



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)	\$ _____	\$ _____
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)	\$ _____	\$ _____
Medical Payments (\$1,000/25,000)	\$ _____	\$ _____
M&C Liability (\$25,000 CSL); Other: LS- _____	\$ _____	\$ _____

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"/>	_____	\$ _____