

# Production Insurance

BC Ministry of Agriculture and Food

## Schedule M-2: Request for Early Quality Loss Claim Adjustment Crop Year \_\_\_\_\_

COMMODITY: \_\_\_\_\_

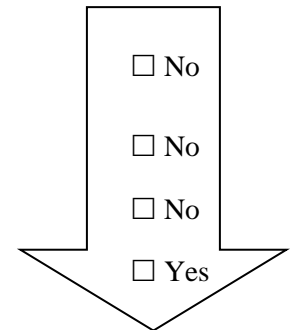
Grower Name(s): \_\_\_\_\_

Lot ID: \_\_\_\_\_ Area: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Address: \_\_\_\_\_ Grower Number: \_\_\_\_\_

### DETERMINATION OF ELIGIBILITY

1. I understand and agree that a late season hail adjustment may provide a more accurate representation of damage to my crop than an early season adjustment will.  Yes
2. Fruit in all blocks is at least 25mm (1 inch) in diameter.  Yes
3. At least 80% of fruit of all varieties in all blocks has been badly damaged by hail.  Yes
4. Hand thinning of this crop has occurred.  No



Not eligible for early claim settlement.

### STATEMENT OF INSURED

1. I agree that, should my crop qualify for an early claim settlement, my indemnity will be limited to 80% of the face value of my hail coverage (both minimum and added value hail/rain coverage).
2. I agree that should my crop qualify, my choice for an early claim settlement is irrevocable.
3. I agree to advise Production Insurance and fully disclose any fruit that I salvage.

\_\_\_\_\_  
Name of Insured (print) Signature Date

\_\_\_\_\_  
Name of Insured (print) Signature Date

<b>For Office Use Only</b>	1. Has the insured signed agreement with the yield estimate? <input type="checkbox"/> Yes	
	2. Has all fruit achieved 25mm (1 inch) in diameter? <input type="checkbox"/> Yes	
	3. Has any fruit in any block been hand thinned? <input type="checkbox"/> No	
	4. Is fruit in any block clearly not sufficiently hail damaged to achieve the specified write-off threshold? <input type="checkbox"/> No	
Name (print) _____		If there are any check marks in this column, reschedule to a regular harvest-time adjustment.  If not, proceed with sample.
Signature _____		
Date _____		