

SPECIAL BUSINESSOWNERS DECLARATIONS
THIS IS NOT A BILL

NAMED INSURED AND MAILING ADDRESS ABC PHARMACY INC ABC PHARMACY PO BOX 123321 SOMEWHERE IA 55555	CUSTOMER NUMBER	0987654321
	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:	LIMIT
GENERAL AGGREGATE 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.

Pharmacists Mutual[®] Insurance Company

NAMED INSURED ABC PHARMACY INC			
CUSTOMER NUMBER		0987654321	
POLICY NUMBER		BOP 5454545 01	
POLICY PERIOD		04/01/11	TO 04/01/12
12 01 A.M. Standard Time at the described location			

FORMS AND ENDORSEMENTS

BP0200	(01/04)	Businessowners Special Policy	BP0331	(01/04)	Protective Devices
BP0336	(01/04)	Premium Payments	BP0417	(01/04)	Amendatory Endorsement IA
BP0475	(10/08)	Amendatory Endorsement	BP0605	(01/04)	Exp Non-Owned/Hired Auto Liab
BP0676	(01/04)	Excl-Fungus or Related Perils	BP0714	(02/04)	Computer Virus & Hacking Cov
BP0722	(01/04)	Punitive Damages Exclusion	BP0734	(01/04)	Lead Liability Exclusions
BP0736	(01/04)	Exclusion-Abuse or Molestation	BP0738	(01/04)	AI-Newly Acquired Organization
BP0748	(01/04)	Total Pollution Exclusion	BP0750	(01/08)	Certified Terrorism Loss
BP0753	(01/04)	Amend Definition Cov Contract	BP0833	(01/05)	Auto & Mobile Equipment Amend
BP0839	(10/05)	Asbestos Exclusion	BP0840	(02/08)	TCPA & CAN-SPAM Act Exclusion
BP0850	(10/06)	Virus or Bacteria Exclusion	CL0605	(01/08)	Certified Terrorism Loss Discl
CL1045-SFP	(01/08)	Notice of Terrorism Coverage	PM1000	(10/01)	Mutual Company Provisions
PM1014B	(06/08)	Pharmacy Professional Liab.	PM1015B	(01/08)	Expanded Property Coverages
PM1093B	(06/08)	HHC Consultation Services Liab	PM1103B	(06/05)	Equipment Breakdown Endors.
PM1114B	(06/05)	Employee Redefined			



NAMED INSURED ABC PHARMACY INC	
CUSTOMER NUMBER	0987654321
POLICY NUMBER	BOP 5454545 01
POLICY PERIOD	04/01/11 TO 04/01/12
12 01 A.M. Standard Time at the described location	

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