



Businessowners Policy Declaration
Transaction: RENEWAL

Named Insured and Address:	Agent Name and Address
Brandon Reilly 1384 Vt Rte 30 West Townshend, VT 05359	Cutts Insurance Agency 869 Athens Rd Townshend, VT 05353 (802) 365-7508 44-922

This Renewal Declaration reflects your renewal coverages, rating information and premiums. If new or revised forms or endorsements apply, they are attached. Please review this information and contact your agent with any questions or changes.

DBA Name:	Mountian Cleaning
Form of Business:	Individual
Business Description:	Cleaning Service

Policy Number	Policy Type	Policy Period	Transaction Effective Date	Payment Plan
20048379	Businessowners-Contractors	09/15/2023 to 09/15/2024	09/15/2023	4-Pay

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

Liability Coverages	Limit of Insurance
Liability and Medical Expenses	\$1,000,000 Per Occurrence
Medical Expenses	\$5,000 Per Person
Damage To Premises Rented To You	\$50,000 Per Location
Aggregate Limits	
Other Than Products-Completed Operations	\$2,000,000 Per Policy Period
Products/Completed Operations	\$2,000,000 Per Policy Period

Each paid claim reduces the amount of insurance we provide during the applicable annual period. Please refer to Section II - Liability in the Businessowners Coverage Form and any attached endorsements

Location Information		
Location #	Address	Premium
1	1384 Vt Rte 30, West Townshend, VT 05359	\$784.00
Policy Level Additional Coverages and Endorsements		\$102.00
THIS IS NOT A BILL Your Bill Will Be Sent Separately		Total Premium \$886.00



Countersigned: Date _____

Authorized Representative _____

Additional Coverages and Coverage Extensions

Summary of the Additional Coverages and Coverage Extension included in the Businessowners Coverage Form, BP 00 03. Refer to the coverage form for specific policy coverage information

If you have purchased increased limits the limits and premiums will be displayed elsewhere in the declarations.

Additional Coverages	Coverage Information
Debris Removal	\$25,000
Preservation of Property	While it is being moved or while temporarily stored at another location within 30 days of loss.
Fire Department Service Charge	\$2,500
Business Income And Extra Expense	Actual Loss Sustained - Not Exceeding 12 Consecutive Months
Extended Business Income	Time period 60 Days
Pollutant Clean-up And Removal	\$10,000
Civil Authority	Certain actions of a civil authority
Money Orders And "Counterfeit Money"	\$1,000
Forgery Or Alteration	\$2,500
Increased Cost of Construction	\$10,000
Business Income From Dependent Properties	\$5,000
Glass Expense	Reimbursement cost of temporary repairs
Fire Extinguisher Systems Recharge Expense	\$5,000
Electronic Data	\$10,000
Interruption Of Computer Operations	\$10,000
Limited Coverage for "Fungi", Wet Rot or Dry Rot	\$15,000
Coverage Extensions	
Extensions apply to insured Buildings and Business Personal Property	
Newly Acquired Or Constructed Property	\$250,000 at each building, \$100,000 Business Personal Property at each building Up to 30 days Period of Coverage
Personal Property Off-Premises	\$10,000
Outdoor Property	\$2,500 One Tree, Shrub or Plant -\$1,000
Personal Effects	\$2,500
Valuable Papers And Records	\$10,000 On Premise \$5,000 Off Premise
Accounts Receivable	\$10,000 On Premise \$5,000 Off Premise
Business Personal Property Temporarily In Portable Storage Units	\$10,000

Contractors' Installation, Tools and Equipment Coverage			
Item	Limit of Insurance		
Coverage 1 - Contractors' Installation Coverage			
Property At Each Covered Job Site	\$3,000		
Property At All Covered Job Sites Combined	\$9,000		
Property In Transit	\$5,000		
Property At A "Temporary Storage Location"	\$5,000		
Total Premium for Coverage 1			Included
Coverage 2 - Contractor's Tools And Equipment Coverage			
Blanket Limit	\$3,000		
Total Blanket Premium			Included
An "X" displayed to the right indicates the applicable per-item sub-limit	<input checked="" type="checkbox"/> not in excess of \$500 for any one item	<input type="checkbox"/> not in excess of \$2,000 for any one item	
Scheduled Limit (And Description of Property)	Limit	Deductible	Premium
No Scheduled Items	Total Scheduled Property Premium		\$.00
Total Premium for Coverage 2			Included
Coverage 3 - Non-owned Tools And Equipment Coverage		No Coverage	
Total Premium for Coverage 3			
Coverage 4 - Employees' Tools Coverage		No Coverage	
		However, not more than \$100 per tool and not in excess of \$500 for all tools of any one employee	
Total Premium for Coverage 4			
Base Premium Installation Tools and Equipment Coverage			\$102.00
Total Contractors' Installation, Tools and Equipment Coverage Premium			\$102.00



Policy Level Additional Coverages and Endorsements			
Endorsement #	Endorsement Title		
BP 01 14	Vermont Changes - Contamination Or Pollution Exception Aggregate Limit: \$1,000,000		Included
BP 90 08	Equipment Breakdown		Included
Total Policy Level Additional Coverage and Endorsement Premium			\$102.00

Location Coverages							
Location #	1	Address	1384 Vt Rte 30, West Townshend, VT 05359	Property Deductible	\$500	Optional Coverage Deductible	\$500
Building #	1	Building Description	Building #2			Windstorm or Hail % Deductible	0%
				Class #	Valuation Basis	Limits of Insurance	Premium
Buildings Including Appurtenant Structures					Replacement Cost	No Coverage	\$0.00
Business Personal Property				76221	Replacement Cost	\$3,000	\$48.00
Business Income and Extra Expense				Actual Loss Sustained, Not Exceeding 12 Consecutive Months			Included

Liability Coverage		Limit - See Page 1	
Class Code	Class Description	Payroll Rating Basis	Premium
76221	Contractors - Janitorial Residential and Light Commercial Cleaning Services - Office	\$18,400	\$736.00

Total Location Premium			\$784.00
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Loss Payee/Mortgagee Schedule			
Loss Payee/Mortgagee Name and Address	Interest	Location #	Building #

All Forms and Endorsements Applicable to Your Policy	
Endorsement #	Endorsement Title
BP 00 03 07 13	Businessowners Coverage Form
BP 01 14 01 06	Vermont Changes - Contamination Or Pollution Exception
BP 01 34 06 15	Vermont Changes
BP 01 77 07 02	Vermont Changes - Civil Union

Endorsement #	Endorsement Title
BP 04 17 01 10	Employment-Related Practices Exclusion
BP 05 15 12 20	Disclosure Pursuant To Terrorism Risk Insurance Act
BP 05 23 01 15	Cap On Losses From Certified Acts Of Terrorism
BP 05 77 01 06	Fungi Or Bacteria Exclusion (Liability)
BP 07 01 07 13	Contractors Installation Tools And Equipment Coverage
BP 15 04 05 14	Exclusion-Access Or Disclosure Of Confidential Or Personal Information And Data-related Liability With Limited Bodily Injury Exception
BP 15 60 02 21	Cyber Incident Exclusion
BP 90 08 11 14	Equipment Breakdown Coverage
CGIPRIV 03 23	Privacy Policy

Concord General Mutual Insurance Company

MUTUALS--MEMBERSHIP AND VOTING NOTICE. The insured is notified that by virtue of this policy, the policyholder is a member of the Concord General Mutual Insurance Company and is entitled to vote either in person or by proxy at any annual or special meetings of said Company. The Annual Meetings of the Company are held in the State of New Hampshire on the fourth Monday in March, in each year, at 10:00 o'clock A.M. Notice of said Annual Meeting will be given by one publication in any newspaper published in Concord, County of Merrimack, State of New Hampshire, no fewer than ten (10) nor more than sixty (60) days prior to the date of said meeting.



