



**OREGON MUTUAL INSURANCE COMPANY  
FARM PROPERTY COVERAGE FORM DECLARATION – PAGE A**

M2009F (9-07)

**POLICY NO.:**

**NAMED INSURED:**

**EFFECTIVE DATE:**

INSURED LOCATIONS					
No.	Location*				
IN RETURN FOR PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.					
COVERAGES PROVIDED					
Insurance at the "Insured Locations" applies only for coverages for which Limits of Insurance are shown.					
"Insured Location"	Coverage**	No. & Description Of Bldg. Or Structure§	Farm Personal Property§§	Limit Of Insurance	Covered Causes Of Loss ==
<div style="font-size: 4em; opacity: 0.2; pointer-events: none;">SAMPLE</div>					
The following Limits of Insurance replace those in the Farm Property Coverage Forms for the coverage or types of property noted:					
<u>Coverage of Property</u>			<u>Revised Limit of Insurance</u>		
1.	Outdoor antennas & satellite dishes	1.	\$	(Part of, not in addition to, Coverage A or B Limit of Insurance)	
2.	Insured's Household Personal Property at a Residence Away from the Insured Location.	2.	\$	(Part of, not in addition to, Coverage C Limit of Insurance)	
3.	Tenant Bldg. Additions & Alterations	3.	\$		
4.	Credit & Electronic Fund Transfer Cards or Other Access Devices, Forgery, Counterfeit Currency	4.	\$		
5.	Property in the Custody of a Common or Contract Carrier	5.	\$		
6.	Farm Operations Records (Cov. E or F)	6.	\$		
7.	Thirty-Day Limit for Farm Machinery, Vehicles and Equipment borrowed or rented, whether or not under a written contract (Cov. E)	7.	\$		
The following additional Limit of Insurance applies to the specified power or light pole:					
<u>Description</u>			<u>Limit of Insurance</u>		
1.		1.	\$		
2.		2.	\$		
3.		3.	\$		
4.		4.	\$		
5.		5.	\$		
Other Property Not Covered Under Coverage B:					
Other Property Not Covered Under Coverage F:					
MORTGAGE HOLDERS					
"Insured Location" No.	Bldg. No.	Mortgage Holder Name And Mailing Address			
DEDUCTIBLE					
<b>\$250 (Standard)</b>		<b>Show Any Exceptions</b>			
FORMS APPLICABLE					
<b>SEE FORMS LIST M2071 ATTACHED</b>					
* Identify location by section or civil district, township, range, distance in miles by compass direction from nearest town; town, state. Identify road, where road leads from, location of road as to county and state.					
** If Extra Expense Coverage is purchased, so indicate, and fill in Limit of Insurance.					
§ (Coverage G only: if Bldg. or Structure is heated, enter H after description.)					
§ (Coverage G only; for Property Other Than Improvements or Betterments: Opposite the description of each Other Farm Structure, indicate whether the structure will be covered on a Replacement Cost (RC) or an Actual Cash Value (ACV) basis.)					
§§ (If covered under Coverage E – i.e. scheduled – see page B)=					
= If farm produce is only in the open, so indicate. If "poultry" are only in unheated buildings, so indicate.					
== If SPECIAL Causes of Loss is selected for Coverage F-Unscheduled Farm Personal Property, divide the "Causes of Loss" entry into (1) Livestock, Hay, Straw, Fodder; (2) Other Farm Personal Property. Enter either BASIC or BROAD for (1) and SPECIAL for (2). A single Limit of Insurance applies to Coverage F.					