

This Declaration page is attached to and forms part of certificate provisions (Form SLC-3 USA).

Previous No. Authority Ref. No. Certificate No.

**1 Name and address
of the Assured**

**2 Effective from to
Both days at 12:01 a.m. standard time**

3 Insurance is effective with certain Percentage

4 Amount	Coverage	Rate	Premium
\$			\$
	TOTAL BUILDING VALUE		
\$			\$
	TOTAL CONTENTS VALUE		
		POLICY FEE	\$
		STATE TAX	\$
		STAMPING FEE	\$
		TOTAL	\$

**5 Special conditions
80 % CO – INSURANCE**

Forms Applicable:

SEE FSCH FOR APPLICABLE FORMS

6 Service of Suit may be made upon:

Dated

**SAN ANTONIO, TX. 78230
RAMSGATE MANAGING INSURANCE**

by _____
Correspondent