

SEE BACK OF APPLICATION FOR MORE DETAIL				For Office Use Only	<input type="checkbox"/> Form Update	AREA:
PART 1 - APPLICANT INFORMATION (MUST BE A LEGAL NAME)					GROWER NUMBER:	
NAME IN FULL OR REGISTERED COMPANY NAME					CONTRACT NUMBERS:	
MAILING ADDRESS				NAME OF CONTACT		
CITY				PROVINCE	POSTAL CODE	AREA CODE TELEPHONE NUMBER
LOCATION OF FARM (911 address if available)				Doing Business As (DBA)	AREA CODE	CELL NUMBER
					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
 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

FOR OFFICE USE ONLY	PART 5 – CONDITIONS OF ACCEPTANCE: The following conditions must be removed by _____ (Date)

	PART 6 - Additional Information on file: _____ _____ Lease Agreement: <input type="checkbox"/> Open <input type="checkbox"/> Cash <input type="checkbox"/> Crop Share <input type="checkbox"/> 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). <input type="checkbox"/> 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

The personal information on this form is collected under the authority of the *Insurance for Crops Act, RSBC 1996, c.229* and will be used to determine coverage, administer the program, and for general analysis. The personal information will be treated as confidential within the confines of the *Freedom of Information and Protection of Privacy Act*. Questions about this collection should be directed to: Business Risk Management Branch, Mailing Address: 200-1690 Powick Road, Kelowna, BC V1X 7G5. 1-888-332-3352