



**OREGON MUTUAL INSURANCE COMPANY
FARM DECLARATION**

M2113F (12-04)

Copy

POLICY NUMBER:

EFFECTIVE DATE:

NAMED INSURED:

This policy is subject to the following:

Form	Date	Premium	Description
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SAMPLE

Property Premium
 Liability Premium
 Inland Marine Premium
 Total Premium

FORMS APPLICABLE

SEE ATTACHED FORMS LIST – M2071