

SCHEDULE H - 4
REQUEST TO TRANSFER PRODUCTION INSURANCE CONTRACT
CROP YEAR _____

Notice is hereby given that I, (Contract Holder(s) (Name of Transferor) (please print) :

Name (s): _____
Address: _____

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| <i>Production Insurance:</i> Contract/ Policy number: _____ Grower number: _____ |
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Request to transfer my British Columbia Production Insurance contract to (Name of Transferee):

Name (s): _____
Address: _____

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| <i>Production Insurance:</i> Contract/ Policy number: _____ Grower number: _____ |
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the acreage and interest as set forth below.

| LOCATION OF FARM | LEGAL DESCRIPTION OF LAND |
|------------------|---------------------------|
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Effective date of transfer: _____ day of _____, 20_____.

In connection with the above it is understood and agreed by the undersigned that:

1. Production Insurance will not approve the transfer if there are Production Insurance premiums owing.
2. Upon its due completion and consent of Production Insurance's eligibility inspection, at Production Insurance's discretion, this form shall constitute an amendment to the above noted Production insurance contract.
3. This transfer is subject to all provisions of the insurance contract covered in the policy wordings.

Transferor's Signature

Transferee's Signature

Transferor's Signature

Transferee's Signature

Date

Date

Witness's Signature

Witness's Signature

| | |
|--|--|
| FOR OFFICE USE ONLY | (please check): <input type="checkbox"/> <i>The agent has confirmed that there is no assignment of indemnity and that there are no premiums or other monies owing against this contract or the transferee or the transferor. The undersigned agent for the Insurer, after careful examination of the data set forth above, authorizes the above transfer.</i> |
| | _____ Name of PI Rep (print) |
| | _____ Signature of PI Rep |
| | _____ Date |