

Additional Insured Endorsement - Form AP415

This endorsement modifies insurance provided under the Comprehensive Agricultural Liability Form wording to which it is attached.

It is hereby understood and agreed that under the Comprehensive Agricultural Liability coverage afforded in this policy, Section II – WHO IS AN INSURED, is amended to include the persons and/or entities scheduled below are added as additional, but only with respect to liability for “bodily injury”, “property damage” or “personal and advertising injury” with respect to vicarious liability that arises out of the operations of the Named Insured, and only to the extent required by such contact.

Notice of cancellation shall be provided to such additional insured persons or organizations in accordance with the certificates of insurance on file with the Insurer.

EXCEPT AS OTHERWISE PROVIDED IN THIS FORM, ALL TERMS, CONDITIONS AND PROVISIONS OF THE POLICY TO WHICH THIS FORM IS ATTACHED SHALL HAVE FULL FORCE AND EFFECT.