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 FL-6 or ML-6 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)