FARM EMPLOYER'S LIABILITY COVERAGE SCHEDULE

Refer to the Supplemental Declarations if information is not shown on this form.

The coverage under this endorsement is subject to the terms contained in the General Policy Provisions.

We agree to provide this coverage based on your statement that the information in the following schedule is correct. It discloses the type of farm employee insured under this endorsement, and:

1. the maximum number employed at any one time during the policy period;
2. the total number of man-days worked; or
3. the wages for all farm employees.

a. Man-Day Basis:

<table>
<thead>
<tr>
<th>Class</th>
<th>Farm Employees</th>
<th>Rate (Per Each)</th>
<th>Total Number of Employees</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>All full time, working 180 days per year or more</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>Part time, working over 40 days but less than 180 days per year</td>
<td>Rate (Per 100 Man-Days)</td>
<td>Total Number of Man-Days</td>
<td>$</td>
</tr>
<tr>
<td>C</td>
<td>Part time, working 40 days or less per year</td>
<td></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

b. Wages:

<table>
<thead>
<tr>
<th>Wages (use only if Man Day basis not applicable)</th>
<th>Rate (Per $100 of Wages)</th>
<th>Premium Base (Wages)</th>
<th>Minimum Premium</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Farm Employees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL PREMIUM $ __________

Indicate all farm employees not to be insured under this endorsement.

Coverage L—Personal Liability and Coverage M—Medical Payments to Others are extended to apply to bodily injury to a farm employee while performing duties in connection with the farming operations of an insured. This coverage includes the following:

1. Coverages L and M apply to bodily injury to a person while performing duties as a farm employee if the bodily injury results:
   a. from the ownership, use, loading or unloading of aircraft except while the farm employee is engaged in the operation or maintenance of aircraft;
   b. from the ownership, maintenance, use, loading or unloading of a motorized vehicle or watercraft; or
   c. from premises owned, rented, or controlled by an insured.
2. Coverage M applies to bodily injury which occurs on or away from the insured premises and is:
   a. caused by a person while performing duties as a farm employee; or
   b. suffered by a farm employee and arises out of and in the course of employment by an insured.
EXCLUSIONS
1. Coverage L does not apply to liability for sickness, disease or death of a farm employee unless a written notice is received by us within 36 months after the end of the policy period in which the injury occurred.
2. Coverage under this endorsement does not apply to liability for bodily injury excluded under the Liability Coverage Section and not specifically covered under this endorsement.

CONDITION
This coverage is subject to the terms of the Liability Coverage Section and does not increase the limits of liability stated therein.