

**BUSINESSOWNERS DECLARATION  
BUSINESSOWNERS RENEWAL DECLARATIONS**

10

RENEWAL OF ODF 9204152

Policy Number	Policy Period From To	Coverage is Provided in the	Agency Code
	09/21/2013 09/21/2014	MASSACHUSETTS BAY INSURANCE COMPANY	570108300

**Named Insured and Address**

ANDY SINAY  
DBA A ANDREWS & SONS  
35736 COUNTRY PARK DR  
WILDOMAR, CA 92595

**Agent**

888-516-1346  
HALLMARK INS. ASSOCIATES  
INC.  
2190 N WINERY AVE #101  
FRESNO, CA 93703

**Policy Period: Beginning and Ending at 12:01 a.m. Standard Time at the Location of the Described Premises.**

**Business Type:** INDIVIDUAL.

**Mortgagee/Loss Payable:**

**Business of the Named Insured:**

CONTRACTOR.

In consideration of the premium, insurance is provided the Named Insured with respect to those premises described in the Schedule below and with respect to those coverages and kinds of property for which a specific Limit of Insurance is shown, subject to all of the terms of this policy including forms and endorsements made a part hereof:

**LOCATION SCHEDULE**

**Described Premises:**

NO. 1 35736 COUNTRY PARK DR, WILDOMAR, CA 92595

Property Coverage	Limits of Insurance					
	Loc No 001	Bldg No 001	Loc No	Bldg No	Loc No	Bldg No
Deductible Amt	\$ 500		\$		\$	
Building Amount Valuation	NOT COVERED					
Bus Personal Prop Valuation	\$ 3,441 RC					
Business Income	ACTUAL BUSINESS LOSS SUSTAINED NOT EXCEEDING 12 CONSECUTIVE MONTHS					
Business Income Waiting Period	Excluded / None / 24 hour / 48 hour / 72 hour 72 HOUR					
Coverage	Limits of Insurance					
<b>Liability and Medical Payments:</b> Except for Property Damage Legal Liability, each paid claim for the following coverages reduced the Amount of Insurance we provide during the applicable annual period. Please refer to Paragraph D.4. of Section II-Liability of the Businessowners Coverage form.						
Business Liability	\$ 1,000,000	Per Occurrence	\$ 2,000,000	Aggregate		
Medical Expenses	\$ 5,000	Each Person				
Property Damage Legal Liability	\$ 300,000	Any one Fire, Explosion, Lightning, Smoke or Leakage				

Form 391-1002 (6-05)

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Date Issued: 07/18/2013

ORIGINAL/INSURED

Payment Type: ELECTRONIC EXCHANGE

**GROUP NAME: JANITORS AND CARPET CLEANERS**

**GROUP NUMBER: ZJX**