



## SUPPLEMENTAL SCHEDULE

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

**We** provide the coverage shown on this schedule 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 coverage is shown. **Our** liability shall not exceed such limit. This coverage is also subject to the **terms** of the policy applying to Coverage A, Coverage B, Coverage C and Coverage D.

EXTENDED COVERAGE APPLIES ONLY IF AN  
AMOUNT OF INSURANCE IS LISTED FOR EACH  
ITEM.

THE EXTENDED COVERAGE CAUSES OF LOSS ARE  
LISTED ON FORM FL-1 OR FL-1R.

Item No.	Amount of Insurance	Fire	Rates Wind.	Vand.	Coverage E-Farm Personal Property
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 _____

\$ \_\_\_\_\_ Total Amount of Insurance