

## Schedule U - 1: Grape Land & Vineyard Update Form

|                                   |            |
|-----------------------------------|------------|
| POLICY HOLDER (S) (please print): | Crop Year: |
|-----------------------------------|------------|

|  |
|--|
| <i>Production Insurance:</i><br>Contract/ Policy number: _____<br>Grower number: _____ |
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### **Part 1: Land Inventory Update**

Please indicate any **additional** land that you will be **adding** to your policy for next year.

| Land Identification<br>Legal Description | Street Address or Nearest Road | Owned | Lease/<br>Rent | Acres |
|--|--------------------------------|-------|----------------|-------|
|  |                                |       |                |       |
|  |                                |       |                |       |

Please indicate any previously insured land that you **will not be insuring** for next year.

| Land Identification<br>Legal Description | Street Address or Nearest Road | Owned | Lease/<br>Rent | Acres |
|--|--------------------------------|-------|----------------|-------|
|  |                                |       |                |       |
|  |                                |       |                |       |

### **Part 2: Vineyard Update**

The following is your declaration of changes covering vine removals, vine plantings and/or grafting.

#### **VINE REMOVALS OR GRAFTINGS**

| Date | Block/Lot | Variety | # of Vines | Acres | Spacing | Age |
|------|-----------|---------|------------|-------|---------|-----|
|      |           |         |            |       |         |     |
|      |           |         |            |       |         |     |
|      |           |         |            |       |         |     |
|      |           |         |            |       |         |     |

#### **VINE PLANTINGS OR GRAFTINGS**

| Date | Block/Lot | Variety | # of Vines | Acres | Spacing | Rootstock |
|------|-----------|---------|------------|-------|---------|-----------|
|      |           |         |            |       |         |           |
|      |           |         |            |       |         |           |
|      |           |         |            |       |         |           |
|      |           |         |            |       |         |           |

### **Part 3: No changes for Crop Year (initial)**

I declare that this is my plan for the crop year and I understand that I must promptly notify Production Insurance, Ministry of Agriculture and Lands, if there are any changes to this proposal.

\_\_\_\_\_  
Policy Holder(s) Signature

\_\_\_\_\_  
Date