



(OPTIONAL WINDSTORM)

**SCHEDULE OF FARM PERSONAL PROPERTY - COVERAGE E**

Refer to the Supplemental Declarations if information is not shown on this form.

The coverage under this endorsement is subject to the **terms** contained in the General Policy Provision.

Location of **insured premises** \_\_\_\_\_

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

| PERIL OF<br>WINDSTORM | *ALL PERILS<br>BUT WINDSTORM |
|-----------------------|------------------------------|
|-----------------------|------------------------------|

THE PERIL OF WINDSTORM IS NOT INCLUDED  
UNLESS AN AMOUNT IS SPECIFICALLY LISTED FOR EACH ITEM.  
\* REFER TO FORM ML-6 FOR OTHER PERILS COVERED.

| Item<br>No | Limit of<br>Liability | Limit of<br>Liability | Description   |
|------------|-----------------------|-----------------------|---|
| 1.         | \$ _____              | \$ _____              | On <b>Farm Produce and Supplies</b> _____   |
| 2.         | \$ _____              | \$ _____              | On <b>Mobile Machinery</b> , Equipment, Implements and Tools _____                                    |
| 3.         | \$ _____              | \$ _____              | On <b>Poultry</b> _____   |
| 4.         | \$ _____              | \$ _____              | On <b>Livestock</b> _____   |
| 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.        | \$ _____              | \$ _____              | <u>Specifically Insured Machinery</u> <u>Year</u> <u>Make</u> <u>Model and Serial No.</u><br>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 _____  |
| 30.        | \$ _____              | \$ _____              | On _____  |
|            | \$ _____              | \$ _____              | <b>Total Amount of Insurance</b>  |