

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.

Printed Insured Name

Insured Signature

Date Signed

Printed Insured Name

Insured Signature

Date Signed