

Instructions

Honey Endorsement

HONEY ENDORSEMENT

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

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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 _____

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Contact Information	Local Number	Toll-Free Number	Fax Number
Assiniboia Office www.scic.ca	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.

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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	Base

- 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.