FARM SCHEDULE

Refer to Supplemental Declarations if information is not shown on this form.
We provide the coverage shown on this schedule subject to the ***terms*** contained in the General Policy Provisions.

Location of ***Insured Premises***:

We cover only the following classes or items of property for which a specific amount limit of coverage liability is shown. ***Our*** liability shall not exceed such limit. This coverage is also subject to the ***terms*** of the policy applying to Coverage E and Coverage F.

Peril of *All Perils ***WE*** COVER ***YOUR*** PROPERTY AGAINST LOSS BY FOR THE PERIL OF WINDSTORM OR VANDALISM Windstorm But Windstorm ONLY IF A RATE N AMOUNT IS LISTED FOR EACH THE ITEM.

Item No.	Amount of Limit of Liability Insurance	RATES Limit of Liability Fire			*REFER TO FORM FL-6(W) FOR THE OTHER PERILS WHICH ***WE*** COVER.	
						Wind. Vand.
Coverage E- Scheduled Farm Personal Property						
1.	$				On	Farm Produce and Supplies
2.	$				On	Mobile Machinery
3.	$				On	Poultry
4.	$				On	Livestock
5.	$				On	
6.	$				On	
7.	$				On	
8.	$				On	
9.	$				On	
10.	$				On	
11.	$				On	
12.	$				On	
13.	$				On	
14.	$				On	
15.	$				On	
16.	$				On	
	$ Total Amount of Insurance					
						Coverage F-Farm structures and Additional Farm Dwelling
17.	$				On	
18.	$				On	
19.	$				On	
20.	$				On	
21.	$				On	
22.	$				On	
23.	$				On	
24.	$				On	
25.	$				On	

26.	$				On
27.	$				On
28.	$				On
29.	$				On
	$	Total Amount of Insurance			

1. $ $ On ***Farm Produce and Supplies***
2. $ $ On ***Mobile Machinery***
3. $ $ On ***Poultry***
4. $ $ On ***Livestock***
5. $ $ On
6. $ $ On
7. $ $ On
8. $ $ On
9. $ $ On
10. $ $ On
11. $ $ On
12. $ $ On
13. $ $ On
14. $ $ On
15. $ $ On
16. $ $ On
17. $ $ On
18. $ $ On
19. $ $ On
20. $ $ On

$ $ Total Amount of Insurance

Coverage F-Barns, Buildings and Other Structures

21. $ $ On
22. $ $ On
23. $ $ On
24. $ $ On
25. $ $ On
26. $ $ On
27. $ $ On
28. $ $ On
29. $ $ On
30. $ $ On
31. $ $ On
32. $ $ On
33. $ $ On
34. $ $ On
35. $ $ On
36. $ $ On
37. $ $ On
38. $ $ On
39. $ $ On
40. $ $ On

$ $ Total Amount of Insurance