



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.