



COVERAGE E-SCHEDULE OF FARM PERSONAL PROPERTY COVERAGE G-UNSCHEDULED FARM PERSONAL PROPERTY

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 amount of insurance is shown. **Our** liability shall not exceed such amount of insurance. This coverage is subject to the **terms** of the policy applying to Coverage E and/or Coverage G. Please note, ML-6F applies unless another cause of loss form option is indicated below.

For **Specifically Insured Machinery**, please include Year, Make, Model and Serial Number.

COVERAGE E:

<u>Item No.</u>	<u>Amt of Ins.</u>	<u>Cause of Loss Form</u>	<u>Ded. Amt</u>	<u>RC Settlement</u>	<u>Description</u>
1.	\$ _____	_____	_____	<input type="checkbox"/>	On Farm Produce and Supplies _____
2.	\$ _____	_____	_____	<input type="checkbox"/>	On Mobile Machinery , Equipment, Implement and Tools _____
3.	\$ _____	_____	_____	<input type="checkbox"/>	On Grain _____
4.	\$ _____	_____	_____	<input type="checkbox"/>	On Hay inside a Farm Structure _____
5.	\$ _____	_____	_____	<input type="checkbox"/>	On Hay in the Open _____
6.	\$ _____	_____	_____		On Poultry _____
7.	\$ _____	_____	_____		On Farm Animals _____
8.	\$ _____	_____	_____	<input type="checkbox"/>	On _____
9.	\$ _____	_____	_____	<input type="checkbox"/>	On _____
10.	\$ _____	_____	_____	<input type="checkbox"/>	On _____
11.	\$ _____	_____	_____	<input type="checkbox"/>	On _____
12.	\$ _____	_____	_____	<input type="checkbox"/>	On _____
13.	\$ _____	_____	_____	<input type="checkbox"/>	On _____

\$ _____ Total Amount of Insurance.

COVERAGE G:

<u>Amt of Ins.</u>	<u>Cause of Loss Form</u>	<u>Ded. Amt</u>	<u>RC Settlement</u>	<u>Description</u>
\$ _____	_____	_____	<input type="checkbox"/>	On Coverage G-Unscheduled Farm Personal Property.