AGENCY CUSTOMER ID: _____

LOC #: _____

AGRICULTURE SUPPLEMENT

UNSCHEDULED FARM PERSONAL PROPERTY INVENTORY FORM

DATE (MM/DD/YYYY)

AGENCY	APPLICANT/FIRST NAMED INSURED			
POLICY NUMBER	CARRIER			NAIC CODE
ACCOUNT NUMBER	☐ NEW ☐ RNWL	EFFECTIVE DATE	EXPIRATION DATE	

INVENTORY - Individual Property Class / Sub Class Items with Multiple Units (i.e., Tractors, etc.)

PROPERTY CLASS	PROPERTY SUB CLASS	DESCRIPTION	TOTAL VALUE

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