



## HOME OFFICE SUPPLEMENTAL DECLARATIONS

This Supplemental Declarations forms a part of *your* Home Office 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.

---

### SF-611 COVERAGES

INCLUDED COVERAGES	INCLUDED	ADDITIONAL	TOTAL
Accounts Receivable	\$1,000	\$ _____	\$ _____
<i>Business</i> Credit Card, Debit Card, Forgery And Counterfeit <i>Money</i>	\$500 Per occurrence \$1,000 Per policy period	\$ _____ \$ _____	\$ _____ \$ _____
<i>Business</i> Property Of Others And Customer Goods	\$1,000	\$ _____	\$ _____
Computer Information Systems Coverage	\$1,000	\$ _____	\$ _____
Debris Removal	Refer to SF-611		
<i>Loss Of Income</i>	\$5,000	\$ _____	\$ _____
<i>Money</i> And <i>Securities</i>	\$1,000 On the <i>insured premises</i> \$1,000 Off the <i>insured premises</i>	\$ _____ \$ _____	\$ _____ \$ _____
Valuable Papers And Records	\$1,000	\$ _____	\$ _____
While Away From The <i>Insured Premises</i>	5%, up to \$2,500	\$ _____	
Coverage M-Medical Payments	\$1,000 Per person \$25,000 Per accident		\$ _____ \$ _____
<i>Coverage P-Personal And Advertising Injury</i> Liability	Refer to SF-611		