLARATIONS
MA 570 06 07	-----	RADIO AND TELEVISION TOWER AND EQUIPMENT COVERAGE PART DECLARATIONS

**ARKANSAS
DIVISION EIGHT- COMMERCIAL INLAND MARINE
FORMS MEMORANDUM**

MA 571 06 07	-----	MOTOR TRUCK CARGO COVERAGE PART DECLARATIONS
MA 572 06 07	-----	TRANSPORTATION COVERAGE PART DECLARATIONS
MA 573 06 07	-----	ELECTRONIC DATA PROCESSING EQUIPMENT COVERAGE FORM DECLARATIONS
MA 574 06 07	-----	EQUIPMENT DEALERS COVERAGE PART DECLARATIONS
MA 576 06 07	-----	WATERCRAFT HULL COVERAGE PART DECLARATIONS
MA 577 06 07	-----	WATERCRAFT LIABILITY COVERAGE PART DECLARATIONS
MA 578 06 07	-----	MARINA OPERATORS LEGAL LIABILITY COVERAGE PART DECLARATIONS
MA 579 06 07	-----	PIERS, WHARVES AND DOCKS COVERAGE PART DECLARATIONS
MA 580 06 07	-----	MOBILE PROPERTY BUSINESS INCOME COVERAGE FORM DECLARATIONS
MA 583 06 07	-----	FLOOR PLAN COVERAGE PART DECLARATIONS
MA 584 06 07	-----	FILM COVERAGE PART DECLARATIONS
MA 585 06 07	-----	THEATRICAL PROPERTY COVERAGE PART DECLARATIONS