



### SUPPLEMENTAL DECLARATIONS

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

Listed below are the forms and other information related to *your* policy. For descriptions of coverage, limitations and exclusions refer to the named Forms, Declarations, General Policy Provisions, General Liability Coverage and all other Forms that are a part of *your* policy.

Policy No. \_\_\_\_\_.

*Named Insured* \_\_\_\_\_.

BUSINESSOWNERS PLAN                     STANDARD                     DELUXE

Actual Cash Value Building                     Replacement Cost (SF-27) Building

Actual Cash Value *Business* Property                     Replacement Cost (SF-27) *Business* Property

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**IF DELUXE PLAN HAS "X" IN BOX ABOVE, THEN ALL FORM SF-311 COVERAGES APPLY TO THIS POLICY. THE 90 DAY PERIOD FOR SEASONAL VARIATION COVERAGE MUST BE SHOWN BELOW.**

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**STANDARD PLAN**

**Coverage ONLY APPLIES**  
**when an "X" is shown**  
**in the box below**

**FORM SF-311**  
**REQUIRED INFORMATION**

- ADDITIONAL EXPENSE  
\$ \_\_\_\_\_ amount of additional coverage above \$1000.
- LOSS OF INCOME  
actual loss of income for \_\_\_\_\_ additional months.
- ACCOUNTS RECEIVABLE  
\$ \_\_\_\_\_ amount of additional coverage above \$1000.
- BUILDING INFLATION PROTECTION  
1% of increase each 3 months or \_\_\_\_\_ % of increase each 3 months
- EMPLOYEE DISHONESTY COVERAGE  
\$ \_\_\_\_\_ amount of additional coverage above \$1000.
- EXTERIOR SIGNS  
\$ \_\_\_\_\_ amount of additional coverage above \$1000.
- FIRE LEGAL LIABILITY  
\$ \_\_\_\_\_ amount of additional coverage above \$50,000.
- MONEY AND SECURITIES  
\$ \_\_\_\_\_ amount of additional coverage above \$1000.
- WHILE AWAY FROM THE *INSURED PREMISES*  
\_\_\_\_\_ % of additional coverage above 15%.
- PERSONAL INJURY**
- SEASONAL VARIATION  
Designate 90 day period - From \_\_\_\_\_ To \_\_\_\_\_  
Additional 30 day period - From \_\_\_\_\_ To \_\_\_\_\_  
25% increase raised to \_\_\_\_\_%
- SPRINKLER LEAKAGE
- VALUABLE PAPERS AND RECORDS  
\$ \_\_\_\_\_ amount of additional coverage above \$1000.

\*\*\*\*\* **END OF FORM SF-311 COVERAGES** \*\*\*\*\*

The following optional coverages shown below form a part of *your* policy.

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