



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 products to apply each month as shown below.

Farm products consist of: _____

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 unchanged.