Production INSURANCE for British Columbia

SCHEDULE H - 7
ASSIGNMENT OF INDEMNITY - GRAIN PLAN
CROP YEAR ____

Production Insurance Grower Number _____

For valuable consideration, I/We _____

insured, hereby assign to _____
(NAME)

of _____
(ADDRESS)

any indemnity which may be payable by the Insurer as a result of loss on

Contract/ Policy Number _____

for the following insured crop(s) _____

in the Canada-British Columbia Production Insurance program for the crop year ending _____.

This assignment is subject to the terms and conditions to the contract and to the conditions outlined below.

Dated at _____ in the Province of British Columbia, this _____

day of _____, 20____.

Insured (print) _____ Insured (signature) _____

Witness (print) _____ Witness (signature) _____

Insured (print) _____ Insured (signature) _____

Witness (print) _____ Witness (signature) _____

NOTE TO INSURED

This form has been developed for convenience only. You should seek your own legal advice.

CONDITIONS

1. An assignment shall be binding upon person(s) who succeed to the assignor's interest in the insurance contract.
2. Any indemnity payment made under the insurance contract shall be subject to a deduction for any amounts outstanding to the Business Risk Management Branch, including unpaid premium(s).
3. Payment to the Assignee of any indemnity due under the contract shall constitute a complete discharge of the Insurer's obligation with respect to the loss for which such indemnity is paid.
4. Only one assignment shall be in effect at any one time with respect to the insured crop(s) as listed above, for any crop year.
5. The assignment in effect on any insured crop(s), as listed above, shall be the one first filed and approved below.
6. Upon its due completion and consent being given by the Insurer, this form shall constitute an endorsement to the above-noted production insurance contract.

For Office Use Only	The Insurer hereby approves the foregoing assignment. Dated this _____ day of _____, 20_____ at _____ am / pm _____ _____ *PI **Finance** Rep's Name (Print)* *PI **Finance** Rep's Signature*

Reset Form