

Production Insurance

BC Ministry of Agriculture and Food

Schedule U-5: Grape Land & Vineyard Update Form _____

Policy Name:	Policy #:	Contact Phone #:
Farm Location:		E-mail:

Please report all new plantings and spring grafting as soon as they are complete.

This will allow us the ability to offer you the most complete coverage for the following Crop Year. (Refer to Section 2.2 of the Grape Policy Wording for more information.)

- I have **NO new plantings or removals.** I will **no longer be farming** the lot located at: _____
for the upcoming policy year.

List all **new plantings** or **grafting** below:

Planting Date	Block Name	Variety Name - Rootstock	Planting Type (check one)	# of Vines	Vine Training Method	Spacing	Acres	Vine Type (check one)
			<input type="checkbox"/> Replanted Block <input type="checkbox"/> Interplant <input type="checkbox"/> New Land					<input type="checkbox"/> Grafted <input type="checkbox"/> Layered <input type="checkbox"/> Nursery
			<input type="checkbox"/> Replanted Block <input type="checkbox"/> Interplant <input type="checkbox"/> New Land					<input type="checkbox"/> Grafted <input type="checkbox"/> Layered <input type="checkbox"/> Nursery
			<input type="checkbox"/> Replanted Block <input type="checkbox"/> Interplant <input type="checkbox"/> New Land					<input type="checkbox"/> Grafted <input type="checkbox"/> Layered <input type="checkbox"/> Nursery
			<input type="checkbox"/> Replanted Block <input type="checkbox"/> Interplant <input type="checkbox"/> New Land					<input type="checkbox"/> Grafted <input type="checkbox"/> Layered <input type="checkbox"/> Nursery
			<input type="checkbox"/> Replanted Block <input type="checkbox"/> Interplant <input type="checkbox"/> New Land					<input type="checkbox"/> Grafted <input type="checkbox"/> Layered <input type="checkbox"/> Nursery

List all vine **removals** or **grafting** not previously reported:

Date of Removal	Block Name	Variety Name - Rootstock	# of Vines	Spacing	Acres	Year Planted	Reason for Removal

List **new land to be added** to your policy for the upcoming policy year. (Note: Vine counts and maps will be required.)

Lot location and Description (Street Address, Nearest Road or Legal Description)	Own or Lease/Rental?	Varieties Planted	Planted Acres

I declare that the above noted plantings, removals and new land information are accurate. I understand that I must promptly notify Production Insurance, Ministry of Agriculture and Food if there are any changes to the above.

Policy Holder(s) Signature

Date

For Office Use Only	ACTION TAKEN BY UNDERWRITER: (For Office Use Only)	
	Date Removals entered in CIRRAS: _____	Assessment Needed: <input type="checkbox"/> YES <input type="checkbox"/> NO
	Date Plantings entered in CIRRAS: _____	Inspection Needed: <input type="checkbox"/> YES <input type="checkbox"/> NO
		Land Title Confirmed: <input type="checkbox"/> YES <input type="checkbox"/> NO
	Notes:	