



BANKERS INSURANCE COMPANY
 PO BOX 33060
 ST. PETERSBURG, FL 33733-8060
 800-627-0000

BBOP99.001 0916 0411
 000717062
 3/06/17

5000 00000 BBOP MAIN AMENDED QUOTE

**BUSINESSOWNERS POLICY
 COMMON POLICY DECLARATIONS**

Page 1 of 5
 Date of Issue
 3/06/17

Policy Number
17 0004917800 9 06

Policy Period	Term	Inception Date	Agent	Agent's Phone
From: 4/24/17 To: 4/24/18 12:01 Standard Time	12 mos	4/24/11 12:01 AM	00-0083722	(985)892-3101

Insured

DAMMON ENGINEERING INC
 554 OLD SPANISH TRL
 SLIDELL LA 70458-4054

DAMMON MAXINE
 34487 TORREGANO RD
 SLIDELL LA 70460-2943

FORM OF BUSINESS:

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

Policy Limits (Coverage provided only where limits are indicated)

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM IS SUBJECT TO ADJUSTMENT.

COVERAGE SECTIONS

BUSINESSOWNERS PROPERTY COVERAGES	\$480.00
BUSINESSOWNERS LIABILITY COVERAGES	\$260.00
TERRORISM PREMIUM	\$.00
ANNUAL PREMIUM SUBTOTAL	\$740.00
INSPECTION FEE	\$55.00
2005 LA FAIR PLAN EMERGENCY ASSESSMENT	\$13.00
TOTAL FEES	\$68.00
TOTAL ANNUAL PREMIUM	\$808.00

This document forms a part of, completes, and executes the referenced policy. The declarations or information pages, together with the common policy conditions, coverage parts, forms and endorsements, if any, issued to form a part thereof, completes the policy. In witness thereof, the Company attests these documents as the entire contract of insurance; and executes same on behalf of the company.

This policy shall not be valid unless also countersigned by the duly authorized Agent of this company at the agency hereinbefore mentioned, if required by state law.

Deborah S Brcka

Countersigned by Authorized Representative

3/06/17

Date



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