



MANUFACTURERS AND CONTRACTORS LIABILITY SCHEDULE

This endorsement forms a part of the policy identified below:

Policy No. _____

Named **Insured** _____

SCHEDULE

GENERAL LIABILITY HAZARDS

DESCRIPTION OF HAZARDS	CODE NO.	PREMIUM BASIS	RATE	PROVISIONAL PREMIUM
			<i>Bodily Injury and Property Damage</i>	<i>Bodily Injury and Property Damage</i>
Premises—Operations		Area (sq. ft.)	Per 100 sq. ft. of Area	
		Frontage	Per linear ft.	
		Remuneration	Per \$100 of Remuneration	

Independent Contractors	Cost	Per \$100 of Cost
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Total Provisional Premium	\$
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Location of all premises owned by, rented to or controlled
by the named **insured** (Enter "SAME" if same as on declarations page)

Interest of named insured in such premises	"OWNER", "GENERAL LESSEE" OR "TENANT"
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Part occupied by named **insured**

The foregoing discloses all hazards insured hereunder known to exist at the effective date of this policy unless otherwise stated.