

ADDITIONAL LOCATIONS

Policy No.*: _____ Effective Date***: _____ at 12:01 A.M. Standard Time

NAMED INSURED _____ AGENT _____

BUSINESS DESCRIPTION*						
Prem #	Bldg #	LOCATION LIMITS	Building		Content	Loss of Use / Rents
County	PC	Yr Blt	Sq Ft	# Stories	Const	Occupancy

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PREM. NO	BLDG. NO	MORTGAGE HOLDER NAME AND MAILING ADDRESS