COMMERCIAL INLAND MARINE DECLARATIONS

# INSURING AGREEMENT

## Named Insured and Mailing Address:

Brandt Test

64 Half Moon Bend,

Unit 101

Corronado,

CA

92108

CEBRP-24-1114455-00

|  |  |
| --- | --- |
| **Producer Code:** |  |

|  |  |
| --- | --- |
| **Policy Number:** |  |

|  |  |
| --- | --- |
| **Producer:** |  |

|  |  |
| --- | --- |
| **Effective Date:** | 2024-06-05 - 2025-06-05 |

Royal Agency

Issued by the insurance companies indicated below, herein called the Company: PALOMAR EXCESS & SURPLUS INSURANCE COMPANY (A X EXCELLENT)

## Policy Period

Insurance is issued by the Company in consideration of payment of the required premium.

This policy is issued for the period 12:01 AM standard time at the Named Insured's mailing address shown above:

|  |  |
| --- | --- |
| **To:** | 2025-06-05 |

|  |  |
| --- | --- |
| **From:** | 2024-06-05 |

This Insuring Agreement together with the Premium Summary, Forms and Endorsements List, Declarations, Policy Forms, and Endorsements comprise this policy. Insurance is provided at those locations and for those coverages and Limits of Insurance shown in the Declarations and most recent Statement of Values. Endorsements may contain separate deductibles and limits or sub-limits of insurance.

Certain words and phrases in this policy have specific meaning. The meaning of such words and phrases are found in the Definitions. Definitions that apply to individual forms or endorsements will be noted in those forms and endorsements. These definitions apply to the entire policy and any endorsements to it. Titles of the various paragraphs of this policy and of endorsements attached to the policy are inserted solely for convenience or reference and shall not be deemed in any way to limit or affect provisions to which they relate.

You are presumed to have actually read this policy and understood its terms, whether this is the first policy year or a renewal of a prior policy. Please review the entire policy immediately and contact us or your agent or broker with any questions you may have.

# PREMIUM SUMMARY

**Premium Payment**

The first Named Insured shown in the declarations is responsible for the payment of all premiums and will be the payee for any return premiums we pay.

In return for the payment of the premium and subject to all the terms and conditions of the policy, we agree with you to provide the insurance as stated in the policy. The premium is due and payable at inception.

COMMERCIAL INLAND MARINE COVERAGE PREMIUM

## Builders' Risk

$5,000.00

$100,000.00

Policy Premium

Terrorism

**$105,000.00**

**Total Premium**

$50.00

Inspection Fee Policy Fee

**$105,100.00**

$50.00

**Total Payable**

# FORMS AND ENDORSEMENTS

|  |  |
| --- | --- |
| **Named Insured:** Brandt Test |  |

|  |  |
| --- | --- |
| **Policy Number:** CEBRP-24-1114455-00 |  |

|  |  |
| --- | --- |
| **Effective Date:** 2024-06-05 to2025-06-05 |  |

The following policy forms and endorsements have been attached to and made part of the policy.

|  |
| --- |
| FORM NUMBER AND FORM NAME |
|  |

# BUILDERS' RISK COVERAGE FORM DECLARATIONS

1. **DESCRIPTION OF PROJECT**

This project is to build a new stadium for the Los Angeles Angels

**Project Address:**

2000 E Gene Autry Way, Anaheim, CA 92806

1. **DEDUCTIBLES**

DEDUCTIBLE TYPE DEDUCTIBLE AMOUNT

|  |
| --- |
| None  All Other Perils $  Windstorm % with Minimum Deductible: $  Named Storm % with Minimum Deductible: $  Flood % with Minimum Deductible: $  Theft $  Existing Structure $   1. **OTHER**   New Work Valuation: Replacement Cost  Existing Structure Valuation: Actual Cash Value  Minimum Premium: 3%  Billing: Agency Bill – Full Pay  Agent is responsible for collecting and reporting surplus lines taxes and fees.   1. **ADDITIONAL NAMED INSUREDS**   1. Test Insured  1. Second Test Insured   1. **LOSS PAYEE/MORTGAGEES**   1. First Loss Payee, Loan Number: 123456  1. Second Loss Payee, Loan Number: 321654   1. **SPECIAL PROVISIONS**   • Special Provision: JohnWayne Provisions  • Special Provision: Arte Moreno Provisions |