COVERAGE B-SCHEDULED PRIVATE STRUCTURES

Refer to Supplemental Declarations if information is not shown on this form.
We provide coverage under this endorsement subject to the ***terms*** contained in the General Policy Provisions.

Location of ***Insured Premises*** _____

_____

ADDITIONAL PROVISIONS
We cover the following private, non-farm structures on the ***insured premises*** for the amount of insurance stated for each structure. This is specific insurance that applies to each scheduled structure and there is no applicable extension of coverage from Coverage A-Residence.

Item No.	Amount of Insurance	Identification of Structure
1.	$ _____	_____
2.	$ _____	_____
3.	$ _____	_____
4.	$ _____	_____
5.	$ _____	_____
	$ _____	Total Amount of Insurance

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