
SCHEDULE H - 5
REQUEST TO TERMINATE CONTRACT

CONTINUOUS PRODUCTION INSURANCE CONTRACT

Termination - You Must Give Us Written Notice

(Section 1.5 – Policy Wording for The Continuous Specified Perils Crop Insurance Contract)

You may terminate this contract by giving us written notice. The notice takes effect immediately before the start of the next Crop Year.

NOTICE OF TERMINATION OF CONTRACT

I, (print name(s)) _____ wish to terminate my continuous contract of Production Insurance. I am aware that the termination of the contract takes effect immediately before the start of the next crop year.

Grower
Number: _____

Contract/ policy
Number: _____

Name(s):

Insured (print): _____ Insured (sign): _____ Date: _____

Witness (print): _____ Witness (sign): _____ Date: _____

Insured (print): _____ Insured (sign): _____ Date: _____

Witness (print): _____ Witness (sign): _____ Date: _____

Please return this form to your District Office.