SUPPLEMENTAL 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 A, Coverage B, Coverage C and Coverage D.

~~Fire or Lightning, Extended~~ EXTENDED COVERAGE APPLIES ONLY IF AN AMOUNT
~~Explosion Coverage~~ OF INSURANCE IS LISTED FOR EACH ITEM.
THE EXTENDED COVERAGE CAUSES OF LOSS~~PERILS~~ ARE LISTED ON FORM FL-1 OR FL-1R.

~~Item No~~	~~Limit of Liability~~	~~Limit of Liability~~	
~~1.~~	~~$~~	~~$~~	~~On~~
~~2.~~	~~$~~	~~$~~	~~On~~
~~3.~~	~~$~~	~~$~~	~~On~~
~~4.~~	~~$~~	~~$~~	~~On~~
~~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

Rates No.	Insurance	Fire	Wind.	Vand.	Coverage E-Farm Personal Property	
1.	$				On	
2.	$				On	
3.	$				On	
4.	$				On	
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