Production Insurance

BC Ministry of Agriculture and Food

SCHEDULE A

Application for Production Insurance

SEE BACK OF APPLICATION FOR MORE DETAIL

For Office Use Only

☐ Form Update AREA:

GROWER NUMBER:

CONTRACT NUMBERS:

PART 1 - APPLICANT INFORMATION (MUST BE A LEGAL NAME)

NAME IN FULL OR REGISTERED COMPANY NAME

NAME OF CONTACT

MAILING ADDRESS

E-MAIL ADDRESS

AREA CODE TELEPHONE NUMBER

CITY | PROVINCE | POSTAL CODE

AREA CODE CELL NUMBER

LOCATION OF FARM (911 address if available) | Doing Business As (DBA)

AREA CODE FAX NUMBER

Important – This is an application to enter into a legal and binding contract.
Please read these conditions carefully.

(1) This application forms part of a contract between me as the insured and the government of the Province as insurer, the terms of which have been made available to me and which is made pursuant to the Continuous Crop Insurance Scheme Regulation, B.C. Reg. 546/95, as may be amended from time to time.

(2) The Contract of Insurance binds me and remains in effect from year to year (except Flower Bulb).

(3) Underwriting details (including premium rates) are established annually by the Province as insurer.

(4) Each year an election of options/deductible must be made in writing in accordance with the terms of the contract.

PART 2 - PLANS

I/We apply for Production Insurance for the following:

BERRY FLOWER BULB FORAGE GRAIN GRAPE TREE FRUIT VEGETABLE

PART 3 - STATEMENT OF APPLICANT(S)

All information provided is, to the best of my knowledge and belief, true and correct. I have an insurable interest in the subject matter and agree to abide by the terms of the contract of which this application forms a part.

PRINT NAME	PRINT NAME	PRINT NAME	PRINT NAME
SIGNATURE	SIGNATURE	SIGNATURE	SIGNATURE
DATE	DATE	DATE	DATE

PART 4 – SPECIAL SIGNING INSTRUCTIONS

I/We, the Applicant(s), authorize all documents relating to Production Insurance to be signed (select if applicable)

by any one applicant on this application

or by a third party as follows:

All applicants must initial below in order to authorize the special signing instructions.

_____ _____ _____ _____ _____ _____ _____

AUTHORIZED SIGNING AUTHORITY – PRINT NAME	AUTHORIZED SIGNING AUTHORITY – PRINT NAME	AUTHORIZED SIGNING AUTHORITY – PRINT NAME
SPECIMEN SIGNATURE	SPECIMEN SIGNATURE	SPECIMEN SIGNATURE

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PART 5 – CONDITIONS OF ACCEPTANCE: The following conditions must be removed by (Date)

PART 6 - Additional Information on file: _____

_____ Lease Agreement: ☐ Open ☐ Cash ☐ Crop Share ☐ Long Term

PART 7 – ACCEPTANCE

Supporting documentation on file showing insurable interest: _____

Subject to the conditions in Part 5, this application is accepted this_____ day of_____ , 20 ___ .

(Subject to the Continuous Crop Insurance Regulation, B.C. Reg. 546/95 and to the terms of this insurance contract).

☐ **Schedule A-1 completed**

Insurer:_____

Please contact us if any of the information on this application changes.

SCHEDULE A Instructions:

PART 1 – APPLICANT INFORMATION

Please print your legal name and complete address clearly. For incorporated businesses, you may be asked to show us corporate documents including a register of members.

Note: The name(s) on Schedule A will be used on all correspondence, billings and cheques.

PART 2 – PLANS

Note the crops you are interested in insuring so we get you the correct forms.

PART 3 – STATEMENT OF APPLICANT(S)

Each of the applicant(s) must sign here. The applicants are stating that they have an insurable interest in the subject matter. This means that the applicant(s) own, lease or rent in whole or in part the crop and/or the plants, vines or trees being insured. The assumption is that the applicant(s) will be financially affected by the success or failure of the crop or perennial plants, vines or trees.

PART 4 – SPECIAL SIGNING INSTRUCTIONS

All applicants must initial this section in order for the special signing instructions to take effect. If not initialled by all parties, all applicants will be required to sign all documents pertaining to production insurance.

APPLICATION DEADLINES

No application for the coming crop year will be accepted after:
(a) the earlier of the crops being seeded and March 31 for vegetable insurance
(b) the earlier of the crops being seeded and April 30 for grain and spring seeded forage insurance
(c) March 31 for strawberry crop coverage insurance
(d) October 31 for berry, flower bulb and grape insurance
(e) November 30 for tree fruit, and fall seeded forage insurance

DOCUMENTATION REQUIREMENTS

(1) Proof of an insurable interest in the land and/or the plant/crop
(2) The incorporation certificate (on request)
(3) The articles of a company (on request)
(4) The register of members of a company (on request)

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

Any personal information collected by the Ministry of Agriculture and Food in relation to the Production Insurance Program is for the purposes of determining your coverage and administering the Program, as well as to advise you about and identify other Business Risk Management Branch programs, such as AgriStability and AgriRecovery, which may be of assistance to you. Your information will be shared across the Production Insurance, AgriStability and AgriRecovery Programs. It is collected under the authority of s. 26(c) of the Freedom of Information and Protection of Privacy Act, RSBC 1996, c. 165. Further information about the collection or use of this information may be obtained by calling the Manager, Client Services at 1-888-332-3352 or via email at brmb.general.inquiries@gov.bc.ca

Schedule A – 1
Tax Reporting Number

Whenever a claim is paid, the Income Tax Act requires the Business Risk Management Branch (BRMB) to prepare a Statement of Farm Support Payments (AGR-1) and report the Tax Reporting Number on the AGR-1.

The personal information on this form is collected under the authority of the *Income Tax Act, 1985*, and, when a claim is paid, will be used to prepare an AGR-1. The personal information will be treated as confidential within the confines of the *Freedom of Information and Protection of Privacy Act.* If you have any questions about the collection of this information, please contact your local Business Risk Management Branch Office.

Applicant Name **(as shown on the attached Schedule A):**

Please provide the following tax reporting number(s) below based on your classification with the Business Risk Management Branch:

Sole Proprietor / Partnership:

Social Insurance Number: _____

*Business Number: _____

Incorporation:

*Business Number: _____

_____ _____
AUTHORIZED SIGNATURE OF APPLICANT DATE

*GST Number

Office Use Only:

PI Grower Number: _____

OR

File Number (AWP#/COV#): _____ - _____

COPIES ARE NOT TO BE MADE OF THIS COMPLETED FORM

Production Insurance

BC Ministry of Agriculture and Food

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: _____

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.

Schedule L - 2:
Farm Map(s)

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

Name of Applicant: (Please Print)	Policy Number: _____ Grower Number: _____

PART 1 – FARM MAP

Draw map in space provided below.

What Land Inventory Reference Letter is represented on this map? _____

PART 2 – DECLARATION

I declare that the information provided above is a true, accurate and complete representation of the land(s) identified, for which I have an insurable interest.

SIGNATURE OF APPLICANT(S): _____ DATE: _____

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 – FARM MAP

1. Indicate, in the upper left corner of the map, the land inventory reference letter(s) (from schedule L - 1).
    a) Multiple lands (and land inventory reference letters) may be represented on the map if lands are adjacent.
    b) If lands are not adjacent, please provide separate maps for all fields and lands necessary.
2. Indicate north (at the top right of the photo or map).
3. Attach one of the following:
    a) Air photo(s) of the farm location(s). (Preferred for forage and grain)
    b) Photocopy of a Municipal or other detailed map of the farm, or
    c) Draw a map in the space provided on the front of this form (attach additional sheets if required).
4. Drawn maps should include all identifying physical features such roads, access routes, lakes, streams, ditches and adjacent fields.
5. Include the location of buildings such as residence, storage facilities and wind machines on lands.
6. For each land inventory reference letter, identify (if applicable) the different fields by crop, block, or commodity unit within that legal description.
7. If you require more space, please attach a separate map.

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.

ADDITIONAL INSTRUCTIONS FOR APPLICANTS

Lands identified on this form should be divided into as many blocks or areas as necessary to facilitate collection and reporting of information.

Identify each distinct planting by **commodity, variety, age/stage and density/spacing**, if practical.

Schedule F-9: Flower Bulb Field Inventory

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

Name of Applicant (please print)	Crop Year

Production Insurance:
Policy Number: _____
Grower Number: _____

PART 1 – FLOWER BULB INVENTORY

Land Inventory Reference	Field Name or Number	Commodity (Tulip or Daffodil)	Variety	Planted Acres	Planting Density (lbs/acre)	Planting Date
A.						

PART 2 – DECLARATION

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: _____

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 – FLOWER BULB INVENTORY

1. List the Land Inventory Reference Letter from Schedule L-1. Identify each distinct planting.
2. Indicate the field number(s) or name(s) as referenced on Schedule L-2 Farm Map(s).
3. Indicate the commodity(ies) planted on each field.
4. Indicate the variety(ies) of each commodity planted.
5. Indicate the number of acres planted for each field indicated.
6. Indicate the planting density for each planting indicated.
7. Indicate the planting date for each field.

PART 2 –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

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: _____

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 faming 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.