

Production Insurance

BC Ministry of Agriculture

Schedule F – 8: Silage Corn Seeding Intentions and Seeded Crop Report

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

Name of Applicant (please print)	Crop Year
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<i>Production Insurance:</i>	
Policy Number:	_____
Grower Number:	_____

PART 1 – UNSEEDED ACREAGE COVERAGE (Acres you intend to seed this spring)			
>	Land Inv. Ref.	Field name or # from farm map	Acres to be Seeded
C			
O			
M			
P			
L			
E			
T			
E			
B			
Y			
A			
P			
R			
I			
L			
3			
0			
>			
Total			

PART 3 – SEEDED CROP REPORT (Acres you actually seeded)			
>	Actual Acres Seeded	Variety	Seeding Date (mm/dd)
C			
O			
M			
P			
L			
E			
T			
E			
B			
Y			
J			
U			
N			
E			
2			
0			
>			
Total			

Do you expect to make any significant changes to your farm management this year? Yes No

If yes, what practices do you expect to change?
 Fertilizer Herbicide Tillage Other

PART 2 – UNSEEDED ACREAGE DECLARATION

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

Signature of Applicant(s)

Date (yyyy/mm/dd)

_____ Production Insurance Program Representative Initials

PART 4 – SEEDED CROP DECLARATION

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

Signature of Applicant(s)

Date (yyyy/mm/dd)

_____ Production Insurance Program Representative Initials

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This form is to be completed in **two phases**:

1. The Unseeded Acreage Coverage and the Unseeded Acreage Declaration (Parts 1 and 2 of the form) must be completed and returned to your Production Insurance office by **April 30** of the current crop year.
2. A copy of your completed form will be returned to you for completion of the Seeded Crop Report and Seeded Crop Declaration (Parts 3 and 4 of the form). This must be completed and returned to your Production Insurance office by **June 20** of the current crop year.

Note: This form must be signed and returned regardless of whether you have acres seeded or not.

TO BE COMPLETED AND RETURNED TO YOUR PRODUCTION INSURANCE OFFICE BY APRIL 30

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 – UNSEEDED ACREAGE COVERAGE

1. For each Land Inventory Reference Letter indicate the field name or number at the same level of detail as the farm map (Schedule L-2).
2. Estimate the acreage to be seeded for the upcoming crop year.
3. Add the total intended acres to be seeded.
4. Indicate if you have made any significant management changes by marking an “X” in the box ‘yes’ or ‘no.’
 - a. If yes, indicate which management practices you expect to change by marking an “X” in all boxes that apply.

PART 2 – UNSEEDED ACREAGE 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 by **April 30** of the current crop year.

TO BE COMPLETED AND RETURNED TO YOUR PRODUCTION INSURANCE OFFICE BY JUNE 20

PART 3 – SEEDED CROP REPORT

1. Indicate the actual acres seeded for each field (land inventory reference letter, field name or number).
2. Indicate the variety of each commodity seeded on each field.
3. Indicate the seeding date for each commodity seeded on each field.
4. Complete the total actual acres seeded.

PART 4 – SEEDED CROP 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 by **June 20** of the current crop year.