

# COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS PAGE

|                                                                                                                                        |                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| <b>Policy Number:</b> 5000087495                                                                                                       | Renewal                                                                                                                                 |
| <b>Named Insured and Mailing Address:</b><br>Roger Huard<br>6133 COUNTY ROAD 4<br>EDGERTON, OH 43517-9759<br>DBA:<br>Gutterman Company | <b>Producer Name and Address:</b><br>Andres O'Neil And Lowe Agency<br>227 N Lynn St<br>Bryan, OH 43506<br><br>Telephone: (419) 636-3134 |
| <b>Policy Period</b>                                                                                                                   |                                                                                                                                         |
| <b>From:</b> 02/28/2022                                                                                                                |                                                                                                                                         |
| <b>To:</b> 02/28/2023                                                                                                                  |                                                                                                                                         |

In return for the payment of the premium, and subject to all the terms and conditions of this Policy, we agree with you to provide the insurance as stated in this Policy.

### DESCRIPTION OF BUSINESS

Form of Business: Individual

Business Description: Siding and Gutter Contractor

### DESCRIPTION OF PREMISES Refer to Schedule of Premises

| Prem. No. | Bldg. No. | Construction | Class Code Description  |
|-----------|-----------|--------------|-------------------------|
| 1         | 1         | Frame        | Home Improvement Stores |

### COVERAGES PROVIDED Insurance At The Described Premises Applies Only For Coverages For Which A Limit Of Insurance Is Shown

| Prem. No. | Bldg. No. | Coverage                                                            | Limit Of Insurance | Covered Causes Of Loss | Coinsurance* |
|-----------|-----------|---------------------------------------------------------------------|--------------------|------------------------|--------------|
| 1         | 1         | Building and Personal Property Coverage Form: All Personal Property | \$ 30,000          | Special                | 80%          |
| 1         | 1         | Building                                                            | \$ 287,398         | Special                | 80%          |

\*If Extra Expense Coverage, Limits On Loss Payment