Farmers Mutual United Insurance Co.

Inspection Worksheet

Insured_____ Policy # _____

A=Add D=Delete C=Change I=Increase DC=Decrease

_____ Named Insured _____
_____ Address _____
_____ Location of Insured Property _____
_____ Mortgagee _____
_____ Deductible _____
_____ Perils Insured Against _____
_____ Occupancy_____
_____ Other _____

Effective Date of Change _____

Type of Change	Item	Description	New Limit	Amnt. of Change

Total Additions _____

Total Deletions _____

Liability Coverage Changes:

_____ Named Insured/Address _____
_____ Legal Descriptions_____
_____ Liability Limits _____
_____ Employers Liability_____
_____ Additional Town Premise _____
_____ Additional Farm Premise _____
_____ Rental Premise _____
_____ Other _____

_____	_____	_____
Insured	Date	Agent