HOME OFFICE
SUPPLEMENTAL DECLARATIONS

This Supplemental Declarations forms a part of ***your*** Home Office 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.

SF-611 COVERAGES

INCLUDED COVERAGES	INCLUDED	ADDITIONAL	TOTAL
Accounts Receivable	$1,000	$_____	$_____
Business Credit Card, Debit Card, Forgery And Counterfeit ***Money***	$500 Per occurrence $1,000 Per policy period	$_____ $_____	$_____ $_____
Business Property Of Others And Customer Goods	$1,000	$_____	$_____
Computer Information Systems Coverage	$1,000	$_____	$_____
Debris Removal	Refer to SF-611		
Loss Of Income	$5,000	$_____	$_____
Money And ***Securities***	$1,000 On the ***insured premises*** $1,000 Off the ***insured premises***	$_____ $_____	$_____ $_____
Valuable Papers And Records	$1,000	$_____	$_____
While Away From The ***Insured Premises***	5%, up to $2,500	$_____	
Coverage M-Medical Payments	$1,000 Per person $25,000 Per accident		$_____ $_____
Coverage P-Personal And Advertising Injury Liability ***Injury*** Liability	Refer to SF-611		

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