

GEORGIA UNDERWRITING ASSOCIATION

COMMERCIAL REPLACEMENT COST ENDORSEMENT SUPPLEMENTAL APPLICATION

1. GUA File # (if existing policy) _____

2. Applicant's Name _____

3. Address _____

4. Requested Effective Date _____

5. Optional Coverages (check appropriate box):

A. Replacement Cost Building Coverage = 20% Additional Premium.

B. Replacement Cost Contents = 20% Additional Premium.

6. Agent or Insured Signature _____

Date _____