




Identification Number			Year
8 7 0 			

Client Information	
Business Name 	_____
Business Address	_____
Phone Number (_____)	Fax (_____)

Designate what ability you want the business listed below to have: 	
<input type="checkbox"/> Authorized Representative (can act on behalf of livestock owner, through livestock owner's account)	<input type="checkbox"/> Person to Receive Information (may only receive information, not conduct business on behalf of livestock owner)
Representative's Full Name: _____	
Representative's Address: _____	

Phone Number: _____	
<p>I agree to the terms and conditions of the Contract of Insurance and hereby appoint the party named above to act on my behalf in the Western Livestock Price Insurance Program. I agree that I will not insure the same livestock through myself or another Authorized Representative and I am aware that I may be audited according to the terms and conditions of the Contract of Insurance. This authorization once provided to and accepted by the Insurer remains in effect until I inform the Insurer otherwise in writing.</p>	
Signature of Insured: _____ Date: _____	

Do Not Use This Area	Date Stamp – primary	Date Stamp – secondary
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The information on this form is collected under the authority of *The Manitoba Agricultural Services Corporation Act* and will be used to evaluate your eligibility for participation in the Western Livestock Price Insurance Program and to administer any contract issued to you under that Program and any other MASC program in which you participate. If you have any questions about this form and the collection and use of information, please contact the Livestock Price Insurance Coordinator, 400-50-24th Street N.W., Portage la Prairie, MB, R1N 3V9, Phone: 204-239-3084