PREFERRED BUSINESSOWNERS COVERAGE SUPPLEMENTAL DECLARATIONS

This Supplemental Declarations forms a part of ***your*** Businessowners policy.

Listed below are the forms and other information related to ***your*** policy. For descriptions of coverage, limitations and exclusions refer to the General Policy Provisions, Causes of Loss form(s), General Liability Coverage and all other endorsements that form a part of ***your*** policy.

Replacement cost policies must include an applicable replacement cost endorsement.

☐ Actual Cash Value: Coverage A-Building
☐ Actual Cash Value: Coverage B-***Business*** Property
☐ Replacement Cost: Coverage A-Building
☐ Replacement Cost: Coverage B-***Business*** Property

SF-311P MANDATORY COVERAGES

INCLUDED COVERAGES	INCLUDED	ADDITIONAL	TOTAL
Accounts Receivable	$10,000	$_____	$_____
Additional Expense	$10,000	$_____	$_____
Building Inflation Protection	1%	_____%	_____%
Building Ordinance Or Law	$10,000	$_____	$_____
Debris Removal	Refer to SF-311P		
Employee Dishonesty	$10,000	$_____	$_____
Exterior Signs	$2,500	$_____	$_____
Loss Of Income	12 Months	_____Months	_____Months
Loss Of Income From ***Dependent Property***	$5,000	$_____	$_____
Money And ***Securities***	$10,000 On the ***insured premises***	$_____	$_____
	$2,500 Off the ***insured premises***	$_____	$_____
Newly Acquired Or Constructed Property	$250,000 Building	$_____	$_____
	$100,000 ***Business*** property	$_____	$_____
Personal Articles	$5,000	$_____	$_____
Pollutant Cleanup And Removal	$10,000	$_____	$_____
Refrigerated Property	$5,000	$_____	$_____

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INCLUDED COVERAGES	INCLUDED	ADDITIONAL	TOTAL
Seasonal Variation	25% increase	_____%	_____%
	Three-month period from _____ to _____		
	Additional period (optional) from _____ to _____		
Sprinkler Leakage	Refer to SF-311P		
Transportation	$5,000 ***Business*** property $1,000 Tools and equipment	$_____	$_____
Valuable Papers And Records	$5,000	$_____	$_____
While Away From The ***Insured Premises***	15%, up to $15,000	$_____	
Coverage M-Medical Payments	$5,000 Per person $25,000 Per accident		$_____ $_____
Coverage O-Fire Legal Liability	$100,000	$_____	$_____
Coverage P- ***Personal And Advertising Injury*** Liability	Refer to SF-311P		

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