

Production Insurance

BC Ministry of Agriculture

SCHEDULE D – 14b DECLARATION OF PRODUCTION – BERRY CROP YEAR _____

Received by BRM Office

Insured's Name

Policy Number

1) (circle one) BLUEBERRY RASPBERRY CRANBERRY STRAWBERRY

2) *Record below all crop that you produce, harvest, sell or dispose of by source and weight.
If you have any questions regarding this Declaration of Production, please contact your Production Insurance office.*

| WHOLE FARM DECLARATION | | |
|--|------------------------|---|
| Total Acres: _____ Harvested Acres: _____ | | |
| Please Indicate Name of Processor or Fresh Sales | Total Net Weight (LBS) | <i>For Office Use Only</i> DO NOT WRITE IN THIS AREA |
| | | MEA: |
| | | Notes: |
| | | |
| | | |
| | | |
| | | |
| GRAND TOTAL | | |

3) **RECEIVED/PURCHASED** List if any, all berries received or purchased from off the farm sources.

| RECEIVED OR PURCHASED FROM | CROP | TOTAL NET WEIGHT (e.g. lbs.) | Stored or sold separately from insured Crop? |
|----------------------------|------|------------------------------|--|
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

4) **Please Note: Supporting documents such as Processor(s) slips and/or all sales records must be submitted with your Declaration of Production.**

I declare that the above is a true, accurate and complete record of all Berries produced, harvested, sold and which otherwise came into possession of or was disposed of by the Insured, whether insured or not.

Insured(s) Signature

Date