

Production Insurance

BC Ministry of Agriculture

SCHEDULE D – 10 DECLARATION OF PRODUCTION – SILAGE CORN 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 Silage Corn, source, and weight. If you have any questions regarding this Declaration of Production, please contact your Production Insurance Office.

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:

1. Number of Bunkers / Silos: _____

2. Bunker / Silo 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.

3. 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.

4. Carry-over Volume: cubic feet _____ x (35) x (% dm) _____ % / 2000 = _____ tons (dry matter)

5. How many ACRES of "Silage Corn" did you harvest (do not include grass acres)? _____

6. Did you purchase or otherwise come into possession of any silage corn from sources other than those lots which you have insured? **Yes** **No** *If yes, we will contact you for details regarding all purchases or possessions. Supporting documentation will be required.*

I declare that the above is a true, accurate and complete record of all Silage Corn 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