

Instructions

Honey Endorsement

HONEY ENDORSEMENT

Contract Number	Crop Year	Home RM	Vor	Page	Date	Form ID
123456-7		001	1	1 of 1	X/XX/XX	HOEN905

1 Complete Contract Number, Home RM and Date.

2 Complete Contact Information, Home Quarter and Power of Attorney (if applicable)

Name **THE CUSTOMER** Telephone Number **(306) 123-4567**
 Address **PO BOX 99** Home Quarter **NE 01 01 01 1**
 City **ANYWHERE** Prov **SK** Postal Code **S0D0X0** Power of Attorney _____

Contact Information	Local Number	Toll-Free Number	Fax Number
Assiniboia Office <small>www.saskcropinsurance.com</small>	1-888-935-0017	1-888-935-0000	1-306-642-7229

3 From the drop-down list, SELECT your Crop Insurance office.

4 TO ADD insurance, select the coverage option, price option and Yes in the Endorsed column. TO DELETE insurance, select No in the Endorsed column.

TO ENDORSE HONEY: Select your coverage level, price option and select 'YES' in the Endorsed column below.
 TO DELETE A HONEY ENDORSEMENT: Select 'NO' in the Endorsed column below.

IIJ Code	Description	Coverage Option (%)			Endorsed		Price Option
68	Honey	<input type="checkbox"/> 50	<input type="checkbox"/> 60	<input checked="" type="checkbox"/> 70	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Base

4 TO ADD insurance, select the coverage option, price option and Yes in the Endorsed column. TO DELETE insurance, select No in the Endorsed column.

Saskatchewan Crop Insurance Corporation (SCIC) recognizes the importance of your personal information and the privacy surrounding it. Depending on the program offered by SCIC, and pursuant to provincial legislation and regulations, SCIC will not share or disclose any of your information unless otherwise required by law or for the purpose of programs offered by SCIC. SCIC will secure your information and may archive it indefinitely in accordance to The Archives Act. For all privacy concerns, please contact SCIC's Privacy & Security Manager by e-mail at securityofficer@scic.gov.sk.ca or phone 306-728-7200.

- 1** Complete Contract Number, Home RM and Date.
- 2** Complete Contact Information, Home Quarter and Power of Attorney (if applicable)
- 3** From the drop-down list, SELECT your Crop Insurance office.
- 4** TO ADD insurance, select the coverage option, price option and Yes in the Endorsed column. TO DELETE insurance, select No in the Endorsed column.

Please note: Electronically-completed files cannot be saved. Please print two copies of the completed form and save one for your records. Please mail, fax or drop-off this form to your local Crop Insurance office.