

STRAWBERRY UNDERWRITING WORKSHEET

Name: _____ Policy Number: _____

Crop Year: _____ Type: _____ Unit Number: _____

PRIOR PRODUCTION

Acres Planted Last Year: _____

Highest Yield: _____ *pounds/acre* Year: _____ Source: _____

Field Location					
Field identification					
Soil Salinity Test Date					
Soil Salinity Test Result					
Water Salinity Test Date					
Water Salinity Test Result					
Fumigation Date					
Fumigation Materials and Concentration					
Fumigation Rate					
Height of Bed					
Plant Certification					
Plant Density					
Variety Planted					
Acres Planted					
Date Planted					
Date Plastic Mulch Applied					
Drip Irrigation					
Overhead Sprinklers					

Remarks

I certify that the information I have furnished is complete and accurate for the commodity, unit, and year shown. I understand that the failure to report completely and accurate may result in voidance of my crop insurance contract and may result in criminal or civil false claim penalties (18 U.S.C. 1006 and 1014; 7 U.S.C. 3729 and 3730).

Signature _____

Date _____