



P. O. Box 142057, Coral Gables, FL 33114-2057

For Policy Customer Service – 1-800-262-1780
For Claims Customer Service – 1-877-505-3040

**<SUBPROGRAM TYPE> WIND ONLY POLICY
COMMERCIAL <PROGRAM> DECLARATION PAGE**

Policy Number: <INSURED'S COPY> **Policy Period** **From** **To**
at 12:01 AM Standard Time at the Insured Location.

Transaction:

PAY PLAN: **DEDUCTIBLE TYPE:** <Occurrence>

Named Insured and Mailing Address **Agency** **Agency #**

Telephone:

Business Description
<Program Name>

IN RETURN FOR THE 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. THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENTS.

Flood coverage is not provided by WESTON INSURANCE and is not a part of this policy.

Commercial Property Coverage	Limit of Insurance	BASE PREMIUM
		<\$ >
<Building>		
<Contents>		
<Special Class>		
<Excess Limits: >		<\$ >
<Primary Limits: >		<\$.....>
		\$
	TOTAL	

A 4% (FOUR PERCENT) SERVICE CHARGE WILL APPLY FOR INSTALLMENTS DUE SEMI-ANNUALLY OR QUARTERLY.

Forms and Endorsements Applicable to this Policy

Refer to attached Forms and Endorsements Schedule.

These declarations together with the common policy conditions, coverage part declarations, coverage part coverage form(s) and endorsements, if any, issued to form a part thereof, complete the above numbered policy.

COUNTERSIGNED: <XX/XX/XXXX>
Producing Agency: <Agency Name>
Agency #: <#####>

BY Michael C. Lyons
President, Weston Insurance Company

Issued Date: xx/xx/xxxx

**<SUBPROGRAM TYPE> WIND ONLY POLICY
 COMMERCIAL <PROGRAM> DECLARATION PAGE**

Policy Number:
 <INSURED'S COPY>
 Named Insured:

Effective Date: _____ to _____

X If Supplemental
 Declarations Are Attached

BUSINESS DESCRIPTION						
<Program Name>						
DESCRIPTION OF PREMISES						
Prem. No.	Item No.	Location, Construction and Occupancy	BCEGS Grade	Number of Stories	TERR	
<WINDSTORM MITIGATION FEATURES>						
Terrain	YOC/Verified	Roof Cover	Roof Deck	Roof – Wall	CSP Code	
BLDG Type	Roof Shape	Opening PROT	Windstorm PROT	Secondary Water Resistance		
<* A premium adjustment of \$_____ is included to reflect the building's wind loss mitigation features or construction techniques that exist.>						
COVERAGES PROVIDED Insurance At The Described Premises Applies Only For Coverages For Which A Limit Of Insurance Is Shown						
ITEM DESCRIPTION:						
Prem. No.	Item No.	Limit of Insurance	<Total Value (For Information Only)>	Deductible Hurr/Non-Hurr	% of Coinsurance	Base Premium
<Note: % of Deductible is Calculated on Total Value>						
MORTGAGE HOLDER(S) & OTHER POLICY INTEREST(S) – Refer to Policy Interest Schedule, if any.						
Optional Coverages						
Prem. No.	Item No.	Coverage(s)	Limit of Insurance	Base Premium		

These Declarations are part of the Policy Declarations containing the name of the Insured and the Policy Period.

Issued Date: xx/xx/xxxx

**<SUBPROGRAM TYPE> WIND ONLY POLICY
 COMMERCIAL <PROGRAM> SUPPLEMENTAL DECLARATION PAGE**

Policy Number:
 <INSURED'S COPY>
 Named Insured:

Effective Date: _____ to _____

"X" If Supplemental
 Declarations Are Attached

BUSINESS DESCRIPTION							
<Program Name>							
DESCRIPTION OF PREMISES							
Prem. No.	Item No.	Location, Construction and Occupancy			BCEGS Grade	Number of Stories	TERR
WINDSTORM MITIGATION FEATURES							
Terrain	YOC/Verified	Roof Cover	Roof Deck	Roof – Wall	CSP Code		
BLDG Type	Roof Shape	Opening PROT	Windstorm PROT	Secondary Water Resistance			
* A premium adjustment of \$_____ is included to reflect the building's wind loss mitigation features or construction techniques that exist.							
COVERAGES PROVIDED		Insurance At The Described Premises Applies Only For Coverages For Which A Limit Of Insurance Is Shown					
ITEM DESCRIPTION:							
Prem. No.	Item No.	Limit of Insurance	<Total Value> (For Information Only)>	Deductible Hurr/Non-Hurr	% of Coinsurance	Base Premium	
<Note: % of Deductible is Calculated on Total Value>							
MORTGAGE HOLDER(S) & OTHER POLICY INTEREST(S) – Refer to Policy Interest Schedule, if any.							
Optional Coverage(s)							
Prem. No.	Item No.	Coverage(s)		Limit of Insurance	Base Premium		

These Declarations are part of the Policy Declarations containing the name of the Insured and the Policy Period.

Issued Date: xx/xx/xxxx

**<SUBPROGRAM TYPE> WIND ONLY POLICY
COMMERCIAL <PROGRAM> DECLARATION PAGE**

Policy Number:
<INSURED'S COPY>

Effective Date: _____ **to** _____

THIS IS YOUR POLICY DECLARATION PAGE.

<You may reduce your policy premium, if any premium credits for shutters, main structure features and other mitigation (loss prevention) devices are applicable for your structure. Contact your agent to request information that might allow for you to receive these discounts.>

This policy does not protect you against loss due to flood. Flood insurance is available through the Federal Government. Contact your insurance agent or broker to apply for coverage.

The deductibles shown in your policy declaration page(s) are the deductibles that will apply as described in your policy in event of a covered loss. If you fail to select a deductible at the time of your application submission, or if this is a renewal with us, we may have selected the deductibles shown on your declaration page(s). Other deductibles may be available. Please contact your insurance agent or broker for additional information.

Issued Date: xx/xx/xxxx

**<SUBPROGRAM TYPE> WIND ONLY POLICY
COMMERCIAL <PROGRAM> DECLARATION PAGE
POLICY INTEREST SCHEDULE**

Interest Type	Premise	Location	Name	Name (Continued)	Street Address	City	State	Zip Code	Loan # / Reference #

Issued Date: xx/xx/xxxx

**<SUBPROGRAM TYPE> WIND ONLY POLICY
COMMERCIAL <PROGRAM> DECLARATION PAGE
FORMS AND ENDORSEMENTS SCHEDULE**

Policy Number:
<INSURED'S COPY>

Named Insured:

Coverage Line	Form Nbr.	Ed. Date	Description
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Issued Date: xx/xx/xxxx