Production Insurance

BC Ministry of Agriculture and Food

Schedule F-9: Flower Bulb Field Inventory

FOR COMPLETION INSTRUCTIONS, PLEASE SEE TH Name of Applicant (please print)			Crop Yea		Production Insurance: Policy Number: Grower Number:	
PART 1 – FLOWER BULB INVENTORY						
Land Inventory Reference	Field Name or Number	Commodity (Tulip or Daffodil)	Variety	Planted Acres	Planting Density (lbs/acre)	Planting Date
A.						
PART 2 – D	ECLARATION			1		
declare that	the information p	rovided above is a t	true and accur	ate record of all la	ands, plants and crop	s identified for
which I have	an insurable interes	est.			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 – FLOWER BULB INVENTORY

- 1. List the Land Inventory Reference Letter from Schedule L-1. Identify each distinct planting.
- 2. Indicate the field number(s) or name(s) as referenced on Schedule L-2 Farm Map(s).
- 3. Indicate the commodity(ies) planted on each field.
- 4. Indicate the variety(ies) of each commodity planted.
- 5. Indicate the number of acres planted for each field indicated.
- 6. Indicate the planting density for each planting indicated.
- 7. Indicate the planting date for each field.

PART 2 – DECLARATION

- 1. Read the Declaration.
- 2. If you are in agreement with the Declaration Statement, sign and date on the lines indicated.

Forward this completed form to your Production Insurance office before the application deadline of October 31





