# **Production Insurance**

BC Ministry of Agriculture and Food

## Schedule L - 1: Land Inventory

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

Name of Applicant(s) (Please Print)

Production Insurance:

Policy number:

Grower number:

#### PART 1 – LAND INVENTORY

InterferenceLand IdentificationStreet addressOrmadityPlantedownedI asset/A.PID AND LEGAL DESCRIPTIONIncl <th rowspan="2">Land Inventory Reference</th> <th rowspan="2">1. Land Identification</th> <th rowspan="2">2. Street address or Nearest Road</th> <th rowspan="2">3. Commodity Planted</th> <th rowspan="2">4. Planted Acres</th> <th colspan="2">5. Ownership</th> <th>Packing</th>	Land Inventory Reference	1. Land Identification	2. Street address or Nearest Road	3. Commodity Planted	4. Planted Acres	5. Ownership		Packing
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#### PART 2 – DECLARATION

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

SIGNATURE OF APPLICANT(S):

S







DATE:

# **Production Insurance**

BC Ministry of Agriculture and Food

## 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 – LAND INVENTORY

- 1. List all lots for which you have insurable interest under the land identification column. Provide PID and legal land descriptions of the properties.
- 2. Provide the street address. If there is no street address assigned, provide the nearest road name(s) and/or landmarks.
- 3. List the commodity(ies) planted on each lot.
- 4. List the approximate planted acres of land on each lot.
- 5. Indicate if the lands are owned, leased or rented. If the land is leased or rented, a **legal lease** or **rental agreement** must be submitted with your application.
- 6. Provide the packing house number for each lot if applicable.

### 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.





