

Production Insurance

BC Ministry of Agriculture

Schedule F - 4: Grape Field Inventory

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

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|-------------------------------------|-----------------|-----------|-----------------|--|
| Name of Applicant(s) (Please Print) | | | Crop Year: | |
| Lot ID or PID: | Street Address: | Phone No: | Lot Owner Name: | |

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|------------------------------|
| <i>Production Insurance:</i> |
| Policy number: _____ |
| Grower number: _____ |

PART 1 – GRAPE VINE FIELD INVENTORY

| Variety (list all, if known) | Acres | Spacing | Number of Vines Planted in Each Year | | | | | | | | | | | | | | | |
|---------------------------------|-------|---------|--------------------------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| | | | 20__ | 20__ | 20__ | 20__ | 20__ | 20__ | 20__ | 20__ | 20__ | 20__ | 20__ | 20__ | 20__ | 20__ | 20__ | 20__ |
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| Total number of vines: | | | | | | | | | | | | | | | | | | |

PART 2 – DECLARATION

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| 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: _____ |



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INSTRUCTIONS – GENERAL

1. Please fill out the name of applicant(s), crop year, lot ID/PID, street address, phone number and name of land owner (if different than applicant).
2. Please fill out your Production Insurance Policy and Grower numbers if known.

PART 1 – GRAPE VINE FIELD INVENTORY

1. Complete a new form for each separate lot or field as indicated on Schedule L1 – Land Inventory.
2. List the varieties by the different plant spacings and years planted.
3. List the acres planted for each variety.
4. Spacing is listed as the space between the rows by the space between the vines. (eg. 9' x 4')
5. List the number of vines planted, for each year, in their permanent position.
 - a) If vines were planted prior to 2000, indicate “M” for Mature for planting year. (e.g. 20 M)

PART 2 – DECLARATION

1. Read the Declaration.
2. If you are in agreement with the Declaration Statement, please sign and date the form on the lines indicated.
3. Submit the completed and signed form to your Production Insurance office.

Kelowna Office:

200-1500 Hardy St
Kelowna BC V1Y 8H2
Phone: 250-712-3797
Fax: 250-712-3269
Toll Free: 1-877-343-2767

Oliver Office:

201-583 Fairview Rd
PO Box 857
Oliver BC V0H 1T0
Phone: 250-498-5250
Fax: 250-498-4952
Toll Free: 1-888-812-8811

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

We look forward to serving you.



Revised February 2018