



(OPTIONAL WINDSTORM)

**SCHEDULE OF BARNs, BUILDINGS, STRUCTURES AND  
ADDITIONAL FARM DWELLINGS-COVERAGE F**

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

Location of *Insured Premises* \_\_\_\_\_

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

	Windstorm Cause of Loss	Causes other than Windstorm	
			WINDSTORM CAUSE OF LOSS APPLIES ONLY IF AN AMOUNT OF INSURANCE IS LISTED FOR THAT ITEM. REFER TO FORM ML-6 FOR OTHER COVERED CAUSES OF LOSS.
Item No	Amount of Insurance	Amount of Insurance	Description
1.	\$ _____	\$ _____	On Additional Farm Dwelling _____ Roof _____ Story _____
2.	\$ _____	\$ _____	On Garage _____ Roof _____
3.	\$ _____	\$ _____	On Additional Farm Dwelling _____ Roof _____ Story _____
4.	\$ _____	\$ _____	On Other Garage _____ Roof _____
5.	\$ _____	\$ _____	On Outdoor Radio and Television Equipment _____
6.	\$ _____	\$ _____	On _____ Barn No. 1 _____ roof, occupied as _____
7.	\$ _____	\$ _____	On _____ Silo _____
8.	\$ _____	\$ _____	On _____ Barn No. 2 _____ roof, occupied as _____
9.	\$ _____	\$ _____	On _____
10.	\$ _____	\$ _____	On _____
11.	\$ _____	\$ _____	On _____
12.	\$ _____	\$ _____	On _____
13.	\$ _____	\$ _____	On _____
14.	\$ _____	\$ _____	On _____
15.	\$ _____	\$ _____	On _____
16.	\$ _____	\$ _____	On _____
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 _____
31.	\$ _____	\$ _____	On _____
32.	\$ _____	\$ _____	On _____
33.	\$ _____	\$ _____	On _____
34.	\$ _____	\$ _____	On _____
35.	\$ _____	\$ _____	On _____
	\$ _____	\$ _____	<b>Total Amount of Insurance</b>