

This Declaration page is attached to and forms part of certificate provisions (Form A18).

Previous No. Authority Ref. No. Certificate No.

1	Name and address of the Assured	LEAVE BLANK (Not valid unless Countersignature appears here)
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2	Effective from _____ to _____ both days at 12:01 a.m. standard time	
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3 Insurance is effective with certain Percentage
UNDERWRITERS AT LLOYD'S, LONDON.

4	Amount	Coverage	Rate	Premium
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5	Forms attached hereto and special conditions	TOTAL
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6 In the event of a claim, please notify the following:

Dated _____

by _____
Correspondent