

## OREGON MUTUAL INSURANCE COMPANY FARM DECLARATION

M2113F (12-04)

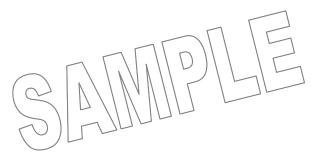
Сору

POLICY NUMBER: EFFECTIVE DATE:

NAMED INSURED:

This policy is subject to the following:

Form Date Premium Description



Property Premium Liability Premium Inland Marine Premium Total Premium

**FORMS APPLICABLE** 

SEE ATTACHED FORMS LIST - M2071

M2113F (12-04) J43791.FRM