



## 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 Provisions.

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.

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