

Production Insurance

BC Ministry of Agriculture

Schedule M-3: Unharvested/Discarded Yield

Crop Year _____

Note: This form must be remitted while discarded crop can still be assessed.

Grower Name(s): _____

Crop: _____

Policy Number: _____

Variety(ies): _____

Grower Number: _____

Description of area where crop is not fully harvested:

Declaration of Unharvested / Discarded Yield (to be signed by Grower if unharvested yield > 0)

_____ pounds of _____ (crop) from the unharvested area will be counted as yield for the purpose of calculating a claim.

I understand that the pounds specified above will be included as yield for the purpose of calculating a claim.

Name of Insured (print)

Signature

Date

| | |
|------------------------------|---|
| For Office Use Only | Authorization to Abandon Crop |
| | We authorize you to abandon the Crop outlined above. You may not sell or otherwise use this Crop. |
| | _____ Name of Program Representative (print) |
| | _____ Signature |
| | _____ Date |