

COMPLETED BUILDINGS OR STRUCTURES SCHEDULE

(The entries required to complete this schedule will be shown below or on the "schedule of coverages".)

SCHEDULED COMPLETED BUILDINGS OR STRUCTURES

Loc. No.	"Model Homes"	"Limit"
_____	_____	\$ _____
	<u>Contents of "Model Homes"</u>	
_____	_____	\$ _____
	<u>"Homes in Inventory"</u>	
_____	_____	\$ _____

Check if applicable:

☐ Attach Additional Schedule to schedule more completed dwellings

COINSURANCE SCHEDULE

Coininsurance Percentage (check one)

☐ 70% ☐ 80% ☐ 90% ☐ Other _____%

PREMIUM SCHEDULE

☐ Flat Annual

☐ Reporting (see reporting conditions schedule)

REPORTING CONDITIONS SCHEDULE

Reporting Period -- (check one)

☐ Monthly
☐ Quarterly
☐ Annual

Adjustment Period -- (check one)

- ☐ Monthly
☐ Quarterly
☐ Annual

Rates:

Model Homes

\$_____per \$100 of value (Public Protection Class 1 through 8)
\$_____per \$100 of value (Public Protection Class 9 through 10)

Model Home Contents

\$_____per \$100 of value (Public Protection Class 1 through 8)
\$_____per \$100 of value (Public Protection Class 9 through 10)

Homes in Inventory

\$_____per \$100 of value (Public Protection Class 1 through 8)
\$_____per \$100 of value (Public Protection Class 9 through 10)

Deposit Premium \$ _____

Minimum Premium \$ _____