



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 complete descriptions of coverage, limitations and exclusions refer to the named Forms, Declarations, General Policy Provisions, General Liability Coverage or any other Form that is part of *your* policy.

Policy No. _____

Named Insured _____

	Standard Amount	Total of Insurance
Accounts Receivable	\$1,000	\$ _____
Business Credit Card, Forgery And Counterfeit Money	\$1,000	\$ _____
Business Property	\$1,000	\$ _____
Debris Removal	\$1,000	\$ _____
Employee Dishonesty	\$1,000	\$ _____
Money And Securities	\$1,000	\$ _____
Property Of Others	\$1,000	\$ _____
Tools & Equipment Off Premises	\$1,000	\$ _____
Valuable Papers & Records	\$1,000	\$ _____
While Away From The Insured Premises	\$1,000	\$ _____
Premises Medical Payments	\$1,000/25,000	\$ _____
Manufacturers' & Contractors' Liability Coverage	\$25,000 S.L.	\$ _____

(Total of Insurance includes Standard Amount, when applicable)

The Following Coverages, When Marked By An "X", Form A Part Of Your Policy.

	Form Number	Total of Insurance
<input type="checkbox"/> Builders' Risk	Form _____	\$ _____
<input type="checkbox"/> Computer Coverage	Form _____	\$ _____
<input type="checkbox"/> Contractors' Equipment	Form _____	\$ _____
<input type="checkbox"/> Equipment Rental Reimbursement	(MR-74)	\$ _____
<input type="checkbox"/> Installation Floaters	Form _____	\$ _____
<input type="checkbox"/> Repairmen's Floater	(MR-73)	\$ _____
<input type="checkbox"/> Tools & Equipment Floaters	Form _____	\$ _____
<input type="checkbox"/> Other Property Forms	Form _____	\$ _____
<input type="checkbox"/>	_____	\$ _____
<input type="checkbox"/>	_____	\$ _____
<input type="checkbox"/>	_____	\$ _____
<input type="checkbox"/> Other Liability Forms	Form _____	\$ _____
<input type="checkbox"/>	_____	\$ _____
<input type="checkbox"/>	_____	\$ _____
<input type="checkbox"/>	_____	\$ _____