LIABILITY SCHEDULE AND PREMIUM RECAP

POLICY NUMBER:

LOC. NO	* DESCRIPTION SUBLINE - CLASS CODE	**PREMIUM BASE ACT. EXPOSURE	RATES	PREMIUMS
___	_____	_____	_____	_____
___	_____	_____	_____	_____
___	_____	_____	_____	_____
___	_____	_____	_____	_____
___	_____	_____	_____	_____
___	_____	_____	_____	_____
___	_____	_____	_____	_____
			TOTAL PREMIUM	

*SUBLINE KEY

332 - Liquor Liability
334 - Premises/Operations
335 - Owners/Contractors Protective or Principals Protective
336 - Products/Completed Operations
350 - Pollution Liability
345 - Other Composite Rated/Premises/Operations ONLY
346 - Other Composite Rated/Product/Completed Operations ONLY
347 - Other Composite Rated - BOTH Premises/Operations AND Product/Completed Operations or type in subline

**PREMIUM/EXPOSURE BASE KEY

A - Area (per 1,000 square feet)
C - Total Cost (per $1,000)
E - Admissions (per head)
M - Admissions (per 1,000)
P - Payroll (per $1,000)
R - Receipts (per $100)
S - Gross Sales (per $1,000)
U - Units (per unit) or type in base