



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

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.

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
50% limit raised to _____%
- 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.

-
-
-