

Instructions

Honey Endorsement



HONEY ENDORSEMENT

1

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

2

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 _____

3

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

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.

4

IU 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	<input checked="" type="checkbox"/> Base	<input type="checkbox"/> Low

- 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.