

Identification Number	Subscription	Year
870 ?	-	

**Client Information:**

Business Name ?

Business Address \_\_\_\_\_

Contact Person (Must be a Client, or Shareholder of the company) \_\_\_\_\_

**Program:**

Hours to Purchase: Tuesday, Wednesday, Thursday  
3:00 pm to 6:30 pm CST

Options ?		
Fed	Feeder	Calf
<input type="checkbox"/> Price	<input type="checkbox"/> Alberta <input type="checkbox"/> SaskMan	<input type="checkbox"/> Alberta <input type="checkbox"/> SaskMan

Fed applicants to complete 1 and 2 only ?  
Feeder and Calf applicants to complete 2 and 3 only.

- Yes  No Client finishes the Fed Cattle for at least the four week period immediately prior to the claim window for this policy.
- Yes  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 Insured.
- Yes  No Client will own the Feeder Cattle or Calves for a minimum of 60 continuous days within the policy length.

**Date to Purchase:** ? \_\_\_\_\_ As offered within the Calendar of Insurance.

Payment must be received within 15 days of purchase or the policy will be cancelled. Please ensure adequate time for receipt. NSF cheques will result in cancellation of the policy and/or forfeiture of indemnities.

**Cheques must be made payable to AFSC and mailed to:**  
Agriculture Financial Services Corporation  
5718 - 56 Avenue  
Lacombe, Alberta T4L 1B1

Payments can be completed via telephone or online banking. Add *Agriculture Financial Services Corporation* as a payee and use your **subscription number** as the account number.

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

Identification Number	Subscription		Year
8 7 0 _____	- _____		_____

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

\*\* Insured Weight in CWT = (number of head x expected sale weight) ÷ 100

Need assistance with this form?

Call the WLP Client Contact Centre at 1.844.782.5747

You may forward completed forms to the WLP Client Contact Centre:

- by fax at 1.403.782.8339
- by email to [wlpip.insurancecallcenter@wlpip.ca](mailto:wlpip.insurancecallcenter@wlpip.ca)

**Client Declaration** ?

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

I meet the eligibility requirements of the Western Livestock Price Insurance Program for the above selected subscription and I am authorized to make this request. I understand that this request cannot be withdrawn after it has been submitted to the Insurer.

I also understand that I must make the necessary payment within fifteen (15) days of this request or my policy will be cancelled.

Client Signature \_\_\_\_\_ / \_\_\_\_\_ Print Name

Date \_\_\_\_\_ Time \_\_\_\_\_

**Office Use Only**

Approved / Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

Purchase completed by \_\_\_\_\_

Time and Date \_\_\_\_\_