

SCHEDULE D - 12 FORAGE - DECLARATION OF PRODUCTION CROP YEAR _____

Name (s) : _____
Address: _____

Production Insurance:
Contract/ Policy number: _____
Grower number: _____

CURRENT YEAR'S HAY PRODUCTION

Feed Type *Note	Bales/Stacks Size	Make & Model	Number of Bales, Stacks	Estimated Weights	Total Production
TOTAL					

*NOTE: Feed Type includes forage seed production and residual straw either baled or burnt

CURRENT YEAR'S SILAGE PRODUCTION

SILAGE WEIGHT					(If Known)		
Feed Type	Silage Wagon/Baler Make & Model	# Loads/ Bales	Bale Size	% Dry Matter	Net Wet Weight Per Load		Total Dry Matter
TOTAL							

SILAGE VOLUME				(If Known)		
Feed Type	Storage Method	Dimensions/Bag Size		Number of Bags		Silage Volume
TOTAL						

How many acres did you harvest? _____
If the acres above do not equal insured acres, list fields or legals and explain:

DECLARATION:

- 1) I declare that the above is a true, accurate and complete record of all harvested production by the insured or which came into the insured's possession during this crop year, whether produced from the insured farm or otherwise.
- 2) I authorize Production Insurance, Ministry of Agriculture and Lands to perform all audit procedures it deems necessary to prove this declaration and to appoint agents to perform those procedures.
- 3) **FORWARD THIS DECLARATION TO YOUR DISTRICT OFFICE UPON COMPLETING HARVEST.**

Policy Holder(s) Signature

Date

For Office Use Only	Total Hay _____ + Total Silage Equivalent _____ = Total Forage _____
Date Remitted _____	_____ PI Signature
	_____ Date of Signature