

CERTIFICATE OF INSURANCE COVERAGE

TO: Prune Marketing Committee
3840 Rosin Court, Suite 170
Sacramento, CA 95834

Date: _____

We certify to you and to the U. S. Department of Agriculture that we are insuring all reserve pool prunes for fire and extended coverage during the 20____ crop year as follows:

Handler: _____

Location¹: _____

Insurable Values on Reserve Prunes:

Not less than the insurance values placed on salable prunes of like variety, grade and size held by the undersigned from date of receipt through July 31, 20____.

Premium rate per \$100 value per annum¹:

Insurer's Name and Address: _____

Description of coverage: _____

We certify further that this coverage in behalf of the Prune Marketing Committee (Committee) will continue as long as the above-noted prunes continue in storage as reserve pool prunes subject to Committee disposal at the above-specified location.

Handler: _____ Signature: _____

Title: _____

¹ Show the address of each location to which the premium rate shown applies. A separate certificate should be prepared for each applicable premium rate. Please attach a list if more space is needed.

The issuance of a false certificate knowing it to be false is a violation of title 18, section 1001 of the United States Code, which provides a penalty of a fine or imprisonment, or both.

AUTHORITY: § 993.73 of Marketing Order No. 993, as amended, and § 993.159(b) of the Administrative Rules and Regulations established pursuant thereto.

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