

Production Insurance

BC Ministry of Agriculture and Food

Schedule F – 6: Grain & Oilseed Field Inventory and Seeded Crop Report

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

Name of Applicant (please print)	Crop Year
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<i>Production Insurance:</i>	
Policy Number:	_____
Grower Number:	_____

PART 1 – UNSEDED ACREAGE COVERAGE (Acres you intend to seed this spring) COMPLETE BY APRIL 30	PART 3 – SEEDED CROP REPORT (Acres you actually seeded) COMPLETE BY JUNE 14
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Legal Description	Last Year's Crop	Crop to be Seeded	Acres to be Seeded	Actual Acres Seeded	Crop Seeded	Variety	Seeding Date (mm/dd)	If Under Seeded, to what?	
Total					Total				

Do you expect to make any significant changes to your farm management this year?
 Yes No

If yes, what practices do you expect to change?
 Fertilizer Herbicide Tillage Other

Carry Over Grain

Do you expect to have grain stored from previous crop years on August 1?
 Yes No

PART 2 – UNSEDED ACREAGE 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 (yyyy/mm/dd)

Production Insurance (PI) Representative Initials

PART 4 – SEEDED CROP 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 (yyyy/mm/dd)

(PI) Representative Initials

Total Acres Seeded
Barley:
Canola:
Field Peas:
Oats:
Rye:
Wheat:
Total
Forage:

Additional Schedule F-6A forms appended? Yes No (If yes, number of additional forms: _____)

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This form is to be completed in **two phases**:

1. The Unseeded Acreage Coverage and the Unseeded Acreage Declaration (Parts 1 and 2 of the form) must be completed and returned to your Production Insurance office by **April 30** of the current crop year.
2. A copy of your completed form will be returned to you for completion of the Seeded Crop Report and Seeded Crop Declaration (Parts 3 and 4 of the form). This must be completed and returned to your Production Insurance office by **June 14** of the current crop year.

Note: This form must be signed and returned regardless of whether you have acres seeded or not.

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 – UNSEEDED ACREAGE COVERAGE

1. Identify each legal description to be seeded for the upcoming crop year.
2. List last year's crop grown on each legal description.
3. Indicate the crop to be seeded on the field this year. This allows us to better estimate your total premium costs.
4. Estimate the acreage to be seeded within each legal description for the upcoming crop year.
5. Add up the total intended acres to be seeded.
6. Indicate if you have made any significant management changes by marking an "X" in the box 'yes' or 'no.'
 - a. If yes, indicate which management practices you expect to change by marking an "X" in all boxes that apply.

PART 2 – UNSEEDED ACREAGE 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 **April 30** of the current crop year.

PART 3 – SEEDED CROP REPORT

1. Indicate the actual acres seeded for each legal description.
2. Indicate the commodity type seeded on each legal description.
3. Indicate the variety of each crop seeded.
4. Indicate the seeding date for each crop seeded on each legal description.
5. If crop has been under seeded, indicate to what it has been under seeded to.
6. Complete the total actual acres seeded.
7. Indicate if you have any grain to be stored from previous years after August 1 by circling yes or no.

PART 4 – SEEDED CROP DECLARATION

1. Complete the total acres seeded for each commodity.
2. Read the Declaration.
3. If you are in agreement with the Declaration Statement, sign and date on the lines indicated.
4. Forward the completed form to your Production Insurance office by **June 14** of the current crop year.

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Schedule F – 6A:

Grain & Oilseed Field Inventory and Seeded Crop Report Additional Form(s)

ONLY TO BE COMPLETED IN CONJUNCTION WITH, AND APPENDED TO, SCHEDULE F-6.
FOR COMPLETION INSTRUCTIONS PLEASE SEE THE REVERSE OF SCHEDULE F-6.

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Name of Applicant (please print)	Crop Year
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Production Insurance:

Policy Number: _____

Grower Number: _____

PART 1 – UNSEEDED ACREAGE COVERAGE (Acres you intend to seed this spring)				PART 3 – SEEDED CROP REPORT (Acres you actually seeded)				
COMPLETE BY APRIL 30				COMPLETE BY JUNE 14				
Legal Description	Last Year's Crop	Crop to be Seeded	Acres to be Seeded	Actual Acres Seeded	Crop Seeded	Variety	Seeding Date (mm/dd)	If Under Seeded, to what?
Total					Total			

I understand that all information provided on this Schedule F-6A is considered a part of Schedule F-6 and is subject to the Unseeded Acreage Declaration and the Seeded Crop Declaration on Schedule F-6 of which this Schedule forms a part.

Signature of Applicant(s)

Date



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PART 1 – UNSEEDDED ACREAGE COVERAGE (Acres you intend to seed this spring)				PART 3 – SEEDED CROP REPORT (Acres you actually seeded)				
COMPLETE BY APRIL 30				COMPLETE BY JUNE 14				
Legal Description	Last Year's Crop	Crop to be Seeded	Acres to be Seeded	Actual Acres Seeded	Crop Seeded	Variety	Seeding Date (mm/dd)	If Under Seeded, to what?
Total					Total			

I understand that all information provided on this Schedule F-6A is considered a part of Schedule F-6 and is subject to the Unseeded Acreage Declaration and the Seeded Crop Declaration on Schedule F-6 of which this Schedule forms a part.

Signature of Applicant(s)

Date

