



STANDARD PLAN 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 _____.

Actual Cash Value-Building

Replacement Cost (SF-27)-Building

Actual Cash Value-*Business* Property

Replacement Cost (SF-27)-*Business* Property

FORM SF-311 REQUIRED INFORMATION

Included Coverages:	Included	Additional	Total
Additional Expense	\$1,000	_____	_____
Fire Legal Liability	\$50,000	_____	_____
Loss of Income	3 Months actual loss of income	_____Months	_____Months

Optional Coverages: Coverage only applies when an "X" is shown in the box below.

Accounts Receivable \$ _____ amount of coverage.

Building Inflation Protection _____ % for each 3 months

Employee Dishonesty Coverage \$ _____ amount of coverage.

Exterior Signs \$ _____ amount of coverage.

Money And Securities \$ _____ amount of coverage.

Personal Injury.

Seasonal Variation Designate 90 day period - From _____ To _____
Additional 30 day period - From _____ To _____
25% increase raised to _____%

Sprinkler Leakage 50% plus _____% additional Business Property Limit.

Valuable Papers And Records \$ _____ amount of coverage.

While Away From The *Insured Premises* _____ % of coverage.

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

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

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