

Production Insurance

BC Ministry of Agriculture

Received by BRM Office

SCHEDULE D-18 DECLARATION OF PRODUCTION – CHERRIES CROP YEAR _____

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 Variety, source, and weight. If you have any questions regarding this Declaration of Production, please contact your Production Insurance office.

LOT DESCRIPTION:					For Office Use Only	
Varieties BCTF # _____ Other # _____ Indicate Point of Sale* PH/PP/DS/FS/MISC	FRUIT SOLD After Culls were Sorted (Report in lbs) (Provide breakdown on back) (A)	Fruit Abandoned in the Orchard (Report in lbs) (B)	Culls Sorted in a Packing Line (Report in lbs) (C)	Culls Sorted in the Orchard (Report in lbs) (D)	TOTAL PRODUCTION (Report in lbs) (A+B+C+D)	For Office Use Only DO NOT WRITE IN THIS AREA
Bing						
Celeste						
Chelan						
Cristalina						
Lambert						
Lapin						
Rainier						
Sandra						
Santina						
Satin						
Sentennial						
Skeena						
Staccato						
Stella						
Sweetheart						
Tieton						
Van						

***POINT OF SALE KEY**

PH – Packing House – list the name, and if BC Tree Fruit Co-op, your Grower Number

PP – Private Packer – list the name (please list on back)

FS – Farm Sales – list i.e., fruit stands, u-pick

DS – Direct Sales – list, i.e., brokers, grocery chains(s)/suppliers(s)

MISC – list any other

I declare that the above is a true, accurate and complete record of all Cherries 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 _____

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DETAILS OF CHERRIES SOLD BY VARIETY

Insured Name:					Policy #:
LOT DESCRIPTION:					
Date	Variety	Name & Address of Buyer	Fruit Sold After Culls were Sorted (lbs)	Culls Sorted in a Packing Line (lbs)	Office Use

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