



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 _____

	Additional Amount	Total of Insurance (If Increased)
Additional Golf Course Property (\$1,000)	\$ _____	\$ _____
Business Property (\$1,000)	\$ _____	\$ _____
Debris Removal (\$1,000)	\$ _____	\$ _____
Exterior Signs (\$1,000)	\$ _____	\$ _____
Extra Expense (\$1,000)	\$ _____	\$ _____
Golf Carts Owned by Members/Others (\$1,000)	\$ _____	\$ _____
Loss of Earnings (\$1,000)	\$ _____	\$ _____
Property of Others (\$1,000)	\$ _____	\$ _____
Tees, Fairways and Greens (\$1,000)	\$ _____	\$ _____
While Away From the Insured Premises (\$1,000)	\$ _____	\$ _____
Medical Payments (\$1,000/25,000)	\$ _____	\$ _____
Premises and Operations liability (\$25,000 CSL); Other: _____	\$ _____	\$ _____

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

Insurance	Form Number	Total	of
<input type="checkbox"/> Builders Risk Forms	Form _____	\$ _____	
<input type="checkbox"/> Computer Floaters	Form _____	\$ _____	
<input type="checkbox"/> Contractors' Equipment Floaters	Form _____	\$ _____	
<input type="checkbox"/> Installations Floaters	Form _____	\$ _____	
<input type="checkbox"/> Miscellaneous Property Floaters	Form _____	\$ _____	
<input type="checkbox"/> Sports Equipment Floater	Form _____	\$ _____	
<input type="checkbox"/> Transit 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"/>	_____	\$ _____	