

Pharmacists Mutual[®] Insurance Company

1-800-247-5930 or 515-295-2461
P.O. Box 370, 808 Highway 18 West, Algona, Iowa 50511-0370

SPECIAL BUSINESS OWNERS DECLARATIONS THIS IS NOT A BILL

NAMED INSURED AND MAILING ADDRESS		CUSTOMER NUMBER	0987654321
ABC PHARMACY INC ABC PHARMACY PO BOX 123321 SOMEWHERE IA 55555		POLICY NUMBER	BOP 5454545 01
		Previous Policy Number	BOP 5454545
		POLICY PERIOD	04/01/11 TO 04/01/12
		12 01 A.M. Standard Time at the described location	
TRANSACTION			
RENEWAL DECLARATION			

INSURED IS: Corporation (C)

BUSINESS OF INSURED: Pharmacy

In return for 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.

PROPERTY COVERAGE: SEE ATTACHED SCHEDULE

LIABILITY COVERAGE:

GENERAL AGGREGATE LIMIT

LIMIT

3,000,000

PRODUCTS/COMPLETED WORK HAZARD AGGREGATE LIMIT

2,000,000

EACH OCCURRENCE LIMIT

1,000,000

Products/Completed Work Hazard Liability

Included

Personal and Advertising Injury Liability

Included

Pharmacy Professional Liability

Included

Home Health Care Services Consultation Liability

Included

Non-owned Auto/Hired Auto Liability

Included

FIRE LEGAL LIABILITY LIMIT (per occurrence)

50,000

MEDICAL PAYMENTS LIMIT (per person)

5,000

POLICY PREMIUM TOTAL \$7,183.00

WARNING: A person who knowingly submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer may be guilty of a crime and may be subject to criminal and civil penalties.

Authorized Representative KARLA C. KROGMAN, CISR, LTCP

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FORMS AND ENDORSEMENTS

BP0200 (01/04) Businessowners Special Policy
 BP0336 (01/04) Premium Payments
 BP0475 (10/08) Amendatory Endorsement
 BP0676 (01/04) Excl-Fungus or Related Perils
 BP0722 (01/04) Punitive Damages Exclusion
 BP0736 (01/04) Exclusion-Abuse or Molestation
 BP0748 (01/04) Total Pollution Exclusion
 BP0753 (01/04) Amend Definition Cov Contract
 BP0839 (10/05) Asbestos Exclusion
 BP0850 (10/06) Virus or Bacteria Exclusion
 CL1045-SFP(01/08) Notice of Terrorism Coverage
 PM1014B (06/08) Pharmacy Professional Liab.
 PM1093B (06/08) HHC Consultation Services Liab
 PM1114B (06/05) Employee Redefined

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BP0331 (01/04) Protective Devices
 BP0417 (01/04) Amendatory Endorsement IA
 BP0605 (01/04) Exp Non-Owned/Hired Auto Liab
 BP0714 (02/04) Computer Virus & Hacking Cov
 BP0734 (01/04) Lead Liability Exclusions
 BP0738 (01/04) AI-Newly Acquired Organization
 BP0750 (01/08) Certified Terrorism Loss
 BP0833 (01/05) Auto & Mobile Equipment Amend
 BP0840 (02/08) TCPA & CAN-SPAM Act Exclusion
 CL0605 (01/08) Certified Terrorism Loss Discl
 PM1000 (10/01) Mutual Company Provisions
 PM1015B (01/08) Expanded Property Coverages
 PM1103B (06/05) Equipment Breakdown Endors.

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SPECIAL PROPERTY COVERAGE SCHEDULE

DESCRIBED PREMISES: RETAIL PHARMACY

Loc. Bldg.
 001 001 ABC PHARMACY
 123 MAIN ST
 ANYWHERE IA 50511

PROTECTIVE DEVICE
 Alarm-Central Station

County:
 DES MOINES

PROPERTY COVERAGE		LIMIT OF INSURANCE	DEDUCTIBLE
COVERAGE A	BUILDING Replacement Cost	350,000	1,000
COVERAGE B	BUSINESS PERSONAL PROPERTY Replacement Cost	500,000	1,000
COVERAGE C	LOSS OF INCOME NOT TO EXCEED 12 CONSECUTIVE MONTHS	Actual Loss Sustained	

If Glass Coverage applies to your policy, the Glass deductible is \$500.

OPTIONAL COVERAGE

MONEY AND SECURITIES COVERAGE		500
On Premises	25,000	
Off Premises	15,000	
EQUIPMENT BREAKDOWN ENDORSEMENT	See Form PM1103B	1,000
EMPLOYEE DISHONESTY	See Form PM1015B	500