



## FARMER 'S MEDICAL PAYMENTS INSURANCE

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 of an **insured** covered by this policy; and
2. If the **medical expenses** are incurred or medically determined within three years 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 for others by a person named above.
3. Domestic or personal activities not necessary to the farming operations of the **insured**.

### EXCLUSIONS

1. *We* do not cover **bodily injury** excluded under the liability coverage section and not specifically covered under this endorsement.
2. Farm employees are not covered.

### CONDITIONS

This coverage is subject:

1. To the **terms** of the liability coverage section; and
2. The **terms** of the policy which apply to Liability coverage.