



**CHUBB**

**Policy Number  
SVRD42210833**

**COMMERCIAL PROPERTY COVERAGE PART  
SUPPLEMENTAL DECLARATIONS**

**ACE American Insurance Company**

Named Insured BREMFOUR AVIATION GROUP INC

Effective Date: 10-16-22  
12:01 A.M., Standard Time

Agent Name CRC INSURANCE SERVICES INC

Agent No. Z09029

**Item 1. Business Description:**

**Item 2. Premises Described: See Schedule of Locations**

**Item 3. \$500 Deductible unless otherwise indicated.**

**Item 4. Coverage Provided**

Loc. No.	Bldg. No.	Coverage	Limit of Insurance	Covered Causes of Loss	Coins.
001	001	BUILDING NON-COMBUSTIBLE	\$ 103,000	SPECIAL	90

**Other Provisions**

**Agreed Value:** \$ 103,000 **Expires:** 10/16/23  **Replacement Cost**

**Business Income Indemnity:** Monthly Limit: \_\_\_\_\_ Period: Maximum \_\_\_\_\_  **Inflation Guard:** %  
 \_\_\_\_\_ Reporting \_\_\_\_\_ Extended \_\_\_\_\_ Days BI Media

**Extension of Recovery Period:** \_\_\_\_\_ Months **Wind/Hail Deductible:** \_\_\_\_\_  
**Deductible:** \$ 1,000 **Earthquake Deductible:** \_\_\_\_\_ **Exceptions:** WIND

Loc. No.	Bldg. No.	Coverage	Limit of Insurance	Covered Causes of Loss	Coins.

**Other Provisions**

**Agreed Value:** \_\_\_\_\_ **Expires:** \_\_\_\_\_  **Replacement Cost**

**Business Income Indemnity:** Monthly Limit: \_\_\_\_\_ Period: Maximum \_\_\_\_\_  **Inflation Guard:** %  
 \_\_\_\_\_ Reporting \_\_\_\_\_ Extended \_\_\_\_\_ Days BI Media

**Extension of Recovery Period:** \_\_\_\_\_ Months **Wind/Hail Deductible:** \_\_\_\_\_  
**Deductible:** \_\_\_\_\_ **Earthquake Deductible:** \_\_\_\_\_ **Exceptions:** \_\_\_\_\_

Loc. No.	Bldg. No.	Coverage	Limit of Insurance	Covered Causes of Loss	Coins.

**Other Provisions**

**Agreed Value:** \_\_\_\_\_ **Expires:** \_\_\_\_\_  **Replacement Cost**

**Business Income Indemnity:** Monthly Limit: \_\_\_\_\_ Period: Maximum \_\_\_\_\_  **Inflation Guard:** %  
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**Extension of Recovery Period:** \_\_\_\_\_ Months **Wind/Hail Deductible:** \_\_\_\_\_  
**Deductible:** \_\_\_\_\_ **Earthquake Deductible:** \_\_\_\_\_ **Exceptions:** \_\_\_\_\_

**Item 5. Forms and Endorsements**

Form(s) and Endorsement(s) made a part of this policy at time of issue:  
**See Schedule of Forms and Endorsements**

**Chubb. Insured.**

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.