SEASONAL VARIATION ~~ENDORSEMENT~~

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

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

~~***You*** have requested that~~ ***We*** vary the Coverage B-***Business*** Property Amount of ~~coverage on~~ Insurance as shown below to provide for the seasonal variation to ***your business*** property ~~to apply each~~.

The Coverage B-***Business*** Property Amount of Insurance shown for a given month ~~as shown below. The Co-insurance Clause~~is the maximum amount available for a covered loss first occurring during that month. The date of loss is determined by the inception of the loss, which ~~is found in Form SF-20~~means the date on which the accidental direct physical loss or damage occurs. Only one Coverage B-***Business*** Property Amount of Insurance applies ~~to this coverage.~~per loss.

~~COVERAGE APPLICABLE DURING THE MONTH OF AMOUNT~~

Coverage B-***Business*** Property Amount of Insurance

~~JANUARY $~~
January $_____
~~FEBRUARY $~~
February $_____
~~MARCH $~~
March $_____
~~APRIL $~~
April $_____
~~MAY $~~
May $_____
~~JUNE $~~
June $_____
~~JULY $~~
July $_____
~~AUGUST $~~
August $_____
~~SEPTEMBER $~~
September $_____
~~OCTOBER $~~
October $_____
~~NOVEMBER $~~
November $_____
~~DECEMBER $~~
December $_____

Average ~~Value~~Coverage B-***Business*** Property Amount of Insurance for rating purposes~~—~~ $_____

All other ***terms*** and conditions remain ~~as written~~unchanged.

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~~Authorized~~

Insured Signature

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

Date

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