

Production Insurance

BC Ministry of Agriculture

Schedule L - 1: Land Inventory

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

Name of Applicant(s) (Please Print)

Production Insurance:
 Policy number: _____
 Grower number: _____

PART 1 – LAND INVENTORY

Land Inventory Reference	1. Land Identification	2. Street address or Nearest Road	3. Commodity Planted	4. Planted Acres	5. Ownership		Packing House Number (if applicable)
					Owned	Leased/Rented	
A.	PID AND LEGAL DESCRIPTION						
B.	PID AND LEGAL DESCRIPTION						
C.	PID AND LEGAL DESCRIPTION						
D.	PID AND LEGAL DESCRIPTION						
E.	PID AND LEGAL DESCRIPTION						
F.	PID AND LEGAL DESCRIPTION						
G.	PID AND LEGAL DESCRIPTION						
H.	PID AND LEGAL DESCRIPTION						
I.	PID AND LEGAL DESCRIPTION						
J.	PID AND LEGAL DESCRIPTION						

PART 2 – DECLARATION

I declare that the information provided above is a true, accurate and complete record of all planted lands 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) and crop year.
2. Please fill out your Production Insurance Policy and Grower numbers if known.

PART 1 – LAND INVENTORY

1. List all lots for which you have insurable interest under the land identification column. Provide PID and legal land descriptions of the properties.
2. Provide the street address. If there is no street address assigned, provide the nearest road name(s) and/or landmarks.
3. List the commodity(ies) planted on each lot.
4. List the approximate planted acres of land on each lot.
5. Indicate if the lands are owned, leased or rented. If the land is leased or rented, a **legal lease** or **rental agreement** must be submitted with your application.
6. Provide the packing house number for each lot if applicable.

PART 2 – 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.