

Identification Number	Subscription		Year
8 7 0 _____	-		

Client Information
Legal Name _____

Program:		
Hours to Purchase: Tuesday, Wednesday, Thursday 2:00 pm to 11:00 pm MT (Alberta)		
Options		
Fed	Feeder	Calf
<input type="checkbox"/> Price	<input type="checkbox"/> Alberta <input type="checkbox"/> SaskMan	<input type="checkbox"/> Alberta <input type="checkbox"/> SaskMan
<p>Fed applicants to complete 1 and 2 only. Feeder and Calf applicants to complete 2 and 3 only.</p> <p>1. <input type="checkbox"/> Yes <input type="checkbox"/> No Client finishes the Fed Cattle for at least the four week period immediately prior to the claim window for this policy.</p> <p>2. <input type="checkbox"/> Yes <input type="checkbox"/> No Client feeds the Fed Cattle, Feeder Cattle or Calves either within Western Canada or within a geographic locale as has been specified by the Insurer.</p> <p>3. <input type="checkbox"/> Yes <input type="checkbox"/> No Client will own the Feeder Cattle or Calves for a minimum of 60 continuous days within the policy length.</p> <p>Date to Purchase: _____</p> <ul style="list-style-type: none"> ● AFSC accepts payments via online banking, add <i>Agriculture Financial Services Corporation</i> as the payee and your subscription number as the account number. ● AFSC accepts payment by credit card and cheque at the Branch for LPI purchases. 		

Do Not Use This Area	Date Stamp – primary	Date Stamp – secondary
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Total number of head being insured _____ × Average expected sale weight _____ (lbs) ÷ 100 = _____ Insured Weight (cwt)

Lot ID* (Optional)	Insurable Period (No. of Weeks)	Insured Price	Premium (per CWT)		Insured Weight (per CWT)		Policy Premium	Office Use	
								Invoice Number	Policy Number
				x		=			
				x		=			
				x		=			
				x		=			
				x		=			

* Lot ID is optional. To link a group of cattle to a policy, enter up to 15 letters/numbers. Example: Pen 3.

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 Declaration & Signature

Correspondence and Indemnity Cheques will be sent to the "Client" as shown in the Legal Name.

I declare that all of the information provided in this form is accurate and true. I meet the eligibility requirements of the Livestock Price Insurance Program for the above selected subscription and am authorized to make this request. I also understand that this request cannot be withdrawn after it has been submitted to the Insurer.

Print Name: _____
First Name
Middle Name
Last Name

Signature: _____ or By clicking this box, you are providing your electronic signature

Contact Number: _____ Date: _____ Time: _____
mmm/dd/yyyy

Office Use Only

Approved / Reviewed by _____ Date _____

Purchase completed by _____ Local Office _____

Time and Date _____