



SEASONAL VARIATION ENDORSEMENT

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

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

You have requested that *we* vary the amount of coverage on *your business* property to apply each month as shown below. The Co-insurance Clause which is found in Form SF-20 applies to this coverage.

COVERAGE APPLICABLE DURING THE MONTH OF	AMOUNT
JANUARY	\$
FEBRUARY	\$
MARCH	\$
APRIL	\$
MAY	\$
JUNE	\$
JULY	\$
AUGUST	\$
SEPTEMBER	\$
OCTOBER	\$
NOVEMBER	\$
DECEMBER	\$
Average Value for Rating Purposes—	\$ _____

All other *terms* and conditions remain as written.

Authorized Signature

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