



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 of coverage 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.

EXTENDED COVERAGE APPLIES ONLY IF AN
AMOUNT OF INSURANCE IS LISTED FOR EACH
ITEM.

THE EXTENDED COVERAGE CAUSES OF LOSS ARE
LISTED ON FORM FL-1 OR FL-1R.

Item No.	Amount of Insurance	Fire	Rates 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