



PREFERRED BUSINESSOWNERS COVERAGE SUPPLEMENTAL DECLARATIONS

This Supplemental Declarations forms a part of *your* Businessowners policy.

Listed below are the forms and other information related to *your* policy. For descriptions of coverage, limitations and exclusions refer to the General Policy Provisions, Causes of Loss form(s), General Liability Coverage and all other endorsements that form a part of *your* policy.

Replacement cost policies must include an applicable replacement cost endorsement.

- Actual Cash Value: Coverage A-Building Replacement Cost: Coverage A-Building
 Actual Cash Value: Coverage B-*Business* Property Replacement Cost: Coverage B-*Business* Property

SF-311P MANDATORY COVERAGES

INCLUDED COVERAGES	INCLUDED	ADDITIONAL	TOTAL
Accounts Receivable	\$10,000	\$ _____	\$ _____
<i>Additional Expense</i>	\$10,000	\$ _____	\$ _____
Building Inflation Protection	1%	_____ %	_____ %
Building Ordinance Or Law	\$10,000	\$ _____	\$ _____
Debris Removal	Refer to SF-311P		
<i>Employee Dishonesty</i>	\$10,000	\$ _____	\$ _____
Exterior Signs	\$2,500	\$ _____	\$ _____
<i>Loss Of Income</i>	12 Months	_____ Months	_____ Months
<i>Loss Of Income From Dependent Property</i>	\$5,000	\$ _____	\$ _____
<i>Money And Securities</i>	\$10,000 On the <i>insured premises</i>	\$ _____	\$ _____
	\$2,500 Off the <i>insured premises</i>	\$ _____	\$ _____
Newly Acquired Or Constructed Property	\$250,000 Building	\$ _____	\$ _____
	\$100,000 <i>Business</i> property	\$ _____	\$ _____
Personal Articles	\$5,000	\$ _____	\$ _____
<i>Pollutant Cleanup And Removal</i>	\$10,000	\$ _____	\$ _____
<i>Refrigerated Property</i>	\$5,000	\$ _____	\$ _____

INCLUDED COVERAGES	INCLUDED	ADDITIONAL	TOTAL
Seasonal Variation	25% increase	_____ %	_____ %
	Three-month period from _____ to _____		
	Additional period (optional) from _____ to _____		
<i>Sprinkler Leakage</i>	Refer to SF-311P		
Transportation	\$5,000 <i>Business</i> property \$1,000 Tools and equipment	\$ _____	\$ _____
Valuable Papers And Records	\$5,000	\$ _____	\$ _____
While Away From The <i>Insured Premises</i>	15%, up to \$15,000	\$ _____	
Coverage M-Medical Payments	\$5,000 Per person \$25,000 Per accident		\$ _____ \$ _____
Coverage O-Fire Legal Liability	\$100,000	\$ _____	\$ _____
Coverage P- <i>Personal And Advertising Injury</i> Liability	Refer to SF-311P		