



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 Liability Coverage.

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—**Bodily Injury** and Coverage M—Premises 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.