

Identification Number	Subscription		Year
8 7 0 ?	-		

Client Information

Business Name ?

Business Address _____

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

Purchase Information

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

Options ?

? AB Red Deer SK Brandon MB Brandon

Yes No Can demonstrate ownership of Hogs for a minimum of 20 continuous days within the policy length purchased.

Yes No Feeds the Hogs either within Western Canada or within a geographical locale as may be specified by the Insurer.

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

Lot ID* (Optional)	Insurable Period (No. of Months)	Insured Price (per 100 kgs)	Premium (per 100 kgs)		Insured Weight** (per 100 kgs)	Policy Premium	Office Use	
							Invoice Number	Policy Number
?	?			x	?	=	?	
				x		=		
				x		=		
				x		=		

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


**Insured Weight per 100 kgs = (number of head x expected sale dressed weight) ÷ 100

Need assistance with this form? Call your local BC Ministry of Agriculture office or the WLPPI 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 WLPPI Client Contact Centre at 1.403.782.8339

Do Not Use This Area	Date Stamp	Do Not Use This Area
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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.

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Client Declaration & Signature 
<p>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 Hog 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 _____ / _____ Print Name</p> <p>Contact Number _____ Date _____ Time _____</p>

BC Ministry of Agriculture Office Use Only
<p>Approved by _____ Signature Print Name Date _____</p>