

		Year
8 7 0 _____		_____

Client Information	
Business Name _____	
Business Address _____	
Phone Number (_____)	Fax (_____)
Email Address _____	
Contact Person (Must be an Applicant, or Shareholder of the company) _____	
Applicant Type – Choose one	BC Ministry Office: <input style="width: 90%;" type="text"/>
<input type="checkbox"/> Individual – Also complete a Personal Information Form <input type="checkbox"/> Corporation – Provide Business or Trust Number: _____ <input type="checkbox"/> Informal Partnership – Individuals must complete a Personal Information Form <input type="checkbox"/> Legal Partnership – Provide Business Number: _____	

Shareholder Details				
#	Surname/First/Middle Names	Phone	Address	Share %
1				
2				
3				
4				
5				

Complete and return this form to AGRI.LivestockPriceInsurance@gov.bc.ca, fax to BRMB at 1.250.861.7490, or at any local BC Ministry of Agriculture & Food office.

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 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 Agriculture 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.

		Year
8 7 0 _____		

Program Eligibility	
Application for <input type="checkbox"/> Calf <input type="checkbox"/> Fed <input type="checkbox"/> Feeder <input type="checkbox"/> Hogs Questions 1 to 4 must be answered "Yes"	
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No Client or intends to farm Income (or Loss) for tax purposes in the Province of British Columbia as required under the <i>Income Tax Act</i> (Canada)
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No Eligible Livestock are/will be owned by the applicant
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No Client (if an individual) is 19 years of age or older
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No Client's greatest amount of income from Eligible Livestock would be reportable in British Columbia under the <i>Income Tax Act</i> (Canada) or be a Status Indian who carried on the business of farming on a reserve in Western Canada.

Authorization
Only applicants and parties with written authorization are allowed to give or receive information about this account. <input type="checkbox"/> Check here if you want the legal document (Authority Form – LPI) required to designate an Authorized Representative to act on behalf of the client, for all matters regarding LPI or for a "Person to only receive Information". Until the document is received from you completed and signed, the Insurer will not provide or receive information from anyone other than the client.

Conflict of Interest
<input type="checkbox"/> The Livestock Price Insurance applicant acknowledges that individuals who are subject to the provisions of the _____ of Interest Act (S.C. 2006, c. 9, s. 2), the _____ of Interest Code for Members of the House of Commons, the Ethics and _____ of Interest Code for Senators, the Values and Ethics Code for the Public Sector or any other _____ of interest and/or values and ethics codes applicable within provincial or territorial governments or _____ organizations, shall not derive any direct _____ resulting from this

Client Declaration		
Cheques and correspondence will be sent to the "Client" shown as the Business Name.		
I (the Applicant) declare that all the information contained in this application is accurate and true and understand that I must notify the Insurer in writing immediately if this business undergoes a change in clients or I discover that any of the information contained in this application is inaccurate or untrue.		
	Client Signature	Date
1		
2		
3		
4		
5		

BC Ministry of Agriculture and Food Office Use Only	
Comments _____	
Approved by _____ <div style="text-align: center; margin-top: -10px;">Signature</div>	Date _____