



## FLORIDA FRUIT TREE GROVE PRODUCER PRE-ACCEPTANCE WORKSHEET

Name Of Insured/Applicant	Crop Year	County	Agent	Contract Number
Address Of Insured/Applicant	Phone Number Of Insured/Applicant			

**Individual Grove Data:**

Unit No. (1)	Block No. (2)	Section (3)	Twp. (4)	Range (5)	Crop and Type (6)	Acres In Block (7)	Tree Spacing (8)	Tree Count (9)	Tree Stage (10)	Month and Year Set (11)	Tree Age (12)	Number of Trees (13)	Percent of Trees (14)	Stage-Block Number (15)
									I					
									II					
									III					
									I					
									II					
									III					
									I					
									II					
									III					
									I					
									II					
									III					

## FLORIDA FRUIT TREE GROVE PRODUCER PRE-ACCEPTANCE WORKSHEET, CONTINUED

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

Signature Of Insured/Applicant	Date	Page _____ Of _____
Signature Of Insurance Provider Representative	Date Of Inspection	

**GROVE IDENTIFICATION MAP**  
Continuation Sheet

Section: \_\_\_\_\_


Section: \_\_\_\_\_


Section: \_\_\_\_\_


Section: \_\_\_\_\_


Section: \_\_\_\_\_


Section: \_\_\_\_\_


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