

Contract Number	Crop Year	Home RM	Date	Customer Name

## Growing Experience

1. How many years of growing experience do you have with dryland dry beans? \_\_\_\_\_

2. If you have growing experience, how many acres did you seed and what have your yields been?

Year _____	Year _____	Year _____
Acres _____	Acres _____	Acres _____
Variety _____	Variety _____	Variety _____
Yield/Ac _____	Yield/Ac _____	Yield/Ac _____

3. Do you belong to a grower group? \_\_\_\_\_

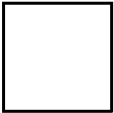
## Management Strategy

### Field Selection

The following questions deal with your field selection for your upcoming dry bean crop. These questions address possible disease issues related to rotation, weed problems (dry beans are extremely poor competitors), chemical residues, and fertility issues because of the bean plant's limited ability to fix nitrogen.

1. Please indicate the legal land description(s) you plan to seed dry beans on.

2. Knowing there is a possibility that the insurance coverage could be restricted to 160 acres, please indicate on the map the land description and the acres you would like to insure.



Land Description \_\_\_\_\_

3. Is the field(s) you have selected 1) prone to flooding or 2) saline? Please circle the conditions that apply.

4. What is the cropping history (the last 4 years) on the field(s) you have selected to grow dry beans?

\_\_\_\_\_

5. Are you prepared to control sclerotinia in the field(s) selected? \_\_\_\_\_

6. What herbicides did you use on this field last year? \_\_\_\_\_

7. Have you used Assert, Muster, Ally or Accord, Unity, Triton, Atrazine or Tordon in the last 2 years on this field? \_\_\_\_\_

8. What are the dominant weeds present in this field, most importantly broadleaf weeds? \_\_\_\_\_

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9. Can these weeds be controlled in a dry bean crop? \_\_\_\_\_
10. What variety do you intend to seed? \_\_\_\_\_
11. Are you using certified seed? \_\_\_\_\_  
If not, has a germination test been done by a lab on the seed you will be using? \_\_\_\_\_
12. Is your seed free of bacteria blight? \_\_\_\_\_ Are you prepared to control this disease in your crop? \_\_\_\_\_
13. Are you planning to inoculate? \_\_\_\_\_
14. Are you planning to fertilize? \_\_\_\_\_ If so, what amount of each macronutrient?  
N \_\_\_\_\_ P \_\_\_\_\_ K \_\_\_\_\_ S \_\_\_\_\_
15. What date and soil temperature would you usually plan to seed your beans? \_\_\_\_\_
16. What seeding implement are you using? \_\_\_\_\_
17. Are you doing anything to minimize seed damage (soaking seed, reduced air flow, etc)? \_\_\_\_\_
18. When are you planning to roll your bean field? \_\_\_\_\_
19. Are you planning on swathing or straight cutting? \_\_\_\_\_
20. If straight cutting, do you have specialized equipment to reduce harvest losses? \_\_\_\_\_

I certify the above to be true and correct and is subject to the Crop Insurance Contract of Insurance. I am aware that to make a false statement is an offence.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Saskatchewan Crop Insurance Corporation (SCIC) recognizes the importance of your personal information and the privacy surrounding it. Depending on the program offered by SCIC, and pursuant to provincial legislation and regulations, SCIC will not share or disclose any of your information unless otherwise required by law or for the purpose of programs offered by SCIC. SCIC will secure your information and may archive it indefinitely in accordance to The Archives Act. For all privacy concerns, please contact SCIC's Privacy & Safety Commissioner by email at [securityofficer@scic.gov.sk.ca](mailto:securityofficer@scic.gov.sk.ca) or phone at 306-728-7200.