

(This is not a continuous endorsement.)

Company:

Container Grown (008) <input type="checkbox"/>		Field Grown (007) <input type="checkbox"/>	
Insured's Name		Policy Number	Crop Year
Street Address		Agency Name	Agency Code
City, County State,		Peak Inventory Coverage After Restocking? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Zip			

PLANT TYPE	BASIC UNIT NO.	PEAK INVENTORY VALUE	COVERAGE LEVEL	INSURED SHARE	PEAK AMOUNT OF INSURANCE	PEAK INVENTORY COVERAGE COMMENCEMENT DATE	PEAK INVENTORY COVERAGE TERMINATION DATE
		X	X	=			
		X	X	=			
		X	X	=			
		X	X	=			
		X	X	=			
		X	X	=			
		X	X	=			
		X	X	=			
		X	X	=			
		X	X	=			
		X	X	=			
		X	X	=			
		X	X	=			
		X	X	=			
		X	X	=			
Liners		X	X	X .90 =			

For Basic Unit by share only, the total amount of insurance for all plant types insured: \$ _____

I understand and agree that I may purchase no more than one Peak Inventory Endorsement for each basic unit during the crop year. If I have elected basic units by type, the Peak Inventory Endorsement for is considered a separate peak endorsement form for each type reported on the form.
 I submit this report pursuant to the requirements of the Nursery Crop Insurance Provisions and certify to the best of my knowledge that it is correct.
 I certify that to the best of my knowledge and belief all of the information on this form is correct. I also understand that failure to report completely and accurately may result in sanctions under my policy, including but not limited to voidance of the policy, and in criminal or civil penalties (18 U.S.C. §1006 and §1014; 7 U.S.C. §1506; 31 U.S.C. §3729, §3730 and any other applicable federal statutes).

Insured's Signature	Date	Agent's Signature	Date
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(See reverse side of form for statement required by Privacy Act of 1974)

COLLECTION OF INFORMATION AND DATA (PRIVACY ACT)

To the extent that the information requested herein relates to your individual capacity as opposed to your business capacity, the following statements are made in accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a). The authority for requesting information to be furnished on this form is the Federal Crop Insurance Act (7 U.S.C. 1501 et seq.) (Act) and the Federal crop insurance regulations contained in 7 C.F.R. chapter IV.

Collection of the social security account number (SSN) or the employer identification number (EIN) is authorized by section 506 of the Act and is required as a condition of eligibility for participation in the Federal crop insurance program. The primary use of the SSN or EIN is to correctly identify you, and any other person with an interest in you or your entity of 10 percent or more, as a policyholder within the systems maintained by the Federal Crop Insurance Corporation (FCIC). Furnishing the SSN or EIN is voluntary; however, failure to furnish that number will result in denial of program participation and benefits.

Your policy also specifies other information that must be provided. The principle purposes of this information are to provide insurance; reinsurance; determine eligibility; determine the correct parties to the agreement; determine and collect premiums or other monetary amounts (including administrative fees and over payments); and pay benefits. The routine uses of this information include: (1) Referral to the appropriate agency, whether Federal, State, local or foreign including the Department of Justice, charged with the responsibility of investigating or prosecuting a violation of law, or of enforcing or implementing a statute, rule regulation or order issued pursuant thereto, of any record within this system when information available indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute or particular program statute or by rule, regulation or order issued pursuant thereto; (2) Disclosure to a court, magistrate or administrative tribunal, or to opposing counsel in a proceeding before a court, magistrate or administrative tribunal, of any record within the system that constitutes evidence on that proceeding, or which is sought in the course of discovery, to the extent that FCIC determines that the records sought are relevant to the proceeding; (3) Disclosure to a congressional office in response to any inquiry from the congressional office made at the request of that individual; (4) Disclosure to Approved Insurance Providers (AIP) for any purpose relating to the sale, service, and administration of the Federal crop insurance program and the policies insured under the authority of the Act; (5) Disclosure to other Federal agencies and contractors, cooperators, and partners of FCIC for the purpose of conducting research, development, analyses, and evaluation into all aspects relating to new and existing crop insurance programs and other risk management tools; (6) Disclosure to contractors or other Federal agencies to conduct research and analysis to identify patterns, trends, anomalies, instances and relationships of AIP's, agents, loss adjusters and policyholders that may be indicative of fraud, waste, and abuse; (7) Disclosure to AIPs, contractors, and other applicable Federal agencies to determine whether information has been accurately provided to FCIC and the AIP's and to determine compliance with program requirements; and (8) Disclosure to AIPs, contractors, cooperators, partners of FCIC, and other Federal agencies for any purpose relating to the sale, service, administration, analysis and evaluation of the Federal crop insurance program.

Furnishing other information is also voluntary. However, failure to report the information specified in your policy may result in rejection of any claim for indemnity, replanting payment, or other benefit; ineligibility for insurance; a unilateral determination of any monetary amounts due; or any remedy provided in the policy.

NONDISCRIMINATION STATEMENT

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotope, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write to: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

**INSTRUCTIONS FOR COMPLETION OF
PEAK INVENTORY VALUE REPORT [2006-NCIS 780P (Rev 12-2006)]
(NOT AVAILABLE FOR CAT)**

The following entries are required for the Peak Inventory Value Report. The format and sequence of the items on the form will be determined by the format selected by the company.

This report must be completed when the insured reports values will be increased for a particular period of time. The policy will be endorsed to reflect this time and value increase.

Premium will be charged for each month for which the amount of coverage is increased. A full month's premium is charged for any fraction of a month of increased coverage.

This report may be filed at least 30 days prior to the end of the crop year.

No more than one endorsement may be purchased for each basic unit in a crop year unless a loss occurred and the loss was to inventory covered by the Peak Inventory Value Report.

Coverage level remains the same as provided by the underlying basic unit, only the inventory value changes. If no basic unit exists for the plant type reported, a revised PIVR must be used.

The maximum added liability under each Peak Inventory Value Endorsement is limited to 200% of the basic unit value reported under the Nursery Crop Insurance Provisions.

IDENTIFYING THE INSURED

Insured's Name
Policy Number
Crop Year
Street Address
City, County, State, Zip Code

Agency Name and Code

UNDERWRITING QUESTIONS

Coverage Level
Price Election (100%) See Special Provisions for survival factor on liners.

REPORTING BY BASIC UNIT

On each line list:

Plant Type

Basic Unit Number

Peak Inventory Value (The value the Inventory is increased for the plant type by the Peak Inventory Value Report)

Coverage Level

Insured's Share

Plant Type Peak Amount of Insurance (for determining additional peak premium): The peak inventory value multiplied by coverage level percentage elected, multiplied by the price election (100%) multiplied by share).

Basic Unit Peak Amount of Insurance (for each basic unit, the peak inventory value multiplied by coverage level percentage elected, multiplied by the price election (100%) multiplied by share).

Peak Inventory Commencement Date (May be any date within the crop year selected by the insured). The later of: the date declared by the insured or 30 days after a Peak Inventory Value Report received by the AIP.

Peak Inventory Termination Date (May be any date within the crop year selected by the insured)

UNDERSTANDING BY INSURED

Assure that the peak increase in inventory is reported in accordance with the lower of prices from the EPL/PPS, insured's catalog or price list. Assure that the peak increase along with the original PIVR value reflects the inventory value for the basic unit and practice during the peak period reported by the insured.

Assure the insured understands and agrees that the coverage level(s) elected on the underlying nursery coverage apply to the peak endorsement.

SIGNATURE BY INSURED

The Peak Inventory Value Report must be signed and dated by the insured. It is not acceptable to mark the report "signature on file" or "report by telephone" or any other remark without the original signature.

SIGNATURE BY REPRESENTATIVE

The agent must sign and date the Peak Inventory Value Report.