

Production Insurance

BC Ministry of Agriculture

Schedule W – 4: Flower Bulb Additional Warranties

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

Name Of Applicant(s) (Please Print)

Production Insurance

Policy number: _____

Grower number: _____

PART 1

1. How many years have you been farming this crop?

- 0-1 year
- 2 years
- 3 + years

2. Do you currently have a financial interest in any **other** operations farming this crop?

- Yes (if Yes, fill in applicable information in the table below)
- No (if No, proceed to Question 3)

Name of Operation(s)	Financial Interest Type (SP, P, SH, CS)

3. Are all plants that you are applying for insurance for in good enough condition to survive a normal winter and be capable of producing a normal crop next year?

- Yes
- No

PART 2 – DECLARATION

I declare that (a) all information provided is, to the best of my knowledge and belief, true and correct and (b) I have an insurable interest in all plants and crops that I am applying to insure. I agree to abide by the terms of the contract of which this application forms a part.

SIGNATURE OF APPLICANT(S): _____ DATE: _____

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INSTRUCTIONS – GENERAL

The information on this form will be used to evaluate your current ability to produce a flower bulb crop. By signing this form, you certify that the information provided is complete and accurate and that you understand the information may be audited. Inaccurately reported information or failure to retain records and supporting documentation may result in an assessment which can result in cancellation of insurance and a requirement that you repay any indemnities. Individual information on this form will not be released to any party other than the insurer without the written consent of the insured.

1. Please print your name as stated on Schedule A. If known, please fill in your Production Insurance policy number and grower number.

PART 1

1. Indicate how many years you have been farming the crop you wish to insure by marking an “X” in the appropriate box.
2. Indicate if you have financial interest in any other operations farming this crop by marking an “X” in the appropriate box. If you have financial interest in another operation farming this crop (if you share in the proceeds of any crops produced) indicate the name of the operation and specify your financial interest according to the following classifications: sole proprietorship (SP), partnership (P), shareholder (SH), or crop share (CS). If you have no financial interest in any other operations farming this crop, proceed to Question 3.
3. Indicate if your plants are capable of producing a crop or not by marking an “X” in the appropriate box.

DECLARATION

1. Read the Declaration.
2. If you are in agreement with the Declaration Statement, sign and date on the lines indicated.

Forward this completed form to your Production Insurance office before the application deadline of October 31.

*If you have any questions, please contact our office or better yet, schedule an appointment to see us.
We look forward to serving you.*