DELUXE 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

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ALL FORM SF-311 COVERAGES APPLY TO THIS POLICY.

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FORM SF-311
REQUIRED INFORMATION

Included Coverages	**Included**	**Additional**	**Total**
Accounts Receivable	$1000.	$_____	$_____
Additional Expense	$1000.	$_____	$_____
Building Inflation Protection	1% of increase each 3 Months	_____%	_____%
Employee Dishonesty Coverage	$1000.	$_____	$_____
Exterior Signs	$1000.	$_____	$_____
Fire Legal Liability	$50,000.	$_____	$_____
Loss Of Income	6 Months actual loss of income	_____ Months	_____ Months
Money And Securities	$1000.	$_____	$_____
Valuable Papers And Records	$1000.	$_____	$_____
While Away From The ***Insured Premises***	15%	_____%	_____%

THE 90 DAY PERIOD FOR SEASONAL VARIATION COVERAGE MUST BE SHOWN BELOW.

Seasonal Variation
Designate 90 day period - From _____ To _____
Additional 30 day period - From _____ To _____
25% increase raised to _____%

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

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

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