

**BusinessMax®
BUSINESSOWNERS POLICY DECLARATION**

Policy Number
Policy Period From 12/01/2023 To 12/01/2024
 12:01 A.M. Standard Time at the Named Insured's Address

Transaction NEW BUSINESS

Customer #:
Named Insured and Address

CRESCENT HEIGHTS APARTMENTS LL

Telephone:
Description of your business

APARTMENT COMPLEX

Form of your business entity

LLC

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

Described Premises:

See attached schedule

Business Description:

See attached schedule

PROPERTY COVERAGE LIMITS OF INSURANCE:

See attached schedule

Buildings

See attached schedule

Business Personal Property

See attached schedule

Deductibles

See attached schedule

Optional Coverages

LIABILITY AND MEDICAL EXPENSES COVERAGE:

This policy contains aggregate limits; Refer to Section II. D. - Liability and Medical Expenses Limits of Insurance for details.

Limits 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	Any One Premises
Other Than Products/Completed Operations	\$ 2,000,000	Aggregate
Products/Completed Operations	\$ 2,000,000	Aggregate

TERRORISM PREMIUM \$ 90.00

TOTAL ADVANCE PREMIUM \$ 22,990.00

Policy is subject to Premium Audit

Audit Period: ANNUAL