

NOTE: THIS FORM MUST BE COMPLETED AND SUBMITTED ON ALL FARM RISKS

Schedule of Items
Farm Property
(Buildings And Structures)

PLEASE READ INSTRUCTIONS AND COMPLETE FRONT AND BACK OF FORM

The coverage, construction and condition of each property to be insured is essential for rating purposes.

Refer to table below for assistance in completing each item.

<u>Construction</u>	<u>Coverage</u>	<u>Condition</u>
1. Frame	1. Dwellings including modular	1. Excellent Repair
2. Masonry	2. Barns, Stables and other Buildings	2. Good Repair
3. Fire Resistive	3. Unscheduled Personal Prop. (household) coverage	3. Fair Condition
4. Mixed Construction (show % of each)		4. Poor Condition

Insert the above numbers on the appropriate lines provided below.

Item No	Limit of Liability	Construction Number	Coverage Number	Condition Number	Market Value
1.	\$ _____	on _____	Dwelling No. _____	_____	\$ _____
2.	\$ _____	on _____		_____	\$ _____
3.	\$ _____	on _____		_____	\$ _____
4.	\$ _____	on _____		_____	\$ _____
5.	\$ _____	on _____	Garage No. _____	_____	\$ _____
6.	\$ _____	on _____		_____	\$ _____
7.	\$ _____	on _____	Barn No. _____	_____	\$ _____
8.	\$ _____	on _____		_____	\$ _____
9.	\$ _____	on _____		_____	\$ _____
10.	\$ _____	on _____		_____	\$ _____
11.	\$ _____	on _____	Granary No. _____	_____	\$ _____
12.	\$ _____	on _____		_____	\$ _____
13.	\$ _____	on _____	Silo No. _____	_____	\$ _____
14.	\$ _____	on _____		_____	\$ _____
15.	\$ _____	on _____	Hog House No. _____	_____	\$ _____
16.	\$ _____	on _____		_____	\$ _____
17.	\$ _____	on _____	Implement Shed No. _____	_____	\$ _____
18.	\$ _____	on _____		_____	\$ _____
19.	\$ _____	on _____		_____	\$ _____
20.	\$ _____	on _____		_____	\$ _____
21.	\$ _____	on _____	Henhouse No. _____	_____	\$ _____
22.	\$ _____	on _____		_____	\$ _____
23.	\$ _____	on _____	Outdoor radio and TV equip. _____	_____	\$ _____
24.	\$ _____	on _____		_____	\$ _____
25.	\$ _____	on _____	Other _____	_____	\$ _____
26.	\$ _____	on _____		_____	\$ _____
27.	\$ _____	on _____		_____	\$ _____
28.	\$ _____	on _____		_____	\$ _____
29.	\$ _____	on _____		_____	\$ _____
30.	\$ _____	on _____		_____	\$ _____
Totals	\$ _____	_____	_____	_____	\$ _____

APPLICATION WILL NOT BE ACCEPTED UNLESS A COMPLETE DESCRIPTION IS SHOWN FOR EACH ITEM

Diagram of all buildings on farm numbering each to coincide with photos giving occupancy and distances between buildings. If space is not sufficient to include all buildings, attach a separate sheet.

I, personally, or my employee _____, inspected this property on _____ and I present the above information as authentic.

Date

Producer's Signature