

DATE ISSUED

CONTRACT NO.

PREVIOUS NO.

This Declaration page is attached to and forms part of certificate provisions.

ITEM	NUMBER								
1	Name of Assured								
2	EFFECTIVE FROM <input type="checkbox"/> 12:01 A.M. OR <input type="checkbox"/> 12:00 NOON TO BOTH DAYS AT STANDARD TIME								
3	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"></td> <td style="width:40%; text-align:center;">COVERAGE</td> <td style="width:30%; text-align:center;">NAME OF INSURERS</td> <td style="width:15%; text-align:center;">CONTRACT PERCENTAGE</td> </tr> <tr> <td style="vertical-align:top;">Acting upon your instruction, we have effected the insurance with:</td> <td colspan="3"> <p>SECTION I. PROPERTY</p> <p>SECTION II. LIABILITY</p> </td> </tr> </table>		COVERAGE	NAME OF INSURERS	CONTRACT PERCENTAGE	Acting upon your instruction, we have effected the insurance with:	<p>SECTION I. PROPERTY</p> <p>SECTION II. LIABILITY</p>		
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4	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; text-align:center;">AMOUNT</td> <td style="width:40%; text-align:center;">COVERAGE</td> <td style="width:15%; text-align:center;">RATE</td> <td style="width:15%; text-align:center;">PREMIUM</td> </tr> <tr> <td colspan="3"></td> <td style="text-align:right;">TOTAL CHARGED</td> </tr> </table>	AMOUNT	COVERAGE	RATE	PREMIUM				TOTAL CHARGED
AMOUNT	COVERAGE	RATE	PREMIUM						
			TOTAL CHARGED						
5	SPECIAL CONDITIONS								
6	SERVICE OF SUIT MAY BE MADE UPON:								

DATED

By _____