



SCHEDULE OF FARM STRUCTURES AND ADDITIONAL FARM DWELLINGS-COVERAGE F

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 F. Please note, ML-6F applies unless another cause of loss form option is indicated below.

<u>Item</u> <u>No.</u>	<u>Amt of</u> <u>Ins</u>	<u>Cause of</u> <u>Loss Form</u>	<u>Ded</u> <u>Amt</u>	<u>RC</u> <u>Settlement</u>	<u>Description</u>
1.	\$ _____	_____	_____	<input type="checkbox"/> On _____	_____
2.	\$ _____	_____	_____	<input type="checkbox"/> On _____	_____
3.	\$ _____	_____	_____	<input type="checkbox"/> On _____	_____
4.	\$ _____	_____	_____	<input type="checkbox"/> On _____	_____
5.	\$ _____	_____	_____	<input type="checkbox"/> On _____	_____
6.	\$ _____	_____	_____	<input type="checkbox"/> On _____	_____
7.	\$ _____	_____	_____	<input type="checkbox"/> On _____	_____
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 _____	_____
14.	\$ _____	_____	_____	<input type="checkbox"/> On _____	_____
15.	\$ _____	_____	_____	<input type="checkbox"/> On _____	_____
16.	\$ _____	_____	_____	<input type="checkbox"/> On _____	_____
17.	\$ _____	_____	_____	<input type="checkbox"/> On _____	_____
\$ _____ Total Amount of Insurance					