

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 Claim: Thursday and Friday from 3:00 pm to 6:30 pm CST
Monday from 2:30 pm to 8:00 pm CST

Fed Feeder Calf

Thursday and Friday claims days are settled without knowing the weekly settlement index and are referred to as a "blind claim". The following Monday, all settlement indices will be published.

Date to Claim: _____ (As offered within the Calendar of Insurance)

Invoice Number	Policy Number	Option	Total Insured Weight (CWT)	Claim Request (CWT)	Remaining Weight to Claim on Policy (CWT) (Optional)	Office Use
						Claim Request Number
				?	?	

Need assistance with this form? Call the WLPIP Client Contact Centre at 1.844.782.5747
You may forward completed forms to the WLPIP Client Contact Centre:

- by fax at 1.403.782.8339
- by email to wlpip.insurancecallcenter@wlpip.ca

Client Signature ?

Client Signature _____ / _____ Print Name

Contact Number _____ Date _____ Time _____

Office Use Only

Claim completed by: _____ Time and Date: _____

<p>Do Not Use This Area</p>	<p>Date Stamp – primary</p>	<p>Date Stamp – secondary</p>
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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