

Identification Number	Subscription		Year
8 7 0	-		

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 11:00 pm MT (Alberta) which is 1:00 pm to 10:00 pm (Pacific Time)						
Options						
<table border="1"> <tr> <th>Fed</th> <th>Feeder</th> <th>Calf</th> </tr> <tr> <td><input type="checkbox"/> Price</td> <td> <input type="checkbox"/> Alberta <input type="checkbox"/> SaskMan </td> <td> <input type="checkbox"/> Alberta <input type="checkbox"/> SaskMan </td> </tr> </table>	Fed	Feeder	Calf	<input type="checkbox"/> Price	<input type="checkbox"/> Alberta <input type="checkbox"/> SaskMan	<input type="checkbox"/> Alberta <input type="checkbox"/> SaskMan
Fed	Feeder	Calf				
<input type="checkbox"/> Price	<input type="checkbox"/> Alberta <input type="checkbox"/> SaskMan	<input type="checkbox"/> Alberta <input type="checkbox"/> SaskMan				
<p>Fed applicants to complete 1 and 2 only Feeder and Calf applicants to complete 2 and 3 only.</p> <p>1. <input type="checkbox"/> Yes <input type="checkbox"/> No Client finishes the Fed Cattle for at least the four week period immediately prior to the claim window for this policy.</p> <p>2. <input type="checkbox"/> Yes <input type="checkbox"/> 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.</p> <p>3. <input type="checkbox"/> Yes <input type="checkbox"/> No Client will own the Feeder Cattle or Calves for a minimum of 60 continuous days within the policy length.</p> <p>Date to Purchase: _____ As offered within the Calendar of Insurance.</p> <p>Payment by cheque only payable to AFSC. If payment is not received within 15 days the policy will be cancelled.</p> <p>Agriculture Financial Services Corporation 5718 56 Avenue Lacombe, AB T4L 1B1</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.

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Total number of head being insured _____ × Average expected sale weight _____ (lbs) ÷ 100 = _____ Insured Weight (cwt)

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

Need assistance with this form?

Call your local BC Ministry of Agriculture & Food 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 1.855.700.2372 or email to info@lpi.ca

Client Declaration & Signature

Correspondence and Indemnity Cheques will be sent to the "Client" as shown as the Business Name.

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.

Client Signature _____ / _____
Print Name

Contact Number _____ Date _____ Time _____

Office Use Only

Approved / Reviewed by _____ Date _____

Purchase completed by _____ Local Office _____

Time and Date _____