



STANDARD 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-311S MANDATORY COVERAGES

INCLUDED COVERAGES	INCLUDED	ADDITIONAL	TOTAL
<i>Additional Expense</i>	\$1,000	\$ _____	\$ _____
Debris Removal	Refer to SF-311S		
<i>Loss Of Income</i>	3 Months	_____ Months	_____ Months
Coverage M-Medical Payments	\$500 Per person		\$ _____
	\$10,000 Per accident		\$ _____
Coverage O-Fire Legal Liability	\$50,000	\$ _____	\$ _____

SF-311S OPTIONAL COVERAGES

Coverage included only if information provided below.

- Accounts Receivable (SF-313) \$ _____
Building Inflation Protection (SF-314) _____ %
Building Ordinance Or Law (SF-315) \$ _____
Employee Dishonesty (SF-316) \$ _____
Exterior Signs (SF-317) \$ _____
Loss Of Income From Dependent Property (SF-318) \$ _____

