



## FARM PRODUCE-SEASONAL VARIATION ENDORSEMENT

Refer to the Supplemental Declarations if information is not shown on this form.

For an additional premium, *we* provide coverage under this endorsement subject to the *terms* contained in the General Policy Provisions.

*You* have requested that *we* vary the amount of coverage on *your* farm produce to apply each month as shown below. The Co-insurance Clause which is found in Form SF-420 applies to this coverage.

COVERAGE APPLICABLE DURING THE MONTH OF	AMOUNT
JANUARY	\$
FEBRUARY	\$
MARCH	\$
APRIL	\$
MAY	\$
JUNE	\$
JULY	\$
AUGUST	\$
SEPTEMBER	\$
OCTOBER	\$
NOVEMBER	\$
DECEMBER	\$
Average Value for Rating Purposes—	\$ _____

All other *terms* and conditions remain as written.

\_\_\_\_\_  
Authorized Signature

(Attach To Change Endorsement If Issued After Policy Is Written).