

# ALFA MUTUAL INSURANCE COMPANY

## POLICY DECLARATIONS

Insured's Name and Mailing Address

G D BUSRE INC  
[REDACTED]

Policy

No. SC 065414

Customer

No. 0501975

POLICY PERIOD FROM: (Mo. Day Yr.) (12:01 AM Standard Time at your mailing address)

04/10/2024

POLICY PERIOD TO: (Mo. Day Yr.) (12:01 AM Standard Time at your mailing address)

04/10/2025

AGENT NAME/NUMBER:

ALLEN WALSTON

0104/027

Form of Business

☐ Individual

☐ Partnership

☒ Corporation

☐ Joint Venture

☐ Other

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 ADJUSTMENT.**

Coverage	Premium	
Property Coverage Part	\$	1,202
Liability Coverage Part	\$	
Automobile Coverage Part	\$	
Inland Marine Coverage Part	\$	
Crime Coverage Part	\$	
<b>TOTAL ADVANCE PREMIUM</b>	<b>\$</b>	<b>1,202</b>

**FORMS APPLICABLE to all coverage parts: SEE ATTACHED SCHEDULE**

DATE

04/23/2024

## ALFA MUTUAL INSURANCE COMPANY

## COMMERCIAL PROPERTY COVERAGE PART

## SUPPLEMENTAL DECLARATIONS

Policy Number: SC 065414

Named Insured: G D BUSRE INC

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## DESCRIPTION OF PREMISES - ADDRESSES

Premis.

No. Street

01 1808 S MAIN ST

City

ATMORE

St Zip

AL 36502

## DESCRIPTION OF PREMISES - OCCUPANCY AND CONSTRUCTION

Premis. Bldg.

No. No.

Occupancy

Construction

Protection

01

01

CONTRACTORS-NOC

NON-COMBUSTIBLE

04

## COVERAGES PROVIDED

Premis. Bldg.

No. No.

Coverage

Limit of  
InsuranceCovered Causes  
of Loss

Coins

Ded

Premium

01

01

BUILDING

176,000

SPECIAL

80%

1,000

1,202

## OPTIONAL COVERAGES:

Premis. Bldg.

No. No.

Coverage

Agreed Value  
Exp Date AmountReplacement Cost  
Incl StockInflation  
Guard

## OPTIONAL COVERAGES:

Premis. Bldg.

No. No.

Extra  
Expense %Mo. Limit of  
IndemnityAPPLIES TO BUSINESS INCOME ONLY  
Max. Limit of Extended Period  
Indemnity (Days)

MORTGAGE HOLDERS - NONE

FORMS AND ENDORSEMENTS - See Schedule Attached

DATE - 04/23/2024 PTN RENEWAL

ALFA MUTUAL INSURANCE COMPANY  
LOCATIONS SCHEDULE

POLICY # SC 065414

AGENT: ALLEN WALSTON  
# 0104/027

Premis Bldg  
No. No.

Street

City

County

St Zip

001 001 1808 S MAIN ST

ATMORE

AL 36502