

Identification Number	Subscription		Year
8 7 0	-		

Client Information
Legal Name

Purchase Information								
Hours to Purchase: Tuesday, Wednesday, Thursday 2:00 pm to 11:00 pm MT (Alberta)								
Options								
<input type="checkbox"/> AB Red Deer			<input type="checkbox"/> SK Brandon			<input type="checkbox"/> MB Brandon		
<input type="checkbox"/> Yes <input type="checkbox"/> No Can demonstrate ownership of Hogs for a minimum of 20 continuous days within the policy length purchased <input type="checkbox"/> Yes <input type="checkbox"/> No Feeds the Hogs within Western Canada or within a geographical locale as may be specified by the Insurer								
Date to Purchase								
<ul style="list-style-type: none"> AFSC accepts payments via online banking using your subscription number AFSC accepts payment by credit card and cheque at the Branch for LPI purchases 								
Lot ID* (Optional)	Insurable Period (No. of Months)	Insured Price	Premium (per 100 kgs)		Insured Weight** (per 100 kgs)		Policy Premium	Office Use Invoice Number
				x		=		
				x		=		
				x		=		
				x		=		
<small>* Lot ID is optional. To link a group of hogs to a policy, enter up to 15 letters/numbers. Example: Pen 3.</small>								
<small>**Insured Weight per 100 kgs = (number of head x expected sale dressed weight) ÷ 100</small>								
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 info@lpi.ca								

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

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8 7 0 _____	_____ - _____		_____

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 I also understand that this request cannot be withdrawn after it has been submitted to the Insurer.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 _____