

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
ADDITIONAL INSURED AND RESIDENCE PREMISES

This endorsement modifies insurance provided under the following:

FARM LIABILITY COVERAGE FORM
PERSONAL LIABILITY ENDORSEMENT

SCHEDULE*	
A.	Name of Additional "Insured":
B.	Address of Additional Residence:

*Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations.

- A. The person named in paragraph A of the Schedule, while a member of your household, is included in the meaning of "insured."
- B. The premises listed in paragraph B of the Schedule are included in the meaning of "insured location."