Production Insurance
BC Ministry of Agriculture and Food

Schedule U-6: Tree Fruit Land & Orchard Update Form _____

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

NEW PLANTINGS: Please report as soon as they are complete. Must be planted before May 1 to be eligible.

This will allow us the ability to offer you the most complete coverage for the following Crop Year. (**Refer to Section 2.4(d)(i) & 2.4(d)(ii) of the Tree Fruit 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 Trees	Support System	Spacing	Acres	Tree Type (Check one) Indicate Age *Grafted tree type includes benchgraft or grafted in place
			☐ Replanted Block ☐ Interplant ☐ New Land					☐ Grafted* ☐ Nursery ☐ Transplant – Age
			☐ Replanted Block ☐ Interplant ☐ New Land					☐ Grafted* ☐ Nursery ☐ Transplant – Age
			☐ Replanted Block ☐ Interplant ☐ New Land					☐ Grafted* ☐ Nursery ☐ Transplant – Age
			☐ Replanted Block ☐ Interplant ☐ New Land					☐ Grafted* ☐ Nursery ☐ Transplant – Age
			☐ Replanted Block ☐ Interplant ☐ New Land					☐ Grafted* ☐ Nursery ☐ Transplant – Age

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

Date of Removal	Block Name	Variety Name & Rootstock	# of Trees	Spacing	Acres	Year Planted	Reason for Removal

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

Lot location and Description (Street Address, Nearest Road or Legal Description)	Own or Lease/Rental?	Commodities 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, Food and Fisheries 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:* ☐ YES ☐ NO *Date Plantings entered in CIRRAS:* _____ *Inspection Needed:* ☐ YES ☐ NO *Land Title Confirmed:* ☐ YES ☐ NO *Notes:*