



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**BLANK SCHEDULE FORM**

Attached to and forming part of Policy No. \_\_\_\_\_ of the Weston Insurance Company.

Dated \_\_\_\_\_ Agents.

**COVERAGES**

ITEM NO.	COVERAGE A/B	LIMIT OF LIABILITY	COIN-SURANCE	DEDUCTIBLE AMOUNT	DESCRIPTION OF PROPERTY