

# Production Insurance

BC Ministry of Agriculture

Received by BRM Office

## SCHEDULE D-18 DECLARATION OF PRODUCTION – CHERRIES CROP YEAR \_\_\_\_\_

Insured's Name \_\_\_\_\_

Policy Number: \_\_\_\_\_

Record below all crop that you produce, harvest, sell and otherwise come into possession of or dispose of, whether insured or not, by Variety, source, and weight. If you have any questions regarding this Declaration of Production, please contact your Production Insurance office.

### LOT DESCRIPTION:

Varieties		FRUIT SOLD After Culls were Sorted (lbs) (Provide breakdown on back) (A)	Culls Sorted in a Packing Line (lbs) (B)	Culls Sorted in the Orchard (lbs) (C)	Fruit Abandoned in the Orchard (lbs) (D)	TOTAL PRODUCTION (lbs) (A+B+C+D)	For Office Use Only  DO NOT WRITE IN THIS AREA
BCTF # _____	Indicate Point of Sale* PH/PP/DS/FS/MISC						
Bing							
Celeste							
Chelan							
Cristalina							
Lambert							
Lapin							
Rainier							
Sandra Rose							
Santina							
Satin							
Sentennial							
Skeena							
Staccato							
Stella							
Sweetheart							
Van							

**\*POINT OF SALE KEY**

PH – Packing House – list the name, and if BC Tree Fruit Co-op, your Grower Number

PP – Private Packer – list the name (please list on back)

FS – Farm Sales – list i.e., fruit stands, u-pick

DS – Direct Sales – list, i.e., brokers, grocery chains(s)/suppliers(s)

MISC – list any other

I declare that the above is a true, accurate and complete record of all Cherries 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 \_\_\_\_\_

## DETAILS OF CHERRIES SOLD BY VARIETY

<b>Insured Name:</b>	<b>Policy #:</b>
----------------------	------------------

**LOT DESCRIPTION:**

Date	Variety	Name & Address of Buyer	Fruit Sold After Culls were Sorted (lbs)	Culls Sorted in a Packing Line (lbs)	Office Use

*I declare that the above is a true, accurate and complete record of all Cherries 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 \_\_\_\_\_