



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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