

Identification Number			Year
8 7 0 _____			_____

Client Information:
Business Name _____
Business Address _____
Contact Person (Must be an Applicant, or Shareholder of the company) _____

Legal Name _____
Social Insurance Number _____

<p>All of the information contained in this form is accurate and true. If I give false information, make a false statement, fail to disclose in the form any information required by the Insurer, or return misleading information, I could be prosecuted and liable to a fine or imprisonment, or both, and forfeit the right to an indemnity.</p> <p>Client Signature _____</p> <p>Print Name _____</p> <p>Date _____</p>

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.