



**OREGON MUTUAL INSURANCE COMPANY
FARM INLAND MARINE COVERAGE DECLARATION**

M2118F (12-04)

Copy

POLICY NUMBER:

EFFECTIVE DATE:

NAMED INSURED:

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.

Description:

Class	State	Territory	Deductible	Cause of Loss	Limit	Premium
County/Sub-county:						
Fire District:						
Zip Code:						

SAMPLE

Actual Cash Value:

Item No.	Limit	Description	Serial No.
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FORMS APPLICABLE

Item #

Limit

Description

Serial No.

SAMPLE