



**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**: ☐ 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 <b>Occurrence</b>	\$	\$
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:

**FARM PRODUCTS HAZARD**

☐ Coverage L is extended to cover **Farm Products Hazard**  
Exclusion 2 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.

Aggregate Limit of Liability	Premium
\$	\$

Subject to the following additional forms and endorsements:  
(Insert No. & Edition Date)

Coverage Description

Premium  
\$

Agency at  
Agent  
Countersignature Date

PREMIUM AT INCEPTION

\$

Subsequent payments will be due each year on the anniversary date based on rates in effect at that time.