

Identification Number	Subscription		Year
8 7 0	-		

Client Information
Legal Name

Program:						
Hours to Claim: Monday from 2:00 pm to 11:00 pm MT (Alberta)						
<input type="checkbox"/> Fed <input type="checkbox"/> Feeder <input type="checkbox"/> Calf						
Date to Claim: (As offered within the Calendar of Insurance)						
Invoice Number	Policy Number	Option	Total Insured Weight (CWT)	Claim Request (CWT)	Remaining Weight to Claim on Policy (CWT) (Optional)	Office Use Claim Request Number

Need assistance with this form? Call your Local LPI Office or the LPI Client Service Centre at 1.844.782.5747
 You may return this form to your Local LPI Office, fax to the LPI Client Service Centre at 1.403.782.8339 or email to info@lpi.ca

Client Signature
Print Name: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> First Name Middle Name Last Name </div>
Signature: _____ or <input type="checkbox"/> By clicking this box, you are providing your electronic signature
Contact Number: _____ Date: _____ Time: _____ <div style="text-align: center; font-size: x-small;">mmm/dd/yyyy</div>

Office Use Only
Claim completed by: _____ Office Location _____ Time and Date: _____

Do Not Use This Area	Date Stamp – primary	Date Stamp – secondary
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