



COVERAGE A-BUILDING(S) SCHEDULE OF BARNs, BUILDINGS, STRUCTURES AND DWELLINGS

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 limit of insurance is shown. *Our* liability shall not exceed such limit. This coverage is subject to the *terms* of the policy.

\$ _____ deductible shall apply to each loss unless otherwise indicated.
(See Special Deductible Endorsement).

Item No.	Limit of Insurance	Description	Coinsurance Percentage
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 _____	_____
21.	\$ _____	On _____	_____
22.	\$ _____	On _____	_____
23.	\$ _____	On _____	_____
24.	\$ _____	On _____	_____
25.	\$ _____	On _____	_____
26.	\$ _____	On _____	_____
27.	\$ _____	On _____	_____
28.	\$ _____	On _____	_____
29.	\$ _____	On _____	_____
30.	\$ _____	On _____	_____
	\$ _____	Total Amount of Insurance	