

# FLORIDA FRUIT TREE GROVE PRODUCER PRE-ACCEPTANCE WORKSHEET

NAME OF INSURED/APPLICANT	CROP YEAR	COUNTY	AGENT	CONTRACT NUMBER
ADDRESS OF INSURED/APPLICANT	PHONE # OF INSURED/APPLICANT			

**INDIVIDUAL GROVE DATA:**

UNIT NO.	BLOCK NO.	SEC-TWP-RNG	CROP & TYPE	ACRES	TREE SPACING	TREE COUNT	TREE STAGE	MONTH & YEAR SET	TREE AGE	NUMBER OF TREES	PERCENT OF TREES	STAGE BLOCK #
							I					
							II					
							III					
							I					
							II					
							III					
							I					
							II					
							III					
							I					
							II					
							III					
							I					
							II					
							III					
							I					
							II					
							III					

I certify that the information provided above is true and correct to the best of my knowledge.

SIGNATURE OF INSURED/APPLICANT	DATE	REMARKS
SIGNATURE OF INSURANCE PROVIDER REPRESENTATIVE	DATE OF INSPECTION	

## COLLECTION OF INFORMATION AND DATA (PRIVACY ACT) STATEMENT

Agents, Loss Adjusters and Policyholders

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## CERTIFICATION STATEMENT

I certify that to the best of my knowledge and belief all of the information on this form is correct. I also understand that failure to report completely and accurately may result in sanctions under my policy, including but not limited to avoidance of the policy, and in criminal or civil penalties (18 U.S.C. §1006 and §1014; 7 U.S.C. §1506; 31 U.S.C. §3729, §3730 and any other applicable federal statutes).