

Production Insurance

BC Ministry of Agriculture

Time In: _____	Time Out: _____
Date of Inspection: _____	
Inspection Assignment #: _____	
Inspection Type: _____	
Priority #: _____	

FIELD MAP

Name of Insured: s.22	Policy #: s.21
Field Location: 6126 LEARMOUTH RD.	Commodity: APPLE
FIELD DIAGRAM LEARMOUTH ROAD	

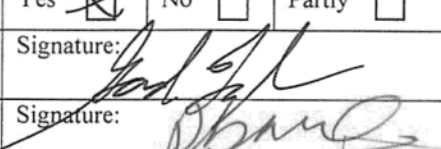
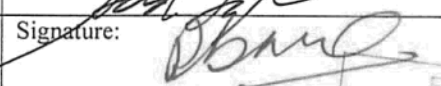
s.21

Additional Information/Evidence in support of COL

Check the following that have been attached with your report:

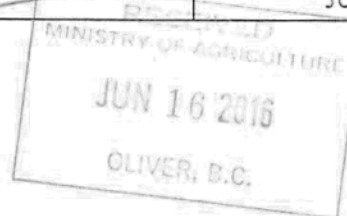
Photos <input type="checkbox"/>	Weather Data <input checked="" type="checkbox"/>	GPS Maps <input type="checkbox"/>	Grower Records <input type="checkbox"/>	Field Inventory <input type="checkbox"/>	Other (please specify)
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Do you support this claim as an insurable loss? Yes ☒ No ☐ Partly ☐

Name of Adjuster: GORDON TAYLOR	Signature: 	Date of Inspection: June 9, 2016
Scrutinized and Approved by:	Signature: 	Date Approved: JUN 20 2016

Growing Forward 2

A federal-provincial-territorial initiative



Canada

Page 3 of 3
Revised February 27 2015

Schedule L - 1: Land Inventory

For completion instructions, please see the reverse of this form.

NAME OF APPLICANT(S) (PLEASE PRINT)

s.22

Production Insurance

s.21

Contract/ Policy number: _____

Grower number: _____ s.21

PART 1 – LAND INVENTORY

Land Inventory Reference	Land Identification	Street address / Nearest Road	Commodity Planted	Planted Acres	Ownership		Packing House Number (if applicable)
					Owned	Leased/ Rented	
A. <input checked="" type="checkbox"/>	LEGAL DESCRIPTION OR PROPERTY TAX FOLIO NUMBER s.21	6126 Leamouth RD Langford BC		Approx 19.	<input checked="" type="checkbox"/>		
B.	LEGAL DESCRIPTION OR PROPERTY TAX FOLIO NUMBER						
C.	LEGAL DESCRIPTION OR PROPERTY TAX FOLIO NUMBER						
D.	LEGAL DESCRIPTION OR PROPERTY TAX FOLIO NUMBER						
E.	LEGAL DESCRIPTION OR PROPERTY TAX FOLIO NUMBER						
F.	LEGAL DESCRIPTION OR PROPERTY TAX FOLIO NUMBER						
G.	LEGAL DESCRIPTION OR PROPERTY TAX FOLIO NUMBER						
H.	LEGAL DESCRIPTION OR PROPERTY TAX FOLIO NUMBER						
I.	LEGAL DESCRIPTION OR PROPERTY TAX FOLIO NUMBER						
J.	LEGAL DESCRIPTION OR PROPERTY TAX FOLIO NUMBER						

PART 2 – DECLARATION *(you must offer for insurance all of each crop you wish to insure)*

All the 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 schedule forms a part.

s.22

SIGNATURE OF APPLICANT(S) _____

DATE

Nov-03-2009

GENERAL INSTRUCTIONS:

1. List all lots under the land identification column. Provide legal land descriptions or property tax folio numbers of the properties.
2. Provide the street address or the nearest road name.
3. List the commodity 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.



BasicPLUS
CROP INSURANCE
PROTECTION, VALUE, SERVICE

Ministry of Agriculture, Food and Fisheries
200-1690 Powick Road
Kelowna BC V1X 7G5
Ph: (250) 861-7211
Fax: (250) 861-7490
Toll Free: 1-888-332-3352

Schedule B: Land Inventory

For completion instructions, please see the reverse of this form.

NAME OF APPLICANT(S) (PLEASE PRINT)

s.22

If known Crop Insurance:

Grower number: _____

Policy number: _____ s.21

PART 1 – LAND INVENTORY

Land Inventory Reference	Land Identification	Street Address/Nearest Road	Planted Acres	Ownership		Packing House Number
				Owned	Leased/Rented	
A.	LEGAL DESCRIPTION OR PROPERTY TAX FOLIO NUMBER SW $\frac{1}{4}$ SEC. 24, TWP 6 ODYD s.21	6126 Leasmouth Road, Lavington	13	✓		
B.	LEGAL DESCRIPTION OR PROPERTY TAX FOLIO NUMBER					
C.	LEGAL DESCRIPTION OR PROPERTY TAX FOLIO NUMBER					
D.	LEGAL DESCRIPTION OR PROPERTY TAX FOLIO NUMBER					
E.	LEGAL DESCRIPTION OR PROPERTY TAX FOLIO NUMBER					
F.	LEGAL DESCRIPTION OR PROPERTY TAX FOLIO NUMBER					
G.	LEGAL DESCRIPTION OR PROPERTY TAX FOLIO NUMBER					
H.	LEGAL DESCRIPTION OR PROPERTY TAX FOLIO NUMBER					

PART 2 – DECLARATION

All the 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 schedule forms a part.

SIGNATURE OF APPLICANT(S)

DATE

Feb / 05



Agriculture and
Agri-Food Canada

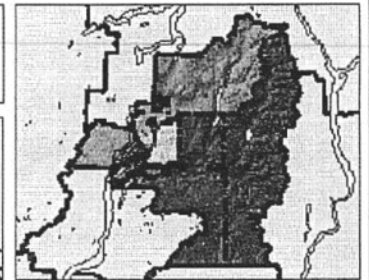
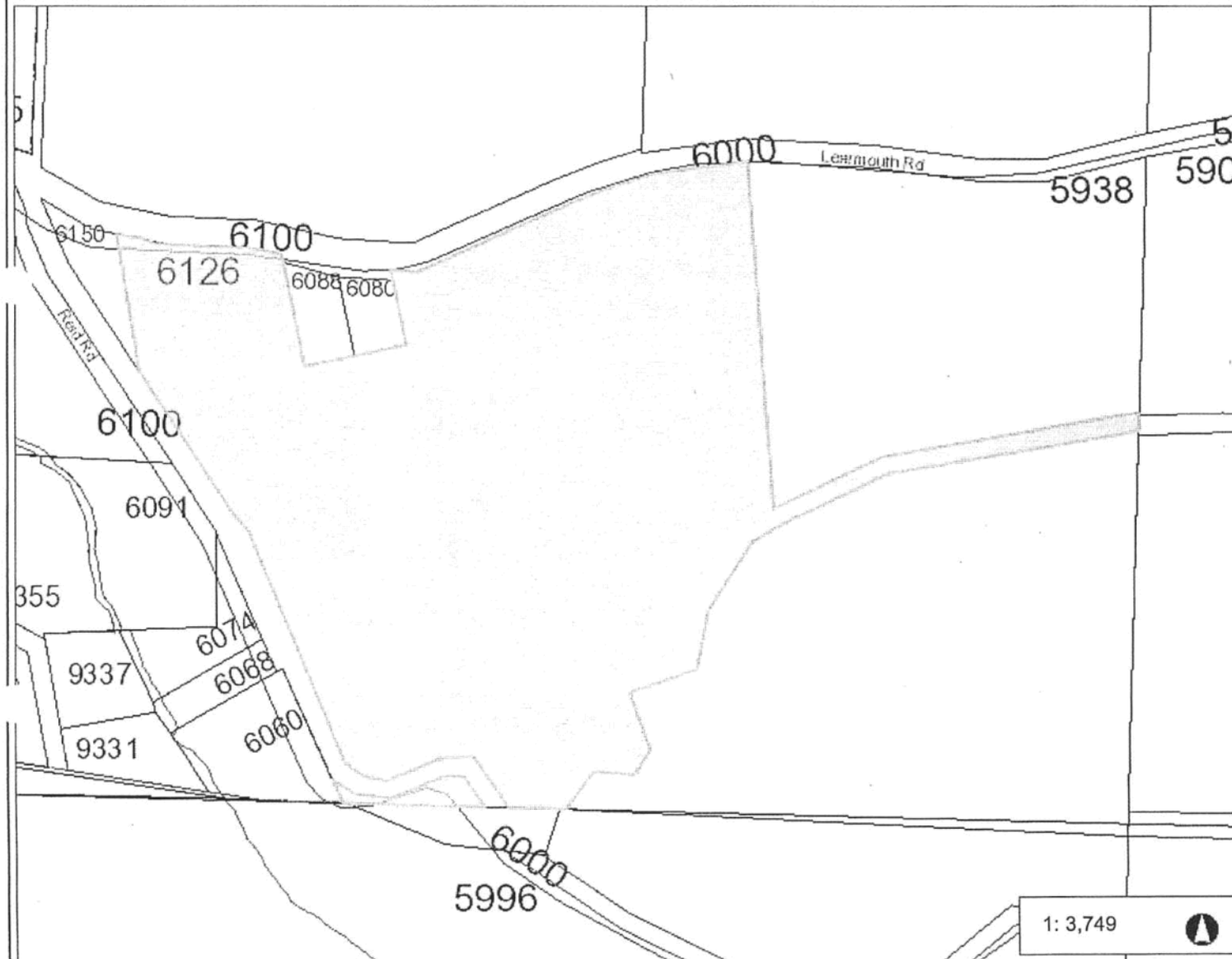
Agriculture et
Agroalimentaire Canada



Schedule B AGR 10152 (Rev 2002/09) 4 of 16

6126 LEARMOUTH RD

North Okanagan Map



Legend

Vernon Legal Lines

- Covenants
- Easements
- Right of Ways

Vernon Parcel Lines

- Lake Lines
- Lot Lines
- Road Lines
- Roll Lines

Vernon Hook Lines

Vernon Water Features

- Creeks
- Lake Shore

Vernon Misc Parcel Lines

- DELETED LOT LINES
- LAKE LINES
- LOT LINES
- ROAD LINES
- SECTION LINES
- UNDEDICATED ROAD LINES

Area B CADLines

- Easement RW
- Electrical RW
- Gas RW
- GVW RW
- Railway RW
- Roadway RW
- Utility RW

1: 3,749



Notes

190.4 Meters 0 95.22 190.4

© Corporation of the City of Vernon & Regional District of North Okanagan

This drawing has been produced by the City of Vernon's and the Regional District of North Okanagan's Geographic Information Systems. The data provided is derived from a variety of sources with varying levels of accuracy. The City of Vernon and the Regional District of North Okanagan make no warranty or representation, expressed or implied, with the regard to the correctness, accuracy and/or reliability of the information contained herein.

Page 06 to/à Page 07

Withheld pursuant to/removed as

s.22;s.21

SEE BACK OF APPLICATION FOR MORE DETAIL		For Office Use Only	<input type="checkbox"/> Form Update	AREA: 1102
PART 1 - APPLICANT INFORMATION (MUST BE A LEGAL NAME)			GROWER NUMBER: s.21	
NAME IN FULL OR REGISTERED COMPANY NAME J A ORCHARD LTD			CONTRACT NUMBERS: s.21	
MAILING ADDRESS s.22		NAME OF CONTACT		
		E-MAIL ADDRESS		
		AREA CODE TELEPHONE NUMBER s.22		
CITY Vernon	PROVINCE B.C.	POSTAL CODE s.22	AREA CODE CELL NUMBER s.22	
LOCATION OF FARM (911 address if available) 6126 Leamouth Rd	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.

s.22

PRINT NAME s.22	PRINT NAME	PRINT NAME	PRINT NAME
SIGNATURE March - 09 - 2017	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.

s.22

s.22

AUTHORIZED SIGNING AUTHORITY – PRINT NAME s.22	AUTHORIZED SIGNING AUTHORITY – PRINT NAME	AUTHORIZED SIGNING AUTHORITY – PRINT NAME
SPECIMEN SIGNATURE	SPECIMEN SIGNATURE	SPECIMEN SIGNATURE

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

PART 6 - Additional Information on file: Certificate of Incorporation

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 13th day of MARCH, 2016.

(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: 

FOR OFFICE USE ONLY

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

Schedule H-4:

Name(s) : s.22

Name(s) : _____

Policy Number: s.21

Address: _____

Grower Number: _____

VERNON BC.

s.22

Name(s): JA Orchard Ltd.

Policy Number: s.21

Address: s.22

Grower Number: _____

Vernon B. C.

s.22

Location of Farm	Legal Description of Land
6126 Learmouth	Part SW1/4, Section 24, Township 6, ODYD, Except Plans.

Effective date of transfer: 14 day of February, 20 17.

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.

s.22

s.22

Transferor's Signature _____

Transiérée s Signature

Transferor's Signature _____

Transferee's Signature _____

Date: March -09-2017

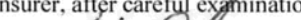
March - 09 - 2017

Date 7-22-21

Date s.22

Witness's Signature

Witness's signature _____

For Office Use Only	(please check): <input checked="" type="checkbox"/> 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.		
	K. Monteith Name of PI Rep (print)	 Signature of PI Rep	MAR. 13/17 Date

FOR OFFICE USE ONLY		AREA 11012	GROWER # s.21	CONTRACT #
APPLICANT INFORMATION (MUST BE A LEGAL NAME)				
NAME IN FULL OR COMPANY NAME s.22				
DOING BUSINESS AS OR FARM NAME(S)			TELEPHONE AREA CODE s.22	NL s.22
MAILING ADDRESS s.22			HOME ADDRESS s.22	
POSTAL CODE s.22			POSTAL CODE	
LOCATION OF FARM Vernon BC 6126 LEARMOUTH RD				

PART 1 — TAX REPORTING NUMBER (SEE BACK OF APPLICATION FOR ADDITIONAL DETAIL):

s.22	Application made as:	<input checked="" type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> CORPORATION
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PART 2 — PLANS

I apply for Continuous Crop Insurance for the following:

☐ BERRY ☒ SEEDED FORAGE ☐ VEGETABLE ☐ GRAPE ☐ GRAIN ☒ TREE FRUIT**PART 3 — SIGNING AUTHORITY**

I/We the Applicant(s), hereby authorize (select if applicable)

☒ any applicant on this application

<input type="checkbox"/>	AUTHORIZED SIGNING AUTHORITY (WHERE OTHER THAN AN APPLICANT — PRINT NAME)	SPECIMEN SIGNATURE
	to sign all documents relating to Crop Insurance.	

PART 4 — GUARANTEE OF CORPORATE INSURANCE DEBT

The undersigned, being a principal of _____, in consideration of the applicant being granted insurance, do hereby for myself, my heirs, executors and administrators, (and where there are more than one undersigned guarantor, jointly and severally) unconditionally guarantee the payment when due of all insurance premiums and interest thereon.

DATE	LEGAL NAME OF SHAREHOLDER (PRINT)	SIGNATURE
	LEGAL NAME OF SHAREHOLDER (PRINT)	SIGNATURE

PART 5 — STATEMENT OF APPLICANT

All the 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.

DATE Nov. 19/04	s.22	SIGNATURE OF APPLICANT	SIGNATURE OF APPLICANT
--------------------	------	------------------------	------------------------

PART 6 — CONDITIONS OF ACCEPTANCE**PART 7 — ACCEPTANCE**Insurable interest confirmed by: (tick one) ☐ personal knowledge or ☒ supporting documentation.

Subject to the conditions in Section 6, this application is accepted this 21st day of February, 19 2005 subject to the Continuous Crop Insurance Scheme Regulation, B.C. Reg. 254/80 and to the terms of this contract.

FOR INSURER

PART 8 — ADDITIONAL INFORMATION

* grower purchased orchard in 2003, first crop '04.

Agriculture and
Agri-Food CanadaAgriculture et
Agroalimentaire CanadaBRITISH
COLUMBIAMinistry of Agriculture,
Fisheries and Food
Agricultural Risk Management Branch

Important — 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. 254/80, as may be amended from time to time.
- (2) The Contract of Insurance is binding upon me and remains in effect from year to year unless you do not pay the premium by the beginning of the crop year.
- (3) Each year an election in writing must be made in accordance with the terms of the contract. If a new election is not complete, the previous year's election shall apply.
- (4) The production guarantee and premium rate are established annually by the Province as insurer.

SCHEDULE A Instructions:

APPLICANT INFORMATION

Please print your name and complete address clearly. For incorporated businesses, you will be asked to show us the Certificate or Articles of Incorporation including a register of members.

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

PART 1 — TAX REPORTING NUMBER

Tax receipts will be issued annually to one address and one tax reporting number. The appropriate numbers are:

- (a) Individuals — Social Insurance number
- (b) Corporations — Corporate tax number
- (c) Partnerships — the social insurance number of the major partner or the partnership tax number if Revenue Canada has issued one to the partnership.
- (d) Trusts — the Estate/Trust tax number

PART 2 — PLANS

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

PART 3 — SIGNING AUTHORITY

The applicant will be the only person to have signing authority unless otherwise specified.

PART 4 — GUARANTEE OF CORPORATE INSURANCE DEBT

This guarantee is only required if applying as a corporation, partnership or trust. Please state the company name and the individuals that are empowered to sign on behalf of the company.

PART 5 — STATEMENT OF APPLICANT

Each of the applicants 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.

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, grain and spring seeded forage insurance
- (b) March 31 for strawberry crop coverage insurance
- (c) October 31 for berry, grape, tree fruit, and fall seeded forage insurance

DOCUMENTATION REQUIREMENTS

- (1) Proof of an ownership interest in the land and/or the crop
- (2) The Certificate or Articles of Incorporation
- (3) A Register of Members of the Corporation

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

The personal information on this form is collected under the authority of the *Farm Income Protection Act, S.C.1991, c.22* 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: Agricultural Risk Management Branch, Mailing address: PO Box 9120 Stn. Prov. Gov't, Victoria, B.C., V8W 9B4, Location: 808 Douglas Street, (250) 356-1630.

INSTRUCTIONS:

1. For each legal description letter listed on Schedule L - 1, list the commodities/varieties by the different plant spacings.
2. If the variety(ies) are unknown refer to them by the commodity name only.
3. Spacing is listed as the space between the rows by the space between the trees (e.g., 12' x 3'). For multi-row plantings, please state the distance between the trees within the bed.
4. List the number of trees planted, for each year, in their permanent location.

Ministry of Agriculture

Agent: Katrina Monteith

Contract Inventory

11/29/16 12:49:27 PM

s.22

Policy: s.21

Grower: s.22

VERNON BC s.22

[illegible]

← added as per re-plant inspection report. xll

The inventory shown on this report has been used to calculate your probable yield. It is your responsibility to notify us, in writing, of any changes to this report.

Grower Legal Name: s.22

Policy Number: s.21

Grower Signature: _____

Date:

Nov. 29/16

Growing Forward 2

A federal-provincial-territorial initiative



Canada

Page 1 of 1

BC Ministry of Agriculture

RECEIVED
MINISTRY OF AGRICULTURE
MAR 15 2017
KELOWNA, B.C.

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 Production Insurance office.

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

J A Orchard Ltd.

Tax Reporting/Social Insurance Number: s.22

PI Grower Number: s.21

OR

File Number (AWP#/COV#):

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s.22

AUTHORIZED SIGNATURE OF APPLICANT

DATE _____

COPIES ARE NOT TO BE MADE OF THIS COMPLETED FORM