FARM PREMISES LIABILITY ENDORSEMENT DECLARATIONS OWNERS', LANDLORDS' AND TENANTS' COVERAGE FOR *FARM PREMISES*

This endorsement applies only to those coverages below for which a limit of liability is shown. ***Our*** limit of liability for each coverage shall not be more than the amount stated for each coverage subject to all the ***terms*** of the Farm Premises Liability Insurance Coverage Part and the cancellation provisions and expiration date of the policy to which this Endorsement is attached.

This replaces all previously issued endorsement Declarations, if any. This endorsement applies only to accidents, ***occurrences*** or losses which happen during the policy period of the policy to which this endorsement is attached.

Part of Policy No.: _____ Effective Date: _____ 12:01 a.m. Standard time

Named Insured and P.O. Address (Number, Street, Town or City, County, State, Zip Code)

The ***named insured*** is: ☐ Individual ☐ Partnership ☐ Corporation ☐ Other _____
Your interest in the ~~***Insured Premises***~~***insured premises***: ☐ Owner ☐ Tenant ☐ Other _____

The described location covered by this policy is located at the above address, unless otherwise stated.

Liability Coverages		Limit of Liability	Premium
L. Premises Liability	Each ***Occurrence***	$~~-~~	$~~-~~
M. Premises Medical Payments	Each Person Each Accident	$~~-~~ $~~-~~	

COVERAGE FOR FARM PRODUCTS HAZARD

This hazard coverage applies only if a specific charge is shown for ***Farm Products Hazard*** and an "**X**" is shown in the box below:

☐ Coverage L is extended to cover ***Farm Products Hazard*** Exclusion 2 ~~f.~~g. is deleted.

Subject to the provisions in this policy with respect to a "single" ***occurrence***, the Aggregate Limit of Liability is the maximum amount ***we*** pay for all damages because of all ***Bodily Injury*** or ***Property Damage*** resulting from the ***Farm Products Hazard*** in any annual policy period.

FARM PRODUCTS HAZARD

Aggregate Limit of Liability	Premium
$~~-~~	$~~-~~

Subject to the following additional forms and endorsements: (Insert No. & Edition Date)	Coverage Description	Premium
		~~$~~$ ~~-~~ ~~-~~

Agency at
Agent~~-~~

PREMIUM AT INCEPTION $
Subsequent payments will be due each year on the

Countersignature Date-	anniversary date based on rates in effect at that time.