

LOCATION SCHEDULE

ADDRESS (Street, City, County, State, Zip Code)		Limit of Liability*		
Loc #	Address	Mobile Home/Travel Trailer	Recreational Unit	Total
1.		\$	\$	\$
2.		\$	\$	\$
3.		\$	\$	\$
4.		\$	\$	\$
5.		\$	\$	\$
6.		\$	\$	\$
7.		\$	\$	\$
8.		\$	\$	\$
9.		\$	\$	\$
10.		\$	\$	\$

\$100,000 Limit of Liability applies for any "incidental" location.

* If Business Personal Property is to be covered include in location limit, applies only to inventory held for sale. Owned Business Personal Property is not covered.

LOSS PAYEE

Loss Payee Name	Address	Location

LOSS HISTORY - Describe all "Open Lot" losses in last 3 years None

Date of Loss	Cause of Loss	Amount Paid

REMARKS

Describe any additional exposures at this location. Attach additional sheet if necessary.

SIGNATURES

Applicant's Signature: _____ Date: _____

Producer's Signature: _____ Date: _____