

DATE ISSUED

CONTRACT NO.

PREVIOUS NO.

CONTRACTS LISTED IN ITEM 3

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

ITEM	NUMBER																		
1	Name of Assured																		
2	EFFECTIVE FROM 12:01 A.M. OR 12:00 NOON TO POLICY PERIOD BOTH DAYS AT STANDARD TIME																		
3	<table border="1"> <thead> <tr> <th data-bbox="243 533 560 562">COVERAGE</th> <th data-bbox="560 533 1193 562">NAME OF INSURERS</th> <th data-bbox="1193 533 1356 562">CONTRACT</th> <th data-bbox="1356 533 1528 562">PERCENTAGE</th> </tr> </thead> <tbody> <tr> <td colspan="4" data-bbox="243 630 1528 693">SECTION I. PROPERTY</td> </tr> <tr> <td colspan="4" data-bbox="243 787 1528 850">SECTION II. LIABILITY</td> </tr> </tbody> </table>	COVERAGE	NAME OF INSURERS	CONTRACT	PERCENTAGE	SECTION I. PROPERTY				SECTION II. LIABILITY									
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5	<p data-bbox="219 1625 446 1654">SPECIAL CONDITIONS</p> <p data-bbox="349 1675 633 1705">80 % CO-INSURANCE</p> <p data-bbox="917 1675 1356 1705">PREMIUM 25 % FULLY EARNED</p> <p data-bbox="186 1732 389 1761">Forms Applicable:</p> <p data-bbox="186 1795 633 1824">SEE FSCH FOR APPLICABLE FORMS</p>																		
6	SERVICE OF SUIT MAY BE MADE UPON:																		

DATED

SAN ANTONIO, TX. 78230
RAMSGATE MANAGING INSURANCE

By _____