

# IOWA FAIR PLAN ASSOCIATION

Form 28 (05-2011)

Insured:  
Policy Number:  
Location Address:

In consideration of the premium charged, it is hereby understood and agreed that coverage described on Form DP 00 01 (07-88), page 2, "OTHER COVERAGES", item #1, "OTHER STRUCTURES" does not apply to this policy.

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Printed Insured Name

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Insured Signature

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Date Signed

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Printed Insured Name

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Insured Signature

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Date Signed