

# FARMERS MUTUAL INSURANCE COMPANY

Serving Kansas Since 1896

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## RESTRICTIVE ENDORSEMENT

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INSURED: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

POLICY EFFECTIVE DATE: \_\_\_\_\_

ENDORSEMENT EFFECTIVE DATE: \_\_\_\_\_



This endorsement is attached to and forms a part of the above referenced policy and is attached to this policy at the request of and in agreement with the above named insured. This policy is amended to restrict the benefits of this policy as described below:

\_\_\_\_\_  
Insured

Date: \_\_\_\_\_

\_\_\_\_\_  
Agent

Date: \_\_\_\_\_

\_\_\_\_\_  
Company

Date: \_\_\_\_\_