

## BUILDERS RISK COVERAGE DECLARATIONS

The Declarations, Supplemental Declarations, Common Policy Conditions, Commercial Inland Marine Conditions, Coverage Form(s) And Endorsement(s), if any, issued to and forming a part thereof, complete the Commercial Insurance Policy numbered as follows:

**American Zurich Insurance Company  
A Stock Company  
Administrative Office: 1299 Zurich Way  
Schaumburg, IL 60196 Phone: 800-382-2150**

- New Policy**    **BR13806403**  
 **Renewal of**  
 **Rewrite of**

**THIS IS A COINSURANCE CONTRACT**

Please read your policy.

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

**1. Named Insured and Mailing Address:**

Chamberlain, Mark & Virginia  
1104 N 25th St  
Ozark, MO 65721

**2. Producer Information:**

- A Name: NBS INSURANCE AGENCY, INC.  
1100 LOCUST ST DEPT 2002  
DES MOINES, IA 50391-2002  
 B Telephone # +1 888 364 3434  
 C Fax # +1 866 433 4331  
 D Zurich Producer # 18121764  
 E Field Office Name  
 F Field Office Code

- 3. Policy Period – From:** 06/21/2019    **To:** 06/21/2020  
12:01 a.m. at your mailing address above.

- 4. Form of Business:**  **Individual**    **Partnership**    **Corporation**    **Joint Venture**    **Other**  
**5. Limits of Insurance (either One-Shot or Reporting Form as indicated below)**

**SUPPLEMENTAL DECLARATIONS**

(If this box is checked, Supplemental Declarations is attached to and forms a part of this policy)

- Reporting Form (continuous policy)**  
 **Annual Rate**     **Monthly Rate (HBIS – 4)**  
 A) Any one building or structure    \$  
 B) All covered property at all locations    \$  
 C) Rate    Per Report  
 D) Premium    Per Report  
 E) Total Taxes and Surcharges    Per Report  
 (per attached endorsement – N/A in NY)  
 F) **Total Fully Earned Policy Premium**    Per Report

- One-Shot (non-reporting form/single structure policy)**  
 **1-4 Family Dwelling**     **Commercial Structure**  
 Property Location  
 140 Fair Oak Ln  
 Fordland, MO 65652  
**New Construction**  
 A) Any one building or structure    \$    275,000  
 B) All covered property at all locations    \$    275,000  
 (same as A unless otherwise noted)  
**Remodeling**  
 D) Renovations and improvements    \$  
 E) Existing buildings or structures    \$  
 F) Rate    \$    0.24  
 G) Premium    \$    660.00  
 H) Total Taxes and Surcharges    \$    0.00  
 (per attached endorsement)  
 I) **Total Fully Earned Policy Premium**    \$    660.00  
 (minimum premium applicable)

- 6. Deductible:**  \$500    \$1,000    \$2,500    \$5,000    Other

**7. Forms Applicable To This Coverage Part:**

**SEE SCHEDULE OF FORMS AND ENDORSEMENTS**

Countersigned: \_\_\_\_\_ Date \_\_\_\_\_ By: \_\_\_\_\_ Authorized Representative \_\_\_\_\_

## BUILDERS RISK COVERAGE SUPPLEMENTAL DECLARATIONS

**Policy Number: BR13806403**

**Policy Type:**  Reporting Form (continuous policy) OR  One Shot (non-reporting form/single structure policy)

**ADDITIONAL COVERAGES (COVERAGE FORM)**

**LIMIT OF INSURANCE**

	Included
a. Collapse	
b. Scaffolding, Construction Forms And Temporary Structures	\$ 50,000
Re-erection Of Scaffolding	\$ 25,000
c. Debris Removal	\$ 50,000
d. Back-Up Or Overflow Of Sewers, Drains Or Sumps	\$ 25,000
e. Fire Department Service Charge	\$ 25,000
f. Valuable Papers And Records	\$ 50,000
g. Pollutant Clean-Up And Removal	\$ 25,000
h. Ordinance Or Law – Direct Damage	
Loss To The Undamaged Portion Of The Building	Included
Demolition Cost	\$ 275,000
Increased Cost Of Construction	\$ 275,000
Combined Aggregate For Demolition Cost And Increased Cost Of Construction	\$ 275,000
i. Preservation Of Property	Included
j. Rewards	\$ 25,000
k. Property At A Temporary Storage Location	\$ 25,000
l. Property In Transit	\$ 25,000
m. Claim Preparation Expense	\$ 10,000
n. Contract Penalties	\$ 25,000

**OPTIONAL ADDITIONAL COVERAGES (ENDORSEMENTS)**

<input type="checkbox"/> <b>Business Income (HBIS-95)</b>	\$	
Anticipated Project Completion Date		
Monthly Limit Of Indemnity		(fraction)
Deductible Period		days
Civil Authority		Included
<input type="checkbox"/> <b>Business Income And Extra Expense (HBIS-82)</b>	\$	
Anticipated Project Completion Date		
Monthly Limit Of Indemnity		(fraction)
Deductible Period		days
Business Income		Included
Extra Expense		Included
Civil Authority		Included
<input type="checkbox"/> <b>Development Or Subdivision Fences, Walls And Signs (HBIS-58)</b>	\$	
<input type="checkbox"/> <b>Expediting Expense (HBIS-93)</b>	\$	
<input type="checkbox"/> <b>Extra Expense (HBIS-92)</b>	\$	
<input type="checkbox"/> <b>Marine Model Home Contents Coverage</b> ( <input type="checkbox"/> HBIS-52 – OR -- <input type="checkbox"/> HBIS-77)	\$	
<input type="checkbox"/> <b>Soft Costs Coverage (HBIS-88)</b>	\$	
Anticipated Project Completion Date		
Deductible Period		days
Expense To Mitigate Loss		Included
Civil Authority		Included

**OPTIONAL COVERAGE EXTENSION (ENDORSEMENT)**

<input type="checkbox"/> <b>Builders Risk Green Building Coverage Extension (HBIS-96)</b>		
Aggregate Limit Of Liability		\$
"LEED® Building Rating"		

**Policy Number** BR13806403

**SCHEDULE OF FORMS AND ENDORSEMENTS**

Named Insured: Chamberlain, Mark & Virginia

Effective Date: 06/21/2019  
12:01 A.M., Standard Time

Agent Name: NBS INSURANCE AGENCY, INC.

Agent No.: 18121764

FM170001(04/10), HBIS-91(06/17), U-GU-619-A CW(10/02), 40471(06/17), HBIS-1(04/09), HBIS-67(04/09),  
HBIS-83(06/17), HBIS-84(04/09), HBIS-30(06/17), U-GU-630-D CW(01/15), U-GU-767-B CW(01/15),  
IL0003(09/08), CM0001(09/04), CM0118(11/13), IL0017(11/98), U-GU-1191-A CW(03/15), U-GU-319-F(01/09)