



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)
Accounts Receivable (\$1,000)	\$ _____	\$ _____
Business Credit Card, Forgery And Counterfeit Money (\$1,000)	\$ _____	\$ _____
Business Property (\$1,000)	\$ _____	\$ _____
Business Property of Others (\$1,000)	\$ _____	\$ _____
Computer Coverage (\$1,000)	\$ _____	\$ _____
Debris Removal (\$1,000)	\$ _____	\$ _____
Loss of Earnings (\$1,000)	\$ _____	\$ _____
Money And Securities (\$1,000)	\$ _____	\$ _____
Valuable Papers and Records (\$1,000)	\$ _____	\$ _____
While Away From the Insured Premises (\$1,000)	\$ _____	\$ _____
Medical Payments (\$1,000/25,000)	\$ _____	\$ _____
Manufacturers' & Contractors' liability (\$25,000 CSL); Other: _____	\$ _____	\$ _____

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

	Form Number	Total of Insurance
<input type="checkbox"/> Combination Crime Endorsement	Form _____	\$ _____
<input type="checkbox"/> Computer Floaters	Form _____	\$ _____
<input type="checkbox"/> Exhibition Floaters	Form _____	\$ _____
<input type="checkbox"/> Extra Expense Coverage	(SF-44)	\$ _____
<input type="checkbox"/> Miscellaneous Property Floaters	Form _____	\$ _____
<input type="checkbox"/> Sign Floater	(MR-89)	\$ _____
<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"/>	_____	\$ _____