FARMER'S MEDICAL PAYMENTS ~~INSURANCE~~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~~, MEDICAL PAYMENTS TO OTHERS,~~ 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 ~~for others~~.
3. Domestic or personal activities not necessary to ~~the~~***your farming operations*** ~~of an *insured*~~.

EXCLUSIONS

1. Coverage M does not apply to liability for sickness, disease or death of a person ~~insured~~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.

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