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