

Production Insurance

BC Ministry of Agriculture

Schedule F-5: Forage Field Inventory

FOR COMPLETION INSTRUCTIONS, PLEASE SEE THE REVERSE OF THIS FORM.

Production Insurance:

Policy Number: _____

Grower Number: _____

Name of Applicant (please print)	Crop Year
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PART 1 – FORAGE FIELD INVENTORY (Note: Complete one row for each field)

1. Land Inventory Reference	2. Field Number or Name	3. Acres/Field	4. Year Seeded (yyyy)	5. Species Seeded (ie. alfalfa, brome, timothy etc.)	6. Irrigated? (yes/no)
A.					

PART 2 – DECLARATION

I declare that the information provided above is a true and accurate record of all lands, plants and crops identified for which I have an insurable interest.

SIGNATURE OF APPLICANT(S): _____ DATE: _____

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INSTRUCTIONS – GENERAL

1. Please fill out the name of applicant(s) and crop year.
2. Please fill out your Production Insurance Policy and Grower numbers if known.

PART 1 – FORAGE FIELD INVENTORY

1. List the Land Inventory Reference Letter from Schedule L-1.
2. Indicate the field number(s) or name(s) as referenced on Schedule L-2 Farm Map(s).
3. Indicate the number of acres planted on the land(s) indicated.
4. Indicate the year in which each forage planting was seeded.
5. Indicate the species of forage seeded for the upcoming crop year.
6. Indicate for each field whether it is irrigated or not.

Note: If a field is to be seeded in the spring to any annual or perennial forage crop, complete the *Field Number or Name* and *Acres/Field* columns only.

PART 2 –DECLARATION

1. Read the Declaration.
2. If you are in agreement with the Declaration Statement, sign and date on the lines indicated.
3. Forward the completed form to your Production Insurance office by _____.