

Identification Number	Subscription	Year
8 7 0 <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">?</span>	-	

**Client Information:**

Business Name ? \_\_\_\_\_

Business Address \_\_\_\_\_

Contact Person (Must be a Client, or Shareholder of the company) ? \_\_\_\_\_

**Program:**

Hours to Purchase: Tuesday, Wednesday, Thursday  
**2:00 pm to 5:30 pm MT (Alberta) which is 1:00 pm to 4:30 pm (Pacific Time)**

**Options** ?

Fed	Feeder	Calf
<input type="checkbox"/> Price	<input type="checkbox"/> Alberta <input type="checkbox"/> SaskMan	<input type="checkbox"/> Alberta <input type="checkbox"/> SaskMan

Fed applicants to complete 1 and 2 only ?  
Feeder and Calf applicants to complete 2 and 3 only.

1.  Yes  No Client finishes the Fed Cattle for at least the four week period immediately prior to the claim window for this policy.
2.  Yes  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.
3.  Yes  No Client will own the Feeder Cattle or Calves for a minimum of 60 continuous days within the policy length.

**Date to Purchase:** ? \_\_\_\_\_ As offered within the Calendar of Insurance.

Payment by cheque only payable to AFSC. If payment is not received within 15 days the policy will be cancelled.  
Agriculture Financial Services Corporation  
5718 56 Avenue  
Lacombe, AB T4L 1B1

Do Not Use This Area	Date Stamp	Do Not Use This Area
----------------------	------------	----------------------

The personal information on this form is collected under the authority of the Farm Income Insurance Act, RSBC 1996. Your information is protected by and is subject to the provisions of the Freedom of Information and Protection of Privacy Act. We collect only what is necessary for the administration of the Western Livestock Price Insurance Program and the operation of the program's online systems and the provision of requested materials to you. Your information will be shared with the Alberta Financial Services Corporation for the purposes of administering the program and may also be used for the administration of all BRM programs, to advise you about BRM programs and services, for policy and program development and evaluation, and for research and statistical purposes. Your information may be shared with Agriculture and Agri-Food Canada for policy and program development and evaluation and for research and statistical purposes. Questions about the collection of information should be directed to: Business Risk Management Branch, 200 - 1690 Powick Rd., Kelowna, BC V1X 7G5 1-888-332-3352.

Identification Number	Subscription		Year
8 7 0 _____	-		

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

\*\* Insured Weight in CWT = (number of head x expected sale weight) ÷ 100

Need assistance with this form?

Call your local BC Ministry of Agriculture office or the WLPIP Client Contact Centre at 1.844.782.5747

**You may return this form to your local BC Ministry of Agriculture office or fax to the WLPIP Client Contact Centre at 1.403.782.8339**

Client Declaration & Signature <span style="float: right;">?</span>
<p style="color: red;">Correspondence and Indemnity Cheques will be sent to the "Client" as shown as the Business Name.</p> <p>I meet the eligibility requirements of the Western Cattle 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.</p> <p>Client Signature _____ / _____ <span style="float: right; margin-right: 50px;">Print Name</span></p> <p>Contact Number _____ Date _____ Time _____</p>

BC Ministry of Agriculture Office Use Only
<p>Approved by _____ <span style="display: inline-block; width: 200px; border-bottom: 1px solid black; margin-bottom: 2px;"></span> Signature <span style="margin-left: 100px; border-bottom: 1px solid black; margin-bottom: 2px;"></span> Print Name <span style="margin-left: 50px; border-bottom: 1px solid black; margin-bottom: 2px;"></span> Date</p>