



## 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

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**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.**

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### STANDARD PLAN

**Coverage ONLY APPLIES**  
**when an "X" is shown**  
**in the box below**

### FORM SF-311

### REQUIRED INFORMATION

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | ADDITIONAL EXPENSE<br>\$ _____ amount of additional coverage above \$1000.  |
| <input type="checkbox"/> | LOSS OF INCOME<br>actual loss of income for _____ additional months.  |
| <input type="checkbox"/> | ACCOUNTS RECEIVABLE<br>\$ _____ amount of additional coverage above \$1000.   |
| <input type="checkbox"/> | BUILDING INFLATION PROTECTION<br>1% of increase each 3 months or _____ % of increase each 3 months  |
| <input type="checkbox"/> | EMPLOYEE DISHONESTY COVERAGE<br>\$ _____ amount of additional coverage above \$1000.  |
| <input type="checkbox"/> | EXTERIOR SIGNS<br>\$ _____ amount of additional coverage above \$1000.  |
| <input type="checkbox"/> | FIRE LEGAL LIABILITY<br>\$ _____ amount of additional coverage above \$50,000.  |
| <input type="checkbox"/> | MONEY AND SECURITIES<br>\$ _____ amount of additional coverage above \$1000.  |
| <input type="checkbox"/> | WHILE AWAY FROM THE <b>INSURED PREMISES</b><br>_____ % of additional coverage above 15%.  |
| <input type="checkbox"/> | <b>PERSONAL INJURY</b>  |
| <input type="checkbox"/> | SEASONAL VARIATION<br>Designate 90 day period - From _____ To _____<br>Additional 30 day period - From _____ To _____<br>25% increase raised to _____ % |
| <input type="checkbox"/> | SPRINKLER LEAKAGE<br>50% limit raised to _____ %  |
| <input type="checkbox"/> | VALUABLE PAPERS AND RECORDS<br>\$ _____ amount of additional coverage above \$1000.   |

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

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

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