CropInsurance

YIELD HISTORY WORKSHEET - HONEY

Contract Number	Crop Year	Home RM	Ver	Page	Date	Form ID	Crop	Code
				1 of 1		YLH0911	HONEY	

Name _____ Telephone Number _____

Address _____ Home Quarter _____

City _____ Prov _____ Postal Code _____ Power of Attorney _____

Contact Information	Local Number	Toll-Free Number	Fax Number
www.scic.ca			

Year	Total Production (KG)	Number of Hives

** All production MUST be reported in Kilograms

☐ Method 4 ☐ Volunteer Yields ☐ Missing Yields (Zero S)

I/We certify the above to be true and correct and is subject to Crop Insurance Contract of Insurance.

SCIC Representative Signature _____ Customer Signature _____ Date _____

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