FARMER'S MEDICAL PAYMENTS COVERAGE

Refer to the Supplemental Declarations if information is not shown on this form.
For an additional premium, we provide coverage under this endorsement subject to the terms contained in the General Policy Provisions.

Name(s) _____________________________________________________________________________

WE AGREE TO EXTEND COVERAGE M TO COVER THE PERSONS NAMED IN THIS ENDORSEMENT SUBJECT TO THE FOLLOWING PROVISIONS:

We cover medical expenses for each person named;
1. If the accident causing the bodily injury results from duties in connection with the farming operations covered by this policy; and
2. If claim is made within one year from the date of the accident.

We do not cover bodily injury which results from:
1. The ownership, use, loading or unloading of aircraft.
2. Veterinary services, including artificial insemination, performed by a person named above.
3. Domestic or personal activities not necessary to your farming operations.

EXCLUSIONS
1. Coverage M does not apply to liability for sickness, disease or death of a person covered under this endorsement 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.

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