ADDITIONAL INLAND MARINE (ITEMS) TO BE INSURED

Please make copies of this form if you have more than seven (7) items to add. (Additional copies available at www.irf.sc.gov) If you leave Segment Number blank, the item will be added at the end of your current insured schedule. If you leave the effective date blank, the property will be added as of your policy renewal date.

Segment Number _____ Effective Date _____

Description _____

Insured Value _____

Third Parties: ☐ Certificate of Insurance ☐ Loss Payable Clause Enter Name(s) & Address(es) on back

For office use only: Rate Class _____ _____

Segment Number _____ Effective Date _____

Description _____

Insured Value _____

Third Parties: ☐ Certificate of Insurance ☐ Loss Payable Clause Enter Name(s) & Address(es) on back

For office use only: Rate Class _____ _____

Segment Number _____ Effective Date _____

Description _____

Insured Value _____

Third Parties: ☐ Certificate of Insurance ☐ Loss Payable Clause Enter Name(s) & Address(es) on back

For office use only: Rate Class _____ _____

Segment Number _____ Effective Date _____

Description _____

Insured Value _____

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Insured Value _____

Third Parties: ☐ Certificate of Insurance ☐ Loss Payable Clause Enter Name(s) & Address(es) on back

For office use only: Rate Class _____ _____

Segment Number _____ Effective Date _____

Description _____

Insured Value _____

Third Parties: ☐ Certificate of Insurance ☐ Loss Payable Clause Enter Name(s) & Address(es) on back

For office use only: Rate Class _____ _____