

Production Insurance

BC Ministry of Agriculture, Food and Fisheries

SCHEDULE D – 12 DECLARATION OF PRODUCTION - GRASS CROP YEAR _____

Received by BRM Office

Insured's Name _____

Policy Number _____

Record below all crop that you produce, harvest, sell and otherwise come into possession of or dispose of, whether insured or not, by Type of Grass, source, and weight. If you have any questions regarding this Declaration of Production, please contact your Production Insurance Office.

CURRENT YEAR'S HAY PRODUCTION:						
Feed Type*	Bales/Stack Size	Make & Model	Number of Bales, Stacks	Estimated Weights	For Office Use Only	
					NEW TOTALS	NOTES:

* Note: Feed type includes forage seed production and residual straw either baled or burnt

STORAGE (bunker, ag bag, silo)	Make & Model of Silage Wagon	Number of Wagon Loads or Bags	Bag Size	% of Dry Matter	Net Wet Weight Per Load	Total Dry Matter	For Office Use Only	
							NEW TOTALS	NOTES:

SILAGE BY VOLUME:

If you do not have a record of silage loads provide a volume estimate. Fill in the following blanks:

- Number of Bunkers / Silos: _____
- Bunker Dimensions: Length _____ ft. Width _____ ft. Height of Silage _____ ft.
Length _____ ft. Width _____ ft. Height of Silage _____ ft.
Length _____ ft. Width _____ ft. Height of Silage _____ ft.
- Silage Volume: cubic feet _____ x (35) x (% dm) _____ % / 2000 = _____ tons (dry matter)
Silage Volume Formula: = (cubic feet) x (35 lbs.) x (% dry matter) divide by 2000 lbs. = Total Tons (dry matter)
Cubic Feet → length x width x height of silage arrives at the cubic feet of silage in a bunker.
Carry Over: Measure your carry-over from last year if any and use the same formula.
- Carry-over Volume: cubic feet _____ x (35) x (% dm) _____ % / 2000 = _____ tons (dry matter)
- How many ACRES of "Grass" did you harvest (do not include corn acres)? _____

I declare that the above is a true, accurate and complete record of all Grass produced, harvested, sold, and which otherwise came into possession of or was disposed of by the Insured, whether insured or not.

Insured's Signature _____

Date _____