

SERFF Tracking Number: CMPX-125470424 State: Arkansas  
 Filing Company: Companion Property & Casualty Insurance Company State Tracking Number: EFT \$100  
 Company Tracking Number: P#05098  
 TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations  
 Product Name: Inland Marine  
 Project Name/Number: MU FILED INLAND MARINE CONVERSION TO ISO 4/1/08/P#05098

## Filing at a Glance

Company: Companion Property & Casualty Insurance Company

Product Name: Inland Marine	SERFF Tr Num: CMPX-125470424	State: Arkansas
TOI: 09.0 Inland Marine	SERFF Status: Closed	State Tr Num: EFT \$100
Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations	Co Tr Num: P#05098	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: SPI CompanionPCGroup	Disposition Date: 02/20/2008
	Date Submitted: 02/01/2008	Disposition Status: Approved
Effective Date Requested (New): 04/01/2008		Effective Date (New): 04/01/2008
Effective Date Requested (Renewal):		Effective Date (Renewal): 04/01/2008

State Filing Description:

## General Information

Project Name: MU FILED INLAND MARINE CONVERSION TO ISO 4/1/08	Status of Filing in Domicile:
Project Number: P#05098	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 02/20/2008	
State Status Changed: 02/14/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Companion Property and Casualty Insurance Company wishes to submit its ISO Inland Marine filing. We wish to adopt ISO's form filing reference CM-2003-OMF03. We are also filing ISO advisory declaration pages that have been edited to add a Companion form identification number and edition date.	

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Companion also wishes to withdraw the 3/99 AAIS Revision 2.0 Inland Marine filing.

We are requesting an effective date of April 1, 2008.

## Company and Contact

### Filing Contact Information

LaTonya Ivey, Regulatory Compliance Analyst latonya.ivey@companiongroup.com

II

P.O. Box 100165 (803) 795-7770 [Phone]

Columbia, SC 29202 (803) 865-3155[FAX]

### Filing Company Information

Companion Property & Casualty Insurance CoCode: 12157 State of Domicile: South Carolina

Company

P.O. Box 100165 Group Code: 661 Company Type:

Columbia, SC 29202 Group Name: State ID Number:

(800) 845-2724 ext. [Phone] FEIN Number: 57-0768836

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## Filing Fees

Fee Required? Yes

Fee Amount: \$100.00

Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Companion Property & Casualty Insurance Company	\$100.00	02/01/2008	17781275

SERFF Tracking Number: CMPX-125470424 State: Arkansas  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	02/20/2008	02/20/2008

### Amendments

Item	Schedule	Created By	Created On	Date Submitted
Patterns and Form Dies Declaration		SPI CompanionPCGro up	02/20/2008	02/20/2008

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Missing Form	Note To Filer	Llyweyia Rawlins	02/15/2008	02/15/2008



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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	AR - FORM FILING ABSTRACT F-1	Approved	Yes
Supporting Document	AR - CERTIFICATE OF COMPLIANCE - (AID PC SelfCert (4/30/03))	Approved	Yes
Supporting Document	AR - NAIC FORM FILING SCHEDULE	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Accounts Recievable Declarations	Approved	Yes
Form	Commercial Articles Declaration	Approved	Yes
Form	Signs Declaration	Approved	Yes
Form	Valuable Papers & Records Declaration	Approved	Yes
Form	Equipment Dealers Declaration	Approved	Yes
Form	Film Declaration	Approved	Yes
Form	Theatrical Property Declaration	Approved	Yes
Form	Physicians & Surgeons Equipment Declaration	Approved	Yes
Form	Contractors Equipment Declaration	Approved	Yes
Form	Builders Risk Declaration	Approved	Yes
Form	Annual Transit Declaration	Approved	Yes
Form	Motor Truck Cargo Carriers Declaration	Approved	Yes
Form	Installation Declaration	Approved	Yes
Form	Commercial Fine Arts Declaration	Approved	Yes
Form	Computer Systems Declaration	Approved	Yes
Form	Motor Truck Cargo Owners Declaration	Approved	Yes
Form	Trip Transit Declaration	Approved	Yes
Form	Miscellaneous Articles Declaration	Approved	Yes
Form	Yatch Declaration	Approved	Yes
Form	Bailees Customers Declaration	Approved	Yes
Form	Scientific and Medical Diagnostic Equipment Declaration	Approved	Yes
Form	Riggers Liability Declaration	Approved	Yes

SERFF Tracking Number: *CMPX-125470424* State: *Arkansas*  
 Filing Company: *Companion Property & Casualty Insurance Company* State Tracking Number: *EFT \$100*  
 Company Tracking Number: *P#05098*  
 TOI: *09.0 Inland Marine* Sub-TOI: *09.0000 Inland Marine Sub-TOI Combinations*  
 Product Name: *Inland Marine*  
 Project Name/Number: *MU FILED INLAND MARINE CONVERSION TO ISO 4/1/08/P#05098*

<b>Form</b>	Exhibition Declaration	Approved	Yes
<b>Form</b>	Processing Declaration	Approved	Yes
<b>Form</b>	Machinery and Equipment Declaration	Approved	Yes
<b>Form</b>	Salespersons Samples Declaration	Approved	Yes
<b>Form (revised)</b>	Patterns and Dies Declaration	Approved	Yes
<b>Form</b>	Patterns and Dies Declaration	Approved	Yes

SERFF Tracking Number: CMPX-125470424 State: Arkansas  
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 Company  
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**Amendment Letter**

Amendment Date:  
 Submitted Date: 02/20/2008

**Comments:**

Form IM 99 24 has been attached to complete your request.

Please let me know if you need additional information.

Thank you,  
 LaTonya Ivey  
 Regulatory Compliance  
 (803) 795-7770

**Changed Items:**

**Form Schedule Item Changes:**

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Patterns and Dies Declaration	IM 99 24	01/08	Declarations/Schedule	New			0	IM 99 24.PDF

SERFF Tracking Number: CMPX-125470424 State: Arkansas  
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**Note To Filer**

**Created By:**

Llyweyia Rawlins on 02/15/2008 12:25 PM

**Subject:**

Missing Form

**Comments:**

Hello LaTonya

In reviewing your filing, I have noticed that you are missing form IM 9924 Pattern & Dies Dec. The attachment you have in its place is IM 9927.

Please attach IM 9924 so I can finish your review and approve the filing.

Thank You

Llyweyia Rawlins

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Accounts Recievable Declarations	CI 99 01	01/08	Declaration News/Schedule		0.00	CI 99 01.PDF
Approved	Commercial Articles Declaration	CI 99 02	01/08	Declaration News/Schedule		0.00	CI 99 02.PDF
Approved	Signs Declaration	CI 99 03	01/08	Declaration News/Schedule		0.00	CI 99 03.PDF
Approved	Valuable Papers & Records Declaration	CI 99 13	01/08	Declaration News/Schedule		0.00	CI 99 13.PDF
Approved	Equipment Dealers Declaration	CI 99 15	01/08	Declaration News/Schedule		0.00	CI 99 15.PDF
Approved	Film Declaration	CI 99 16	01/08	Declaration News/Schedule		0.00	CI 99 16.PDF
Approved	Theatrical Property Declaration	CI 99 17	01/08	Declaration News/Schedule		0.00	CI 99 17.PDF
Approved	Physicians & Surgeons Equipment Declaration	CI 99 18	01/08	Declaration News/Schedule		0.00	CI 99 18.PDF
Approved	Contractors Equipment Declaration	IM 99 08	01/08	Declaration News/Schedule		0.00	IM 99 08.PDF
Approved	Builders Risk Declaration	IM 99 05	01/08	Declaration News/Schedule		0.00	IM 99 05.PDF
Approved	Annual Transit Declaration	IM 99 20	01/08	Declaration News/Schedule		0.00	IM 99 20.PDF
Approved	Motor Truck Cargo Carriers	IM 99 10	01/08	Declaration News/Schedule		0.00	IM 99 10.PDF

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Declaration

Approved	Installation Declaration	IM 99 07	01/08	Declaration New s/Schedule	0.00	IM 99 07.PDF
Approved	Commercial Fine Arts Declaration	IM 99 22	01/08	Declaration New s/Schedule	0.00	IM 99 22.PDF
Approved	Computer Systems Declaration	IM 99 06	01/08	Declaration New s/Schedule	0.00	IM 99 06.PDF
Approved	Motor Truck Cargo Owners Declaration	IM 99 14	01/08	Declaration New s/Schedule	0.00	IM 99 14.PDF
Approved	Trip Transit Declaration	IM 99 11	01/08	Declaration New s/Schedule	0.00	IM 99 11.PDF
Approved	Miscellaneous Articles Declaration	IM 99 09	01/08	Declaration New s/Schedule	0.00	IM 99 09.PDF
Approved	Yatch Declaration	IM 99 21	01/08	Declaration New s/Schedule	0.00	IM 99 21.PDF
Approved	Bailees Customers Declaration	IM 99 04	01/08	Declaration New s/Schedule	0.00	IM 99 04.PDF
Approved	Scientific and Medical Diagnostic Equipment Declaration	IM 99 27	01/08	Declaration New s/Schedule	0.00	IM 99 27.PDF
Approved	Riggers Liability Declaration	IM 99 19	01/08	Declaration New s/Schedule	0.00	IM 99 19.PDF
Approved	Exhibition Declaration	IM 99 23	01/08	Declaration New s/Schedule	0.00	IM 99 23.PDF
Approved	Processing Declaration	IM 99 25	01/08	Declaration New s/Schedule	0.00	IM 99 25.PDF
Approved	Machinery and Equipment Declaration	IM 99 12	01/08	Declaration New s/Schedule	0.00	IM 99 12.PDF
Approved	Salespersons Samples	IM 99 26	01/08	Declaration New s/Schedule	0.00	IM 99 26.PDF





POLICY NUMBER:

# ACCOUNTS RECEIVABLE DECLARATIONS

EFFECTIVE DATE \_\_\_\_\_

PREMIUM FOR THIS COVERAGE FORM \$ \_\_\_\_\_

**LIMITS OF INSURANCE**

---

Limit Of Insurance

**A. COVERAGE APPLICABLE AT YOUR PREMISES**

Address

\_\_\_\_\_  
\_\_\_\_\_

\$ \_\_\_\_\_  
\$ \_\_\_\_\_

**B. COVERAGE APPLICABLE AWAY FROM YOUR PREMISES**

\_\_\_\_\_  
\_\_\_\_\_

\$ \_\_\_\_\_  
\$ \_\_\_\_\_

**C. COVERAGE APPLICABLE AT ALL LOCATIONS**

\$ \_\_\_\_\_

**DESCRIPTION OF RECEPTACLES**

---

Address	Manufacturer On File With Company	Class	Label	Issuer On File With Company
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**COINSURANCE**

---

The Coinsurance percentage is 80% unless otherwise stated. \_\_\_\_\_ %

**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 \$ \_\_\_\_\_

**DUPLICATE RECORDS**

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

PERCENTAGE DUPLICATED \_\_\_\_\_ %

**SPECIAL PROVISIONS (if any)**

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POLICY NUMBER:

# COMMERCIAL ARTICLES DECLARATIONS

EFFECTIVE DATE \_\_\_\_\_ / \_\_\_\_\_

PREMIUM FOR THIS COVERAGE \$ \_\_\_\_\_  
FORM \_\_\_\_\_

**LIMITS OF INSURANCE**

---

	Limit Of Insur- ance
<b>A. Cameras, projection machines, films and related equipment and accessories</b>	
Description of Property	
	\$ _____
	\$ _____
	\$ _____
Total	\$ _____
<b>B. Musical instruments and related equipment and accessories</b>	
Description of Property	
	\$ _____
	\$ _____
	\$ _____
Total	\$ _____

**DEDUCTIBLE**

---

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

**COINSURANCE**

---

For covered items that are not individually listed and described, the Coinsur-  
ance percentage is 100% unless otherwise stated. \_\_\_\_\_ %

**RATE AND PREMIUM**

---

	Rate	Premium
<b>A. Cameras, projection machines, films and related equipment and accessories</b>	_____	\$ _____
<b>B. Musical instruments and related equipment and accessories</b>	_____	\$ _____

# COMMERCIAL ARTICLES DECLARATIONS

POLICY NO. \_\_\_\_\_

EFFECTIVE DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

SPECIAL PROVISIONS (if any)

---

POLICY NUMBER:

# SIGNS DECLARATIONS

PREMIUM FOR THIS COVERAGE FORM \$ \_\_\_\_\_ EFFECTIVE DATE \_\_\_\_\_  
RATE \$ \_\_\_\_\_

**LIMITS OF INSURANCE**

---

	Type Of Sign	Lettering	Location	Limit Of Insurance
A.				\$ _____
				\$ _____
				\$ _____
B.	All Covered Property at all Locations			\$ _____

**DEDUCTIBLE**

---

A Deductible amount of 5% of the Limit Of Insurance for each Sign  
 applies.  does not apply.

**COINSURANCE**

---

The Coinsurance percentage is 100% unless otherwise stated. \_\_\_\_\_ %

**SPECIAL PROVISIONS** (If any)

---

POLICY NUMBER:

# VALUABLE PAPERS AND RECORDS DECLARATIONS

EFFECTIVE DATE \_\_\_\_\_

PREMIUM FOR THIS COVERAGE FORM \$ \_\_\_\_\_

RATE \$ \_\_\_\_\_

**LIMITS OF INSURANCE**

---

Limit Of Insurance

**A. PROPERTY AT YOUR PREMISES**

**1. Address**

\_\_\_\_\_  
\_\_\_\_\_

**a. Specifically Described Property**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**b. All Other Covered Property**

**2. Address**

\_\_\_\_\_  
\_\_\_\_\_

**a. Specifically Described Property**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**b. All Other Covered Property**

**B. PROPERTY AWAY FROM YOUR PREMISES**

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
Total \$ \_\_\_\_\_  
\$ \_\_\_\_\_

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
Total \$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

**DEDUCTIBLE**

---

The Deductible amount is \$500 unless otherwise stated.

\$ \_\_\_\_\_

**DESCRIPTION OF RECEIPTACLES**

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Address	Manufacturer	Class	Label	Issuer
---------	--------------	-------	-------	--------

**SPECIAL PROVISIONS (If any)**

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POLICY NUMBER:

# EQUIPMENT DEALERS DECLARATIONS

EFFECTIVE DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PREMIUM FOR THIS COVERAGE FORM \$ \_\_\_\_\_

**LIMITS OF INSURANCE**

---

Limit Of Insurance

**A. PROPERTY AT YOUR PREMISES**

We cover only at the following described premises:  
Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

	<u>IN BUILDING</u>	<u>OUTSIDE BUILDING</u>
\$	_____	\$ _____
\$	_____	\$ _____
\$	_____	\$ _____

**B. PROPERTY AT OTHER PREMISES YOU ACQUIRE**

This limit applies at each premises. Coverage applies only for 30 days after you acquire the premises or until the end of the policy, whichever occurs first.

\$ \_\_\_\_\_

**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**

\$ \_\_\_\_\_  
\$ \_\_\_\_\_

## EQUIPMENT DEALERS DECLARATIONS - CONTINUED

POLICY NO. \_\_\_\_\_

EFFECTIVE DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

### DEDUCTIBLE

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

### COINSURANCE

The Coinsurance percentage is 80% unless otherwise stated. \_\_\_\_\_ %

### ADDITIONALLY COVERED PROPERTY

- |  |          |
|--|----------|
| A. Furniture, Fixtures and Office Supplies | \$ _____ |
| B. Machinery, Tools and Fittings           | \$ _____ |
| C. Patterns, Dies, Molds and Models        | \$ _____ |
| D. Improvements and Betterments            | \$ _____ |

### SPECIAL PROVISIONS (if any)

POLICY NUMBER:

# FILM DECLARATIONS

EFFECTIVE DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PREMIUM FOR THIS COVERAGE FORM \$ \_\_\_\_\_

**LIMITS OF INSURANCE**

---

Name Of Production	Limit Of Insurance
_____	\$ _____
_____	\$ _____

**DEDUCTIBLE**

---

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

**COINSURANCE**

---

For Nonreporting, the Coinsurance percentage is 80% unless otherwise stated. \_\_\_\_\_ %

**RATES AND PREMIUM**

---

**A. Reporting**

Estimated Premium \$ \_\_\_\_\_

Rates \$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**B. Nonreporting**

Rates \$ \_\_\_\_\_ Premium \$ \_\_\_\_\_

**SPECIAL PROVISIONS (if any)**

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POLICY NUMBER:

# THEATRICAL PROPERTY DECLARATIONS

EFFECTIVE DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PREMIUM FOR THIS COVERAGE FORM \$ \_\_\_\_\_

RATE \$ \_\_\_\_\_

**LIMITS OF INSURANCE**

---

Limit Of Insurance

A. NAME OF PRODUCTION

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

B. ALL COVERED PROPERTY AT ALL LOCATIONS

\$ \_\_\_\_\_

**DEDUCTIBLE**

---

The Deductible amount is \$500 unless otherwise stated.

\$ \_\_\_\_\_

**COINSURANCE**

---

The Coinsurance percentage is 80% unless otherwise stated.

\_\_\_\_\_ %

**SPECIAL PROVISIONS** (If any)

---

POLICY NUMBER:

# PHYSICIANS AND SURGEONS EQUIPMENT DECLARATIONS

EFFECTIVE DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PREMIUM FOR THIS COVERAGE FORM \$ \_\_\_\_\_ RATES \$ \_\_\_\_\_

**LIMITS OF INSURANCE** \_\_\_\_\_

Limit Of Insurance

**A. PROPERTY AT YOUR PREMISES**

Address:

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

**B. ALL COVERED PROPERTY AT ALL LOCATIONS**

\$ \_\_\_\_\_

**DEDUCTIBLE** \_\_\_\_\_

The Deductible amount is \$500 unless otherwise stated.

\$ \_\_\_\_\_

**COINSURANCE** \_\_\_\_\_

The Coinsurance percentage is 80% unless otherwise stated.

\_\_\_\_\_ %

**SPECIAL PROVISIONS (if any)** \_\_\_\_\_

POLICY NUMBER:

# CONTRACTORS EQUIPMENT DECLARATIONS

Companion Property & Casualty 51 Clemson Road Columbia SC 29229	
---	--

LIMITS OF INSURANCE	
<b>SCHEDULED OWNED EQUIPMENT:</b>	
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
<b>SCHEDULED LEASED OR RENTED EQUIPMENT:</b>	
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
<b>BLANKET EQUIPMENT CONSISTING OF:</b>	
_____	\$ _____
<b>ALL COVERED PROPERTY IN ANY ONE OCCURRENCE</b>	
	\$ _____

<b>COINSURANCE (IF APPLICABLE)</b>	_____ %
------------------------------------	---------

THE DEDUCTIBLE IS \$ \_\_\_\_\_, EXCEPT THE DEDUCTIBLE ON THE BOOM WHILE THE BOOM IS IN OPERATION OR BEING PREPARED FOR OPERATION IS THE GREATER OF:

- 10% OF THE LIMIT OF INSURANCE FOR THAT ITEM; OR
- \$ \_\_\_\_\_

THE SCHEDULED LEASED OR RENTED EQUIPMENT DEDUCTIBLE IS \$ \_\_\_\_\_, EXCEPT THE DEDUCTIBLE ON THE BOOM WHILE THE BOOM IS IN OPERATION OR BEING PREPARED FOR OPERATION IS THE GREATER OF:

- 10% OF THE LIMIT OF INSURANCE FOR THAT ITEM; OR
- \$ \_\_\_\_\_

If this is a reporting form policy, the values to be reported include the values of leased or rented equipment.  Yes  No

<b>RATES AND PREMIUMS</b>	
<b>Nonreporting</b>	
Covered equipment except equipment you borrow, lease or rent	\$ _____
Equipment you borrow, lease or rent	\$ _____
<b>Reporting</b>	
Deposit Premium	\$ _____
Minimum Premium	\$ _____
Reporting Period	_____
Premium Adjustment Period	_____
Premium Base	_____
Rates	\$ _____ per \$100

**SPECIAL PROVISIONS (if any)**

POLICY NUMBER:

# BUILDERS RISK DECLARATIONS

Companion Property & Casualty 51 Clemson Road Columbia SC 29229	
---	--

Covered Property Being Constructed At:

Type Of Construction:

LIMITS OF INSURANCE		
Property At The Construction Premises	\$	
Property While Held At Any Temporary Storage Location Other Than At The Construction Premises	\$	
Property In Transit	\$	
Optional Coverages:		
Earthquake	Water Damage	Soft Costs
\$	\$	\$
Fungi, Wet Rot And Dry Rot		
Revised Limit: \$		
Business Income/Extra Expense – Revised Number Of Days:		
Separate Locations Option:		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, describe the separate locations:		
All Covered Property In Any One Occurrence: \$		

Coinsurance:	%
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Deductible			
Earthquake	Water Damage	Soft Costs	All Other Losses
	\$	\$	\$

Rates And Premiums – Nonreporting	
Rates Per \$100	Premium
\$	\$

Rates And Premiums – Reporting		
Deposit Premium	Minimum Premium	Rates Per \$100
\$	\$	\$
Reporting Period	Premium Adjustment Period	Premium Base

**Special Provisions (if any):**

--

POLICY NUMBER:

# ANNUAL TRANSIT DECLARATIONS

DESCRIPTION OF COVERED PROPERTY
<b>COVERED PROPERTY CONSISTING PRINCIPALLY OF:</b> _____ _____ _____ _____

LIMITS OF INSURANCE	
<b>CONTRACT CARRIER</b>	\$ _____
<b>OTHER THAN CONTRACT CARRIER:</b>	
<b>BY VEHICLES OF OTHERS</b>	\$ _____
<b>BY YOUR VEHICLES</b>	\$ _____
<b>BY MESSENGER</b>	\$ _____
<b>BY RAILROAD</b>	\$ _____
<b>BY AIR CARRIER</b>	\$ _____
<b>PROPERTY AT NAMED PREMISES:</b>	
_____	\$ _____
_____	_____
<b>PROPERTY AT ANY ONE UNNAMED LOCATION</b>	\$ _____
<b>ALL COVERED PROPERTY IN ANY ONE OCCURRENCE</b>	\$ _____

**DEDUCTIBLE**

**RATES AND PREMIUMS**

<b>Nonreporting</b>		
<b>Rates</b>	\$ _____	per \$100
<b>Transit Rates</b>	\$ _____	per \$100
<b>Premium</b>	\$ _____	
<b>Reporting</b>		
<b>Deposit Premium</b>	\$ _____	
<b>Minimum Premium</b>	\$ _____	
<b>Reporting Period</b>	_____	
<b>Premium Adjustment Period</b>	_____	
<b>Premium Base</b>	_____	
<b>Rates</b>	\$ _____	per \$100

**SPECIAL PROVISIONS (if any)**

POLICY NUMBER:

# MOTOR TRUCK CARGO CARRIERS DECLARATIONS

Companion Property & Casualty 51 Clemson Road Columbia SC 29229	
---	--

DESCRIPTION OF COVERED PROPERTY
COVERED PROPERTY CONSISTING PRINCIPALLY OF:  _____ _____ _____ _____

LIMITS OF INSURANCE	
PROPERTY IN OR ON ANY AUTOMOBILE, TRUCK OR OTHER POWER UNIT, INCLUDING PROPERTY IN ALL ATTACHED TRAIL- ERS	\$ _____
PROPERTY AT TERMINALS, BUT WE WILL COVER ONLY AT THE FOLLOWING TERMINALS:  _____ _____	\$ _____ \$ _____ \$ _____
PROPERTY AT UNSPECIFIED TERMINALS ALL COVERED PROPERTY IN ANY ONE OCCURRENCE	\$ _____ \$ _____

<b>DEDUCTIBLE</b>	\$ _____
-------------------	----------

RATES AND PREMIUMS	
<b>Nonreporting</b> Rate _____	Premium \$ _____
<b>Reporting</b> Deposit Premium	\$ _____
Minimum Premium	\$ _____
Reporting Period	_____
Premium Adjustment Period	_____
Premium Base	_____
Rates	\$ _____ per \$100

SPECIAL PROVISIONS (if any)

POLICY NUMBER:

# INSTALLATION DECLARATIONS

Companion Property & Casualty 51 Clemson Road Columbia SC 29229	
---	--

<b>Covered Property Being Installed At:</b>
<b>Consisting Principally Of:</b>

LIMITS OF INSURANCE		
While At Any One Job Site; and		\$
At Any Location Other Than A Job Site		\$
Property In Transit		\$
<b>Optional Coverages:</b>		
Earthquake	Soft Costs	Water Damage
\$	\$	\$
<b>Fungi, Wet Rot And Dry Rot</b>		
Revised Limit: \$		
Business Income/Extra Expense – Revised Number Of Days:		
Separate Locations Option:		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, describe the separate locations:		
All Covered Property In Any One Occurrence: \$		

<b>Coinsurance:</b>	%
---------------------	---

Deductible			
Earthquake	Soft Costs	Water Damage	All Other Losses
\$	\$	\$	\$

<b>Rates And Premiums – Nonreporting</b>	
<b>Basic Premium:</b>	\$

Rates And Premiums – Reporting		
Deposit Premium	Minimum Premium	Rates Per \$100
\$	\$	\$
Reporting Period	Premium Adjustment Period	Premium Base

Special Provisions (if any):

POLICY NUMBER:

# COMMERCIAL FINE ARTS DECLARATIONS

Companion Property & Casualty 51 Clemson Road Columbia SC 29229	
---	--

LIMITS OF INSURANCE	
<b>A. PROPERTY AT YOUR PREMISES</b>	
1. Address	
_____	
_____	
<b>Described Property</b>	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
2. Address	
_____	
_____	
<b>Described Property</b>	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>B. ALL COVERED PROPERTY IN ANY ONE OCCURRENCE</b>	
	\$ _____

IF THIS BOX IS CHECKED , THE BREAKAGE EXCLUSION DOES NOT APPLY.

DEDUCTIBLE \$ \_\_\_\_\_

RATES AND PREMIUMS			
<b>Nonreporting</b>			
Rates	_____ per \$100	Premium	\$ _____
<b>Reporting</b>			
Deposit Premium			\$ _____
Minimum Premium			\$ _____
Reporting Period			_____
Premium Adjustment Period			_____
Premium Base			_____
Rates	_____ per \$100	Total Premium	\$ _____

SPECIAL PROVISIONS (if any)

POLICY NUMBER:

# COMPUTER SYSTEMS DECLARATIONS

Companion Property & Casualty 51 Clemson Road Columbia SC 29229	
---	--

LIMITS OF INSURANCE		
PROPERTY AT DESCRIBED PREMISES	COMPUTER EQUIPMENT	MEDIA AND DATA
	\$ _____	\$ _____
PROPERTY AT ANY ONE UNNAMED PREMISES EXCEPT AN ADDITIONALLY ACQUIRED PREMISES	\$ _____	\$ _____
PROPERTY IN TRANSIT OR OTHERWISE AWAY FROM THE DESCRIBED PREMISES EXCEPT AN ADDITIONALLY ACQUIRED PREMISES	\$ _____	\$ _____
ALL COVERED PROPERTY IN ANY ONE OCCURRENCE	\$ _____	

<b>COINSURANCE</b>	%
--------------------	---

<b>DEDUCTIBLE</b>	\$ _____
-------------------	----------

<b>OPTIONAL COVERAGES:</b>	
<b>EXTRA EXPENSE</b>	
Limit Of Insurance VIRUS, HARMFUL CODE OR SIMILAR INSTRUCTION	\$ _____
Revised Limit For Property Damage	\$ _____
Revised Limit For Business Income (if applicable)	\$ _____

RATES AND PREMIUMS	
Rates _____	Premium \$ _____

SPECIAL PROVISIONS (if any)

POLICY NUMBER:

# MOTOR TRUCK CARGO OWNERS DECLARATIONS

Companion Property & Casualty 51 Clemson Road Columbia SC 29229	
---	--

DESCRIPTION OF COVERED PROPERTY
COVERED PROPERTY CONSISTING PRINCIPALLY OF:  _____ _____ _____ _____

LIMITS OF INSURANCE
PER AUTOMOBILE, TRUCK OR ANY ONE TRAILER <span style="float: right;">\$ _____</span>
ALL COVERED PROPERTY IN ANY ONE OCCURRENCE <span style="float: right;">\$ _____</span>

DEDUCTIBLE <span style="float: right;">\$ _____</span>
--

RATES AND PREMIUMS			
Nonreporting			
Rate	_____	Premium	\$ _____
Reporting			
Deposit Premium			\$ _____
Minimum Premium			\$ _____
Reporting Period			_____
Premium Adjustment Period			_____
Premium Base			_____
Rates			\$ _____ per \$100

SPECIAL PROVISIONS (if any)

POLICY NUMBER:

# TRIP TRANSIT DECLARATIONS

<b>Companion Property &amp; Casualty</b> 51 Clemson Road Columbia SC 29229	
--	--

<b>LIMIT OF INSURANCE</b>	
---------------------------	--

<b>COVERED SHIPMENT</b>	\$ _____
-------------------------	----------

<b>COVERED PROPERTY</b>	
-------------------------	--

<b>COVERED PROPERTY CONSISTING PRINCIPALLY OF:</b>
_____
_____
_____
_____

<b>POINT OF DEPARTURE TO DESTINATION</b>	
--	--

<b>FROM THE FOLLOWING LOCATION</b>
_____
_____
_____

<b>TO THE FOLLOWING LOCATION</b>
_____
_____
_____

POINT OF DEPARTURE TO DESTINATION (Cont'd)	
COVERAGE BEGINS ON OR ABOUT	_____
COVERAGE ENDS APPROXIMATELY	_____

MODE OF TRANSPORTATION APPLICABLE (Check appropriate box)	
CONTRACT CARRIER	<input type="checkbox"/>
OTHER THAN CONTRACT CARRIER:	
BY MESSENGER	<input type="checkbox"/>
BY RAILROAD	<input type="checkbox"/>
BY AIR CARRIER	<input type="checkbox"/>
BY YOUR VEHICLE	<input type="checkbox"/>

DEDUCTIBLE	\$ _____
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PREMIUM	
PREMIUM FOR THIS SHIPMENT	\$ _____

SPECIAL PROVISIONS (if any)

POLICY NUMBER:

## MISCELLANEOUS ARTICLES DECLARATIONS

Companion Property & Casualty 51 Clemson Road Columbia SC 29229	
---	--

LIMITS OF INSURANCE	
<b>SCHEDULE OF COVERED PROPERTY</b>	
	\$ _____
<b>ALL COVERED PROPERTY IN ANY ONE OCCURRENCE</b>	
	\$ _____

IF THIS BOX IS CHECKED <input type="checkbox"/> THE "THEFT FROM ANY UNATTENDED VEHICLE" EXCLUSION DOES NOT APPLY.
---

<b>DEDUCTIBLE</b>	\$ _____
-------------------	----------

RATES AND PREMIUMS			
<b>Nonreporting</b>	Rate _____ per \$100	Premium	\$ _____
<b>Reporting</b>	<b>Deposit Premium</b>		\$ _____
	<b>Minimum Premium</b>		\$ _____
	<b>Reporting Period</b>		_____
	<b>Premium Adjustment Period</b>		_____
	<b>Premium Base</b>		_____
	<b>Rates</b>		\$ _____ per \$100

SPECIAL PROVISIONS (if any)

# YACHT DECLARATIONS

<p><b>COMPANY NAME AREA</b></p>	<p><b>PRODUCER NAME AREA</b></p>
---------------------------------	----------------------------------

LIMITS OF INSURANCE – PROPERTY COVERAGES					
<b>YACHTS</b>					
	<b>Manufacturer</b>		<b>Year Built</b>	<b>Model</b>	
1	_____		_____	_____	
2	_____		_____	_____	
	<b>Length</b>	<b>Registra- tion Number</b>	<b>Type Of Motor, If Applicable</b>	<b>Horsepower, If Applicable</b>	<b>Limit</b>
1	_____	_____	_____	_____	\$ _____
2	_____	_____	_____	_____	\$ _____
<b>BOAT TRAILERS</b>					
	<b>Manufacturer</b>	<b>Model</b>	<b>Serial Number</b>	<b>Limit</b>	
1	_____	_____	_____	\$ _____	
2	_____	_____	_____	\$ _____	
<b>PERSONAL EFFECTS</b>				\$ _____	

LIMITS OF LIABILITY – LIABILITY COVERAGES		
EACH ACCIDENT	\$	_____
MEDICAL PAYMENTS	\$	_____ Per Person
LONGSHORE OR HARBOR WORKERS COMPENSATION	\$	Statutory Limit
UNINSURED OR UNDERINSURED BOATER	\$	_____

IF THIS BOX IS CHECKED , THE EXCLUSION FOR PAID CAPTAIN AND CREW DOES NOT APPLY.

NAVIGATIONAL LIMITS  
Specify \_\_\_\_\_

LAY-UP PERIOD(S)  
From \_\_\_\_\_ To \_\_\_\_\_

HOME PORT(S) – STORAGE LOCATION(S)

HOME PORT(S) \_\_\_\_\_  
STORAGE LOCATION(S) \_\_\_\_\_

DEDUCTIBLE

YACHT \$ \_\_\_\_\_  
PERSONAL EFFECTS \$ \_\_\_\_\_  
TENDERS/DINGHIES \$ \_\_\_\_\_

LOSS PAYEE \_\_\_\_\_

PREMIUMS		
HULL	\$	_____
PERSONAL EFFECTS	\$	_____
LIABILITY	\$	_____
MEDICAL PAYMENTS	\$	_____
UNINSURED OR UNDERINSURED BOATER	\$	_____

COUNTERSIGNED \_\_\_\_\_  
(Date)

BY \_\_\_\_\_  
Authorized Representative

SPECIAL PROVISIONS (if any):

POLICY NUMBER:

# BAILEES CUSTOMERS DECLARATIONS

Companion Property & Casualty 51 Clemson Road Columbia SC 29229	
---	--

LIMITS OF INSURANCE	
<b>A. PROPERTY AT YOUR PREMISES</b> Address: _____ _____	\$ _____ \$ _____
<b>B. PROPERTY AWAY FROM YOUR PREMISES</b> Address: _____ _____	\$ _____ \$ _____
<b>C. PROPERTY IN TRANSIT</b>	\$ _____
<b>D. PROPERTY IN STORAGE AT YOUR PREMISES</b> Address: _____ _____	\$ _____ \$ _____
<b>E. ALL COVERED PROPERTY IN ANY ONE OCCURRENCE</b>	\$ _____

<b>DEDUCTIBLE</b>	\$ _____
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RATES AND PREMIUMS	
Nonreporting Premium	\$ _____
Reporting Deposit Premium	\$ _____
Minimum Premium	\$ _____
Reporting Period	_____
Premium Adjustment Period	_____
Premium Base	_____
Rates	\$ _____ per \$100

SPECIAL PROVISIONS (if any)

POLICY NUMBER:

# SCIENTIFIC AND MEDICAL DIAGNOSTIC EQUIPMENT DECLARATIONS

Companion Property & Casualty 51 Clemson Road Columbia SC 29229	
---	--

LIMITS OF INSURANCE	
<b>A. PROPERTY AT A PREMISES</b>	
<b>1. ADDRESS</b>	
_____	
<b>SCHEDULED EQUIPMENT</b>	
a. _____	\$ _____
b. _____	\$ _____
c. _____	\$ _____
d. _____	\$ _____
e. _____	\$ _____
<b>2. ADDRESS</b>	
_____	
<b>SCHEDULED EQUIPMENT</b>	
a. _____	\$ _____
b. _____	\$ _____
c. _____	\$ _____
d. _____	\$ _____
e. _____	\$ _____

**LIMITS OF INSURANCE (Cont'd)**

**B. SCHEDULED MOBILE UNITS**

- 1. \_\_\_\_\_ \$ \_\_\_\_\_
- 2. \_\_\_\_\_ \$ \_\_\_\_\_
- 3. \_\_\_\_\_ \$ \_\_\_\_\_
- 4. \_\_\_\_\_ \$ \_\_\_\_\_
- 5. \_\_\_\_\_ \$ \_\_\_\_\_

**C. SUPPLIES, BOOKS AND MATERIALS USED IN YOUR PROFESSION**

\$ \_\_\_\_\_

**D. PROPERTY OF OTHERS IN YOUR CARE, CUSTODY OR CONTROL**

- 1. \_\_\_\_\_ \$ \_\_\_\_\_
- 2. \_\_\_\_\_ \$ \_\_\_\_\_
- 3. \_\_\_\_\_ \$ \_\_\_\_\_
- 4. \_\_\_\_\_ \$ \_\_\_\_\_
- 5. \_\_\_\_\_ \$ \_\_\_\_\_

**E. OTHER SCHEDULED EQUIPMENT**

- 1. \_\_\_\_\_ \$ \_\_\_\_\_
- 2. \_\_\_\_\_ \$ \_\_\_\_\_
- 3. \_\_\_\_\_ \$ \_\_\_\_\_
- 4. \_\_\_\_\_ \$ \_\_\_\_\_
- 5. \_\_\_\_\_ \$ \_\_\_\_\_

**F. ALL COVERED PROPERTY IN ANY ONE OCCURRENCE**

\$ \_\_\_\_\_

CHECK THIS BOX IF ARTIFICIALLY GENERATED CURRENT COVERAGE APPLIES.

CHECK THIS BOX IF EQUIPMENT BREAKDOWN COVERAGE APPLIES.

COINSURANCE \_\_\_\_\_ %

**DEDUCTIBLE**

A. Deductible amount for other than Artificially Generated Current Coverage and Equipment Breakdown Coverage \$ \_\_\_\_\_

B. If Artificially Generated Current Coverage applies, the Deductible amount for that coverage \$ \_\_\_\_\_

C. If Equipment Breakdown Coverage applies, the Deductible amount for that coverage \$ \_\_\_\_\_

**OPTIONAL COVERAGES:**

**EXTRA EXPENSE**  
Limit Of Insurance \$ \_\_\_\_\_

**VIRUS, HARMFUL CODE OR SIMILAR INSTRUCTION**  
Higher Limit For Property Damage \$ \_\_\_\_\_  
Higher Limit For Business Income (if applicable) \$ \_\_\_\_\_

**RATES AND PREMIUMS**

Rates \_\_\_\_\_ per \$100      Premium \$ \_\_\_\_\_

**SPECIAL PROVISIONS (if any)**

POLICY NUMBER:

# RIGGERS LIABILITY DECLARATIONS

Companion Property & Casualty 51 Clemson Road Columbia SC 29229	
---	--

LIMITS OF INSURANCE	
WHILE AT ANY ONE JOB SITE	\$ _____
PROPERTY IN TRANSIT	\$ _____
ALL COVERED PROPERTY IN ANY ONE OCCURRENCE	\$ _____

DEDUCTIBLE	\$ _____
------------	----------

RATES AND PREMIUMS	
<b>Nonreporting</b>	
Basic Premium	\$ _____
<b>Reporting</b>	
Deposit Premium	\$ _____
Minimum Premium	\$ _____
Reporting Period	_____
Premium Adjustment Period	_____
Premium Base	_____
Rates	\$ _____ per \$100

SPECIAL PROVISIONS (if any)



POLICY NUMBER:

# EXHIBITION DECLARATIONS

LOCATION OF EXHIBITIONS
<p><b>YOUR EXHIBITIONS LOCATED AT:</b> Address(es)</p> <p>_____</p> <p>_____</p> <p>_____</p>

DESCRIPTION OF COVERED PROPERTY
<p><b>COVERED PROPERTY CONSISTING PRINCIPALLY OF:</b></p> <p>_____</p> <p>_____</p> <p>_____</p>

LIMITS OF INSURANCE	
<b>A. SCHEDULED PROPERTY</b>	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>B. BLANKET PROPERTY CONSISTING OF:</b>	
_____	\$ _____
<b>C. PROPERTY IN TRANSIT</b>	\$ _____
<b>D. ALL COVERED PROPERTY IN ANY ONE OCCURRENCE</b>	\$ _____

<b>COINSURANCE</b> _____ %
----------------------------

<b>DEDUCTIBLE</b> \$ _____
----------------------------

RATES AND PREMIUMS			
Rate	_____	per \$100	Premium \$ _____

SPECIAL PROVISIONS (if any)

POLICY NUMBER:

# PROCESSORS DECLARATIONS

PROCESSORS	
NAME	ADDRESS
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

DESCRIPTION OF COVERED PROPERTY
COVERED PROPERTY CONSISTING PRINCIPALLY OF: _____ _____ _____

LIMITS OF INSURANCE	
<b>A. IN PROCESSORS' CARE, CUSTODY OR CONTROL</b>	
1.	\$ _____
2.	\$ _____
3.	\$ _____
4.	\$ _____
<b>B. PROPERTY AT UNNAMED PROCESSORS</b>	\$ _____
<b>C. PROPERTY IN TRANSIT</b>	\$ _____
<b>D. ALL COVERED PROPERTY IN ANY ONE OCCURRENCE</b>	\$ _____

CHECK THIS BOX TO DELETE THE PROCESSING OR WORK UPON THE PROPERTY EXCLUSION.

COINSURANCE \_\_\_\_\_ %

DEDUCTIBLE \$ \_\_\_\_\_

**RATES AND PREMIUMS**

Rate \_\_\_\_\_ per \$100          Premium \$ \_\_\_\_\_

**SPECIAL PROVISIONS (if any)**

POLICY NUMBER:

# MACHINERY AND EQUIPMENT DECLARATIONS

Companion Property & Casualty 51 Clemson Road Columbia SC 29229	
---	--

LIMITS OF INSURANCE	
<b>SCHEDULED MACHINERY AND EQUIPMENT</b>	
_____	\$ _____
_____	_____
_____	_____
_____	_____
<b>ALL SCHEDULED COVERED PROPERTY IN ANY ONE OCCURRENCE</b>	
	\$ _____
<b>BLANKET MACHINERY AND EQUIPMENT CONSISTING OF</b>	
_____	
_____	
Per Item	\$ _____
Per Any One Occurrence	\$ _____

IF THIS BOX IS CHECKED , THE THEFT FROM ANY UNATTENDED VEHICLE EXCLUSION DOES NOT APPLY.

COINSURANCE (Applicable to Scheduled Property only) \_\_\_\_\_ %

**DEDUCTIBLE**

Scheduled Property \$ \_\_\_\_\_

Blanket Property \$ \_\_\_\_\_

<b>RATES AND PREMIUMS</b>			
<b>Nonreporting</b>	Rate	_____ per \$100	Premium \$ _____
<b>Reporting</b>	Deposit Premium		\$ _____
	Minimum Premium		\$ _____
	Reporting Period		_____
	Premium Adjustment Period		_____
	Premium Base		_____
	Rates		\$ _____ per \$100

**SPECIAL PROVISIONS (if any)**

POLICY NUMBER:

# SALESPERSONS SAMPLES DECLARATIONS

DESCRIPTION OF COVERED PROPERTY	
<b>COVERED PROPERTY CONSISTING OF:</b>	
_____	
_____	
_____	
_____	
_____	
_____	

LIMITS OF INSURANCE	
<b>COVERED PROPERTY IN THE CUSTODY OF ANY ONE SALESPERSON</b>	\$ _____
<b>ALL COVERED PROPERTY IN ANY ONE OCCURRENCE</b>	\$ _____

<b>IF THIS BOX IS CHECKED <input type="checkbox"/>, THE THEFT FROM ANY UNATTENDED VEHICLE EXCLUSION DOES NOT APPLY.</b>
---

<b>DEDUCTIBLE</b>	\$ _____
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RATES AND PREMIUMS			
<b>Nonreporting</b>			
Rate	_____	per \$100	Premium \$ _____
<b>Reporting</b>			
Deposit Premium			\$ _____
Minimum Premium			\$ _____
Reporting Period			_____
Premium Adjustment Period			_____
Premium Base			_____
Rates			\$ _____ per \$100

**SPECIAL PROVISIONS (if any)**

POLICY NUMBER:

# PATTERNS AND DIES DECLARATIONS

Companion Property & Casualty 51 Clemson Road Columbia SC 29229	
---	--

LIMITS OF INSURANCE	
<b>SCHEDULED PROPERTY</b>	\$
	\$
	\$
	\$
	\$
Total	\$
<b>BLANKET PROPERTY CONSISTING OF</b>	
Per Item	\$
Per Any One Occurrence	\$
<b>PROPERTY IN TRANSIT</b>	\$
<b>ALL COVERED PROPERTY IN ANY ONE OCCURRENCE</b>	\$

<b>COINSURANCE</b>	%
--------------------	---

<b>DEDUCTIBLE</b>	
Scheduled Property	\$
Blanket Property	\$

<b>RATES AND PREMIUMS</b>			
<b>Nonreporting</b>			
<b>Rate</b>	<b>per \$100</b>	<b>Premium</b>	<b>\$</b>
<b>Reporting</b>			
<b>Deposit Premium</b>			<b>\$</b>
<b>Minimum Premium</b>			<b>\$</b>
<b>Reporting Period</b>			
<b>Premium Adjustment Period</b>			
<b>Premium Base</b>			
<b>Rates</b>			<b>\$</b>
			<b>per \$100</b>

**SPECIAL PROVISIONS (If any)**

SERFF Tracking Number: CMPX-125470424 State: Arkansas  
Filing Company: Companion Property & Casualty Insurance State Tracking Number: EFT \$100  
Company  
Company Tracking Number: P#05098  
TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations  
Product Name: Inland Marine  
Project Name/Number: MU FILED INLAND MARINE CONVERSION TO ISO 4/1/08/P#05098

## Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: CMPX-125470424 State: Arkansas  
 Filing Company: Companion Property & Casualty Insurance State Tracking Number: EFT \$100  
 Company  
 Company Tracking Number: P#05098  
 TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations  
 Product Name: Inland Marine  
 Project Name/Number: MU FILED INLAND MARINE CONVERSION TO ISO 4/1/08/P#05098

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document- Property & Casualty **Review Status:** Approved 02/20/2008

**Comments:**

**Attachment:**

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

**Satisfied -Name:** AR - FORM FILING ABSTRACT F-1 **Review Status:** Approved 02/20/2008

**Comments:**

**Attachment:**

AR - FORM FILING ABSTRACT F-1.PDF

**Satisfied -Name:** AR - CERTIFICATE OF COMPLIANCE - (AID PC SelfCert (4/30/03)) **Review Status:** Approved 02/20/2008

**Comments:**

**Attachment:**

AR - CERTIFICATE OF COMPLIANCE - (AID PC SelfCert (4\_30\_03)).PDF

**Satisfied -Name:** AR - NAIC FORM FILING SCHEDULE **Review Status:** Approved 02/20/2008

**Comments:**

**Attachment:**

AR - NAIC FORM FILING SCHEDULE.PDF

**Satisfied -Name:** Cover Letter **Review Status:** Approved 02/20/2008

**Comments:**





## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

<b>3. Group Name</b>	<b>Group NAIC #</b>
	661

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Companion Property & Casualty Insurance Company	SC	12157	57-0768836	

<b>5. Company Tracking Number</b>	P#05098
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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
	LaTonya Ivey P.O. Box 100165 Columbia SC 29202	Regulatory Compliance Analyst II	800-845-2724	803 865-3155	latonya.ivey@companion group.com
<b>7.</b>	Signature of authorized filer				
<b>8.</b>	Please print name of authorized filer		LaTonya Ivey		

**Filing Information** (see General Instructions for descriptions of these fields)

<b>9.</b>	<b>Type of Insurance (TOI)</b>	09.0 Inland Marine
<b>10.</b>	<b>Sub-Type of Insurance (Sub-TOI)</b>	09.0000 Inland Marine Sub-TOI Combinations
<b>11.</b>	<b>State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>	
<b>12.</b>	<b>Company Program Title (Marketing Title)</b>	Inland Marine
<b>13.</b>	<b>Filing Type</b>	<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)
<b>14.</b>	<b>Effective Date(s) Requested</b>	New: 4/1/08      Renewal: 4/1/08
<b>15.</b>	<b>Reference Filing?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>16.</b>	<b>Reference Organization (if applicable)</b>	ISO
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	CM-2003-OMF03
<b>18.</b>	<b>Company's Date of Filing</b>	2/1/08
<b>19.</b>	<b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	P#05098
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Companion Property and Casualty Insurance Company wishes to submit its ISO Inland Marine filing. We wish to adopt ISO's form filing reference CM-2003-OMF03. We are also filing ISO advisory declaration pages that have been edited to add a Companion form identification number and edition date.

Companion also wishes to withdraw the 3/99 AAIS Revision 2.0 Inland Marine filing.

We are requesting an effective date of April 1, 2008.

<b>22.</b>	<b>Filing Fees</b> (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]
	<b>Check #:</b> <b>Amount:</b> \$100
	<b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b>

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

**ARKANSAS INSURANCE DEPARTMENT**  
**FORM FILING ABSTRACT**

**ALL QUESTIONS MUST BE ANSWERED**

Companies filing for a group may use a consolidated abstract if all forms are identical.

1. Date Filed 2/1/08

2. Company Name(s) Companion Property & Casualty Insurance Company

Group Name \_\_\_\_\_ NAIC No. 12157 Group No. 661

3. (a) Annual Statement Line of Business Number (Page 14) 5.1

(b) Class of Business Inland Marine

© Coverages Affected Inland Marine

4. (a) Name of Advisory Organization, if any ISO

(b) Affiliations with Advisory Organization: Member (  ) Subscriber (  )

5. Is this a reference filing? Yes (  ) No (  ) If yes, please provide the following:

(a) Name of Advisory Organization (or Affiliated Company)

ISO

(b) Date of Filing 4/1/08

© Filing Designation Number or Description CM-2003-OMF03

**PROVIDE THE INFORMATION REQUESTED ON PAGE 2 OF THIS FORM**

7. Has the form(s) been approved for use in your domiciliary state and/or other states?  
Pending

8. Is the form filed in response to or due to legislation? If so, specify legislation.  
No.

9. Is the form in response to or due to recent court decisions? If so, give citation.  
No.

THIS INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

*LaTonya Ivey*

\_\_\_\_\_  
**Signature**

LaTonya Ivey

\_\_\_\_\_  
**Title**

803-795-7770

\_\_\_\_\_  
**Telephone Number**

Old Form No.	Proposed Effective Date of New Form	New Form No.	Title of the Form(s); also Indicate Withdrawals: Provide Synopsis of Coverage
	4/1/08	CI 99 01 01/08	Accounts Recievable Declarations
	4/1/08	CI 99 02 01/08	Commercial Articles Declaration
	4/1/08	CI 99 03 01/08	Signs Declaration
	4/1/08	CI 99 13 01/08	Valuable Papers & Records Declaration
	4/1/08	CI 99 15 01/08	Equipment Dealers Declaration
	4/1/08	CI 99 16 01/08	Film Declaration
	4/1/08	CI 99 17 01/08	Theatrical Property Declaration
	4/1/08	CI 99 18 01/08	Physicians & Surgeons Equipment Declaration
	4/1/08	IM 99 08 01/08	Contractors Equipment Declaration
	4/1/08	IM 99 05 01/08	Builders Risk Declaration
	4/1/08	IM 99 20 01/08	Annual Transit Declaration
	4/1/08	IM 99 10 01/08	Motor Truck Cargo Carriers Declaration
	4/1/08	IM 99 07 01/08	Installation Declaration
	4/1/08	IM 99 22 01/08	Commercial Fine Arts Declaration
	4/1/08	IM 99 06 01/08	Computer Systems Declaration
	4/1/08	IM 99 14 01/08	Motor Truck Cargo Owners Declaration
	4/1/08	IM 99 11 01/08	Trip Transit Declaration
	4/1/08	IM 99 09 01/08	Miscellaneous Articles Declaration
	4/1/08	IM 99 21 01/08	Yatch Declaration
	4/1/08	IM 99 04 01/08	Bailees Customers Declaration

	4/1/08	IM 99 27	01/08	Scientific and Medical Diagnostic Equipment Declaration
	4/1/08	IM 99 19	01/08	Riggers Liability Declaration
	4/1/08	IM 99 23	01/08	Exhibition Declaration
	4/1/08	IM 99 25	01/08	Processing Declaration
	4/1/08	IM 99 12	01/08	Machinery and Equipment Declaration
	4/1/08	IM 99 26	01/08	Salespersons Samples Declaration
	4/1/08	IM 99 24	01/08	Patterns and Dies Declaration

## ARKANSAS CERTIFICATE OF COMPLIANCE

*(You may print or type the information required by this form)*



I, Steven Bloss, VP of Underwriting & Marketing of  
*(Name)* *(Title of Authorized Officer)*  
Companion Property & Casualty Insurance Company  
*(Name of Insurer)*

declare that I am authorized to execute and file this certificate of compliance and do hereby certify that I am knowledgeable of the legal requirements under Arkansas law applicable to the insurance forms that are the subject of this filing and further aver:

1. Upon information and belief, I certify that the insurance forms filed herewith are complete and comply with all Arkansas laws, including the:

- a. Arkansas Code Annotated;
- b. Arkansas Rules and Regulations;
- c. Arkansas Insurance Bulletins, Directives and Orders;
- d. Applicable filing requirements including the applicable product standards set forth in the product checklists; and
- e. Rulings and decisions of any court of this state.

2. I understand and acknowledge that the Commissioner will rely upon this certificate and if it is subsequently determined that any form filed herewith is false or misleading, appropriate corrective action shall be taken by the commissioner against the company.

3. Pursuant to Ark. Code Ann. § 23-79-109(a)(1)(C), I understand that by certifying that a form complies with paragraph 1 hereof, it is not to be taken by the undersigned or by my company as meaning that any insurance effected by use of such form may in any fashion be inconsistent with the statutory and common law of Arkansas.

4. Pursuant to Ark. Code Ann. §23-79-118, I understand and acknowledge that any insurance policy, rider, endorsement or other insurance form filed under this certificate, that is subsequently issued to an insured, and contains any condition or provision not in compliance with the requirements of the laws of the State of Arkansas, as set forth in paragraph 1 hereof, shall be construed and applied in accordance with such condition or provision as would have applied if the policy, rider, endorsement or form had been in full compliance with the law.

Does this Certification apply to all the companies in this filing? <i>(Yes or No)</i> •	Yes
---	-----

If "NO", to which companies does this Certification apply?

Company Name(s)	NAIC #

Company Tracking Number • P#05098	
Signature of Authorized Officer •	
Name of Authorized Officer •	Steven Bloss
Title of Authorized Officer •	Vice President of Underwriting & Marketing
Email address of Authorized Officer •	<a href="mailto:Steven.bloss@companniongroup.com">Steven.bloss@companniongroup.com</a>
Telephone # of Authorized Officer •	803-865-3155
Date •	2/1/08

*This form may be computer generated by the company. So long as the wording and general layout is the same, the format may vary. For more information, contact the Property & Casualty Division of the Arkansas Insurance Department at 1200 W 3<sup>rd</sup> St., Little Rock, AR 72201, telephone: 501-371-2800, or email: [information.pnc@state.ar.us](mailto:information.pnc@state.ar.us)*

**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 # P#05098

2. This filing corresponds to rate/rule filing number  
 (Company tracking number of rate/rule filing, if applicable)

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 Recievable Declarations	CI 99 01 01/08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Commercial Articles Declaration	CI 99 02 01/08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Signs Declaration	CI 99 03 01/08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	Valuable Papers & Records Declaration	CI 99 13 01/08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	Equipment Dealers Declaration	CI 99 15 01/08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06	Film Declaration	CI 99 16 01/08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07	Theatrical Property Declaration	CI 99 17 01/08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08	Physicians & Surgeons Equipment Declaration	CI 99 18 01/08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09	Contractors Equipment Declaration	IM 99 08 01/08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10	Builders Risk Declaration	IM 99 05 01/08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11	Annual Transit Declaration	IM 99 20 01/08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

**FORM FILING SCHEDULE** (cont.)State: Arkansas Company Tracking # P#05098 Page 2 of 3

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
12	Motor Truck Cargo Carriers Declaration	IM 99 10 01/08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
13	Installation Declaration	IM 99 07 01/08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
14	Commercial Fine Arts Declaration	IM 99 22 01/08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
15	Computer Systems Declaration	IM 99 06 01/08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
16	Motor Truck Cargo Owners Declaration	IM 99 14 01/08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
17	Trip Transit Declaration	IM 99 11 01/08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
18	Miscellaneous Articles Declaration	IM 99 09 01/08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
19	Yatch Declaration	IM 99 21 01/08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
20	Bailees Customers Declaration	IM 99 04 01/08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
21	Scientific and Medical Diagnostic Equipment Declaration	IM 99 27 01/08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
22	Riggers Liability Declaration	IM 99 19 01/08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

## FORM FILING SCHEDULE *(cont.)*

**State:** Arkansas      **Company Tracking #** P#05098      **Page** 3 **of** 3

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
23	Exhibition Declaration	IM 99 23 01/08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
24	Processing Declaration	IM 99 25 01/08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
25	Machinery and Equipment Declaration	IM 99 12 01/08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
26	Salespersons Samples Declaration	IM 99 26 01/08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
27	Patterns and Dies Declaration	IM 99 24 01/08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		



# Companion Property & Casualty Group

Companion Property & Casualty  
Insurance Company

Companion Commercial  
Insurance Company

February 1, 2008

Commissioner Julie Benafield Bowman  
Arkansas Department of Insurance  
1200 West Third Street  
Little Rock, AR 72201-1904

Attn: Property & Casualty Division

RE: Companion Property & Casualty Insurance Company NAIC#: 661-12157 FEIN#: 57-0768836  
Comm Inland Marine - MU Filed Inland Marine Conversion To ISO 4/1/08  
Company Filing: P#05098  
Proposed effective date for new and renewal business on and after April 1, 2008

Dear Commissioner Benafield Bowman:

We wish to submit the following Form filing for Independent, Comm Inland Marine for use in Arkansas.

This filing has been submitted to or is exempt from filing in our domiciliary state of South Carolina.

Companion Property and Casualty Insurance Company wishes to submit its ISO Inland Marine filing. We wish to adopt ISO's form filing reference CM-2003-OMF03. We are also filing ISO advisory declaration pages that have been edited to add a Companion form identification number and edition date.

Companion also wishes to withdraw the 3/99 AAIS Revision 2.0 Inland Marine filing.

We are requesting an effective date of April 1, 2008.

Please let me know if you need additional information.

Sincerely,

LaTonya Ivey  
Regulatory Compliance Analyst II  
Phone: 803-795-7770  
Fax: 803 865-3155  
Email: latonya.ivey@companiongroup.com

P.O. Box 100165 Columbia, South Carolina 29202-3165 (803) 735-0672 (800) 845-2724

**Real Solutions. Real People. Real Smart.**  
**Rated "A" by A.M. Best Company**

SERFF Tracking Number: CMPX-125470424 State: Arkansas  
 Filing Company: Companion Property & Casualty Insurance State Tracking Number: EFT \$100  
 Company  
 Company Tracking Number: P#05098  
 TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations  
 Product Name: Inland Marine  
 Project Name/Number: MU FILED INLAND MARINE CONVERSION TO ISO 4/1/08/P#05098

## Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Patterns and Dies Declaration	02/01/2008	IM 99 24.PDF

POLICY NUMBER:

# SCIENTIFIC AND MEDICAL DIAGNOSTIC EQUIPMENT DECLARATIONS

Companion Property & Casualty 51 Clemson Road Columbia SC 29229	
---	--

LIMITS OF INSURANCE	
<b>A. PROPERTY AT A PREMISES</b>	
1. ADDRESS	
_____	
<b>SCHEDULED EQUIPMENT</b>	
a. _____	\$ _____
b. _____	\$ _____
c. _____	\$ _____
d. _____	\$ _____
e. _____	\$ _____
2. ADDRESS	
_____	
<b>SCHEDULED EQUIPMENT</b>	
a. _____	\$ _____
b. _____	\$ _____
c. _____	\$ _____
d. _____	\$ _____
e. _____	\$ _____



**LIMITS OF INSURANCE (Cont'd)**

**B. SCHEDULED MOBILE UNITS**

- 1. \_\_\_\_\_ \$ \_\_\_\_\_
- 2. \_\_\_\_\_ \$ \_\_\_\_\_
- 3. \_\_\_\_\_ \$ \_\_\_\_\_
- 4. \_\_\_\_\_ \$ \_\_\_\_\_
- 5. \_\_\_\_\_ \$ \_\_\_\_\_

**C. SUPPLIES, BOOKS AND MATERIALS USED IN YOUR PROFESSION**

\$ \_\_\_\_\_

**D. PROPERTY OF OTHERS IN YOUR CARE, CUSTODY OR CONTROL**

- 1. \_\_\_\_\_ \$ \_\_\_\_\_
- 2. \_\_\_\_\_ \$ \_\_\_\_\_
- 3. \_\_\_\_\_ \$ \_\_\_\_\_
- 4. \_\_\_\_\_ \$ \_\_\_\_\_
- 5. \_\_\_\_\_ \$ \_\_\_\_\_

**E. OTHER SCHEDULED EQUIPMENT**

- 1. \_\_\_\_\_ \$ \_\_\_\_\_
- 2. \_\_\_\_\_ \$ \_\_\_\_\_
- 3. \_\_\_\_\_ \$ \_\_\_\_\_
- 4. \_\_\_\_\_ \$ \_\_\_\_\_
- 5. \_\_\_\_\_ \$ \_\_\_\_\_

**F. ALL COVERED PROPERTY IN ANY ONE OCCURRENCE**

\$ \_\_\_\_\_

CHECK THIS BOX IF ARTIFICIALLY GENERATED CURRENT COVERAGE APPLIES.

CHECK THIS BOX IF EQUIPMENT BREAKDOWN COVERAGE APPLIES.

COINSURANCE \_\_\_\_\_ %

**DEDUCTIBLE**

A. Deductible amount for other than Artificially Generated Current Coverage and Equipment Breakdown Coverage \$ \_\_\_\_\_

B. If Artificially Generated Current Coverage applies, the Deductible amount for that coverage \$ \_\_\_\_\_

C. If Equipment Breakdown Coverage applies, the Deductible amount for that coverage \$ \_\_\_\_\_

**OPTIONAL COVERAGES:**

**EXTRA EXPENSE**  
Limit Of Insurance \$ \_\_\_\_\_

**VIRUS, HARMFUL CODE OR SIMILAR INSTRUCTION**  
Higher Limit For Property Damage \$ \_\_\_\_\_  
Higher Limit For Business Income (if applicable) \$ \_\_\_\_\_

**RATES AND PREMIUMS**

Rates \_\_\_\_\_ per \$100      Premium \$ \_\_\_\_\_

**SPECIAL PROVISIONS (if any)**