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***:

Class	*Farm Employees*	Rate (Per Each)	Total Number of Employees	Premium
A	All full time, working 180 days per year or more			$
B	Part time, working over 40 days but less than 180 days per year			$
		Rate (Per 100 Man-Days)	**Total Number of Man-Days**	
C	Part time, working 40 days or less per year			$

b. ***Wages:***

Wages (use only if Man Day basis not applicable)	Rate (Per $100 of Wages)	Premium Base (Wages)	Minimum Premium	Premium
Farm Employees				

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.