

THE SCHEDULE

Policy No. Class of Policy In Name of	Sum Insured \$	Interim _____ _____ _____	Premium _____ Stamp Duty _____ Total _____	Annual _____ _____ _____
Address				
Period of Insurance (a) From the 19..... to 4 p.m. on the 19..... (b) Any subsequent period for which The Insured shall pay and the Company shall agree to accept a renewal premium				
Date of Proposal and Declaration..... Date of Signature of Policy.....				
THE BUSINESS..... and no other for the purpose of this insurance				
PLACES TO WHICH THIS POLICY APPLIES				
AMT OF INDEMNITY				

In Witness whereof, the undersigned being duly authorised by the said Company has hereunto set his hand the day and year stated herein.

Examined

Manager

CCI.0500.00001.0118