

Honey Endorsement

INSTRUCTIONAL GUIDE

HONEY ENDORSEMENT

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

1 Name The Customer Telephone Number 306-123-4567

2 Address PO Box 99 Home Quarter NE 01 01 01 1

City Anywhere Prov. SK Postal Code S0D0X0 Power of Attorney XXXXXX

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.

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