

**COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS PAGE**

**CERTIFICATE NO.** 994ME100527  
**NAMED INSURED** Brandon Hollow II Townhomes  
 8054 Summa Avenue

**EFFECTIVE DATE:** 09/07/2021

**DESCRIPTION OF PREMISES**

PREMISES NUMBER	BUILDING NUMBER	LOCATION (STREET, CITY, STATE, ZIP)	CONSTRUCTION AND OCCUPANCY
1	1	8029 Summa Avenue Baton Rouge, LA 70809	Frame Condo Association
2	1	8060 Pennth Avenue Baton Rouge, LA 70809	Frame Condo Association
3	1	8119 Summa Avenue Baton Rouge, LA 70809	Frame Condo Association

**SEE SCHEDULE OF PROPERTIES (SOP-02 01/20) FOR ADDITIONAL LOCATIONS**

**COVERAGES PROVIDED**

(Insurance at the described premises applies only for coverages for which a limit of insurance is shown below or on attached Schedule of Properties (SOP-02 01/20))

PREMISES NUMBER	BUILDING NUMBER	COVERAGE	LIMIT OF INSURANCE	COVERED CAUSE OF LOSS	VALUATION	*COINSURANCE	RATES	PREMIUM
1	1	Building	\$459,892	Special	RCV	90%	.473	\$1,080
1	1	Business Income w/ EE	\$6,480	Special		90%	.473	\$15
2	1	Building	\$459,892	Special	RCV	90%	.473	\$1,079
2	1	Business Income w/ EE	\$6,480	Special		90%	.473	\$15
3	1	Building	\$459,892	Special	RCV	90%	.473	\$1,079
3	1	Business Income w/ EE	\$6,480	Special		90%	.473	\$15

\*IF EXTRA EXPENSE COVERAGE, LIMITS OF LOSS PAYMENT

**OPTIONAL COVERAGE**

(Applicable only when entries are made in the schedule below or on attached Schedule of Properties Form SOP-02- 01/20)

PREMISES NUMBER	BUILDING NUMBER	COVERAGE	AGREED	INFLATION GUARD (PERCENTAGE)
-----------------	-----------------	----------	--------	------------------------------

PREMISES NUMBER	BUILDING NUMBER	COVERAGE	**MONTHLY LIMIT OF INDEMNITY (FRACTION)	**MAXIMUM PERIOD OF INDEMNITY (X)	**EXTENDED PERIOD OF INDEMNITY (DAYS)
-----------------	-----------------	----------	---	-----------------------------------	---------------------------------------

\*\*APPLIES TO BUSINESS INCOME ONLY

**DEDUCTIBLE AMOUNTS**

SPECIAL WIND DEDUCTIBLE IF APPLICABLE SEE FORMS

\$5,000 All Other Perils Deductible

**MORTGAGEE (If Applicable)**

See form: SCU-107 (08/2021)

SCU-100 (08/2021)

**SCHEDULE OF PROPERTIES**

PREM BLDG LOCATION ADDRESS  
 4 1 8049 Summa Avenue  
 Baton Rouge, LA 70809

CONSTRUCTION  
 Frame

OCCUPANCY  
 Condo Association

<u>COVERAGE</u>	<u>LIMIT OF INSURANCE</u>	<u>CAUSE OF LOSS</u>	<u>AGREED VALUE*</u>	<u>VAL</u>	<u>CO-INS%</u>	<u>RATES</u>	<u>PREMIUM</u>
Building	\$459,892	Special		RCV	90 %	.473	\$1,079
Business Income w/EE	\$6,480	Special			90 %	.473	\$15
					%		
					%		
					%		

MONTHLY LIMIT OF INDEMNITY \*\*      MAX PERIOD OF INDEMNITY \*\*      EXTENDED PERIOD OF INDEMNITY (DAYS) \*\*

\*AGREED VALUE APPLIES ONLY TO COVERAGES NOTED ON THIS SCHEDULE  
 \*\*APPLIES TO BUSINESS INCOME ONLY

PREM BLDG LOCATION ADDRESS  
 5 1 8069 Summa Avenue  
 Baton Rouge, LA 70809

CONSTRUCTION  
 Frame

OCCUPANCY  
 Condo Association

<u>COVERAGE</u>	<u>LIMIT OF INSURANCE</u>	<u>CAUSE OF LOSS</u>	<u>AGREED VALUE*</u>	<u>VAL</u>	<u>CO-INS%</u>	<u>RATES</u>	<u>PREMIUM</u>
Building	\$459,892	Special		RCV	90 %	.473	\$1,079
Business Income w/EE	\$6,480	Special			90 %	.473	\$15
					%		
					%		
					%		

MONTHLY LIMIT OF INDEMNITY \*\*      MAX PERIOD OF INDEMNITY \*\*      EXTENDED PERIOD OF INDEMNITY (DAYS) \*\*

\*AGREED VALUE APPLIES ONLY TO COVERAGES NOTED ON THIS SCHEDULE  
 \*\*APPLIES TO BUSINESS INCOME ONLY

PREM BLDG LOCATION ADDRESS  
 6 1 8109 Summa Avenue  
 Baton Rouge, LA 70809

CONSTRUCTION  
 Frame

OCCUPANCY  
 Condo Association

<u>COVERAGE</u>	<u>LIMIT OF INSURANCE</u>	<u>CAUSE OF LOSS</u>	<u>AGREED VALUE*</u>	<u>VAL</u>	<u>CO-INS%</u>	<u>RATES</u>	<u>PREMIUM</u>
Building	\$459,892	Special		RCV	90 %	.473	\$1,079
Business Income w/EE	\$6,480	Special			90 %	.473	\$23
					%		
					%		
					%		

MONTHLY LIMIT OF INDEMNITY \*\*      MAX PERIOD OF INDEMNITY \*\*      EXTENDED PERIOD OF INDEMNITY (DAYS) \*\*

\*AGREED VALUE APPLIES ONLY TO COVERAGES NOTED ON THIS SCHEDULE  
 \*\*APPLIES TO BUSINESS INCOME ONLY

PREM BLDG LOCATION ADDRESS

CONSTRUCTION

OCCUPANCY

<u>COVERAGE</u>	<u>LIMIT OF INSURANCE</u>	<u>CAUSE OF LOSS</u>	<u>AGREED VALUE*</u>	<u>VAL</u>	<u>CO-INS%</u>	<u>RATES</u>	<u>PREMIUM</u>
					%		
					%		
					%		
					%		
					%		

MONTHLY LIMIT OF INDEMNITY \*\*      MAX PERIOD OF INDEMNITY \*\*      EXTENDED PERIOD OF INDEMNITY (DAYS) \*\*

\*AGREED VALUE APPLIES ONLY TO COVERAGES NOTED ON THIS SCHEDULE  
 \*\*APPLIES TO BUSINESS INCOME ONLY