WEST BEND®
West Bend Insurance Company
1900 S. 18th Ave. | West Bend, WI 53095

Renewal

Commercial Property Coverage Declarations

Customer Number: 0110566006
Policy Number: 1810435 12

Policy Period: 11/08/2024 to 11/08/2025
at 12:01 AM Standard Time at Your Mailing Address Shown Below

Named Insured and Address:
Forest Township Area Senior Center, Inc
130 E Main St
Otisville, MI 48463

Agency Name and Address: 21765
MCCREDIE INSURANCE AGENCY INC
5454 GATEWAY CENTRE STE A
FLINT, MI 48507
810-767-6050

Description of Location or Premises

Loc	Bldg	Building and Occupancy Description	Construction	Protection Class
1	1	Building #1 - Senior Center [0844] Recreational Facilities - NOC	Frame	06

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Commercial Property Coverage Schedule

Loc	Bldg	Type	Limit of Insurance	Coinsurance	Cause Of Loss	Premium
1	1	Business Personal Property	$50,000	80%	Special	$526
		Replacement Cost				
		Deductible - $1,000				

See attached Forms Schedule for forms and endorsements applicable to this coverage.

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Commercial Property Endorsements and Miscellaneous Premiums

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Endorsements – Applicable to All Locations

Description	Form Number	Premium
Equipment Breakdown	WB34	$45
Property Additional Coverages and Coverage Extensions Endorsement – Essential	WB2906	$125

Miscellaneous Premiums

Description	Form Number	Premium
Terrorism Risk Insurance Act		$2
Terrorism Risk Insurance Act (Fire Only)		Included
	Total Commercial Property Premium:	$698

See attached Forms Schedule for forms and endorsements applicable to this coverage.

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Forms Schedule

Number	Edition	Description
CP0010	1012	BUILDING AND PERSONAL PROPERTY COVERAGE FORM
CP0090	0788	COMMERCIAL PROPERTY CONDITIONS
CP0140	0706	EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA
CP0401	1000	BRANDS AND LABELS
CP1030	0917	CAUSES OF LOSS - SPECIAL FORM
CP1075	1220	CYBER INCIDENT EXCLUSION
WB2906	0524	PROPERTY ADDITIONAL COVERAGES AND COVERAGE EXTENSIONS ENDORSEMENT
WB34	0118	EQUIPMENT BREAKDOWN COVERAGE ENDORSEMENT
WB898	0118	YOUR BUSINESS PERSONAL PROPERTY AMENDMENT TENANT GLASS
CP0120	0523	MICHIGAN CHANGES

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PROPERTY ADDITIONAL COVERAGES AND COVERAGE EXTENSIONS ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUILDING AND PERSONAL PROPERTY COVERAGE FORM
CONDOMINIUM ASSOCIATION COVERAGE FORM
CONDOMINIUM COMMERCIAL UNIT OWNERS COVERAGE FORM

SCHEDULE

☒ **ESSENTIAL** ☐ **ELITE**

COVERAGE EXTENSIONS		
COVERAGE	**LIMITS OF INSURANCE OR TERMS AND CONDITIONS CHANGE**	
Accounts Receivable	$250,000	**At Each Premises**
	$5,000	**At Premises Not Described**
Appurtenant Structures	$5,000	**Policy Limit**
Building Material Theft – Non-owned Premises	$5,000	**Policy Limit**
Ordinance Or Law – Building Or Tenant's Improvements And Betterments	Replacement Cost Valuation Required	
	The Lesser of $100,000 or 20% of the Limit of Insurance	**Combined Demolition Cost & Increased Cost Of Construction**
Electronic Data Processing Equipment and Software	$25,000	**At Each Premises**
Fine Arts	$25,000	**At Each Premises**
Increase In Rebuilding Expenses Following Disaster	15%	**Additional Expense Coverage/At Each Premises**
Lock And Key Replacement	$2,500	**Any One Occurrence**
Newly Acquired Or Constructed Property		
Building	$1,000,000	**At Each Building**
Business Personal Property	$500,000	**At Each Building**
Period Of Coverage	30	**Days**
Outdoor Fences	Included	
Outdoor Property		
Maximum In Any One Occurrence	$10,000	**Any One Occurrence**
Maximum Per Tree, Shrub Or Plant	$1,000	**Any One Occurrence**
Outdoor Signs		
Attached	Included	
Detached	$20,000	**At Each Premises**

Personal Property		
Off-premises	$100,000	**Up To 90 Days**
In Transit	Refer to this Endorsement	**Policy Occurrence**
Personal Effects	$50,000	**At Each Premises**
	$2,500	**Employee Tools Maximum / At Each Premises**
Personal Property Of Others	$25,000	**At Each Premises**
	$2,500	**Employee Tools Maximum / At Each Premises**
Portable Tools	Actual Cash Value Coverage	
Maximum In Any One Occurrence	$25,000	**Any One Occurrence**
Maximum To You Or Any Employee	$5,000	**Any One Occurrence**
Premises Boundary		**Distance Limitation Increased To 1,000 Feet**
Property At Fairs Or On Exhibition	$50,000	**Any One Occurrence**
Property In Custody Of Sales Representatives	$25,000	**Any One Occurrence**
Rewards	$50,000	**Any One Occurrence**
Spoilage	$10,000	**At Each Premises**
Valuable Papers And Records	$250,000	**At Each Premises**
(Other Than Electronic Data)	$5,000	**At Premises Not Described**
Water Back Up; Sump Pump Overflow	$5,000	**Per Policy / Annual Aggregate**
ADDITIONAL COVERAGES		
Business Crime		
Computer And Funds Transfer Fraud	$5,000	**Any One Occurrence**
Employee Theft	$10,000	**Any One Occurrence**
Forgery Or Alteration Of Negotiable Instruments	$10,000	**Any One Occurrence**
Identity Theft Expense	$50,000	**Policy Period**
Kidnap Expense	$50,000	**Policy Period**
Money And Securities	$5,000	**Inside The Premises – Any One Occurrence**
	$5,000	**Outside The Premises – Any One Occurrence**
Money Orders And Counterfeit Money	$5,000	**Any One Occurrence**
Business Income & Extra Expense	$25,000	**At Each Premises**
Business Income & Extra Expense		
Civil Authority	None	**Waiting Period**
Lost Lease Protection	$5,000	**Policy Period**
Business Income From Dependent Properties	$25,000	**Any One Occurrence**
Business Travel Accidental Death Benefit	$50,000	**Policy Period**
Conference Cancellation	$25,000	**Policy Period**
Debris Removal Additional Limit	$50,000	**At Each Location**
Donation Assurance	$50,000	**Policy Period**
Emergency Real Estate Consulting Fee	$50,000	**Policy Period**
Fire Department Service Charge	$250,000	**At Each Premises**

Fire Extinguisher System Recharge Expense	Included	
Fundraising Event Blackout	$25,000	**Policy Period**
Image Restoration Counseling	$50,000	**Policy Period**
Officers Or Directors Replacement Expenses	$50,000	**Policy Period**
Peak Season	100%	**Not Applicable To Value Reporting or Blanket**
Political Unrest Coverage	$50,000	**Policy Period**
Pollutant Cleanup And Removal	$25,000	**At Each Premises / Annual Aggregate**
Temporary Meeting Space Rental	$25,000	**Policy Period**
Terrorism Travel Reimbursement	$50,000	**Policy Period**
Travel Delay Reimbursement	$1,500	**Per Policy Period / 72 Hour Waiting Period**
Underground Pipes, Flues And Drains	Covered Property	
Utility Services Failure – Off Premises	Excluding Overhead Lines	
Workplace Violence Counseling	$50,000	**Policy Period**

This Limit Of Insurance or Term And Condition is in addition to any other insurance provided by this endorsement and is the most we will apply for loss or damage for the indicated Coverage.

Coverage provided by this endorsement is subject to the Cause of Loss Form attached to this policy and the policy's Deductible provision unless otherwise noted.

Coverages provided by this endorsement are in excess of any other specific coverages that are provided in other Coverage Parts or other Policies, provided by West Bend Mutual Insurance Company.

A. Premises Boundary

1. When this endorsement is attached to Building and Personal Property Coverage Form or Condominium Association Coverage Form, under **Section A.1. Covered Property**:

   Item **a.** Building, Paragraph **(5)(b)**; item **b.** Your Business Personal Property; item **c.** Personal Property Of Others, Paragraph **(2)**, the distance limitation is amended to read within 1,000 feet of the described premises.

   Under **Section A.5. Coverage Extensions** the distance limitation in the first Paragraph is amended to read within 1,000 feet of the described premises.

2. When this endorsement is attached to Condominium Commercial Unit-Owners Coverage Form under **Section A.1. Covered Property**:

   Item **a.** Your Business Personal Property; Item **b.(2)** Personal Property Of Others, the distance limitation is amended to read within 1,000 feet of the described premises.

   Under **Section A.5. Coverage Extensions** the distance limitation in the first Paragraph is amended to read within 1,000 feet of the described premises.

3. When this endorsement is attached to Building and Personal Property Coverage Form or Condominium Association Coverage Form, under **Section A.1. Covered Property** Item **a.** Building, the following is added:

   (6) Appurtenant structures

   The most we will pay under this Additional Coverage is the Limit of Insurance shown in the Schedule.

B. Under **Section A.2. Property Not Covered**:

1. Paragraph **a.** is deleted and replaced by:

   a. Accounts, bills, currency, food stamps or other evidences of debt, money, notes or securities except as provided in the Coverage Extensions. Lottery tickets held for sale are not securities.

2. When this endorsement is attached to Building and Personal Property Coverage Form or Condominium Association Coverage Form, and Building coverage applies, Paragraph **m.** is deleted.

3. When this endorsement is attached to Building and Personal Property Coverage Form or Condominium Association Coverage Form, Paragraph **q.(2)** is deleted and replaced by:

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Commercial Lines Policy Declaration

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at 12:01 AM Standard Time at Your Mailing Address Shown Below

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Agency Name and Address: 21765
MCCREDIE INSURANCE AGENCY INC
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Named Insured Schedule

Forest Township Area Senior Center, Inc