

Identification Number	Subscription		Year
8 7 0 ?	-		

Client Information	
Business Name ?	_____
Business Address	_____
Contact Person (Must be a Client, or Shareholder of the company)	_____

Purchase Information		
Hours to Purchase: Tuesday, Wednesday, Thursday 3:00 pm to 6:30 pm CST		
Options ?		
<input type="checkbox"/> AB Red Deer	<input type="checkbox"/> SK Brandon	<input type="checkbox"/> MB Brandon
<input type="checkbox"/> Yes ? <input type="checkbox"/> No	Can demonstrate ownership of Hogs for a minimum of 20 continuous days within the policy length purchased	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Feeds the Hogs within Western Canada or within a geographical locale as may be specified by the Insurer	
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.		
<p>Cheques must be made payable to AFSC and mailed to: Agriculture Financial Services Corporation 5718 - 56 Avenue Lacombe, Alberta T4L 1B1</p>		
Payments can be completed via telephone or online banking. Add <i>Agriculture Financial Services Corporation</i> 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

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Lot ID* (Optional)	Insurable Period (No. of Months)	Insured Price	Premium (per 100 kgs)		Insured Weight** (per 100 kgs)	=	Policy Premium	Office Use	
								Invoice Number	Policy Number
?	?			x	?	=	?		
				x		=			
				x		=			
				x		=			

* Lot ID is optional. To link a group of hogs to a policy, enter up to 15 letters/numbers. Example: Pen 3.

**Insured Weight per 100 kgs = (number of head x expected sale dressed 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

Client Declaration & Signature ?
<p>Correspondence and Indemnity Cheques will be sent to the "Client" as shown as the Business Name.</p> <p>I meet the eligibility requirements of the Western Livestock Price Insurance Program for the above selected subscription and am authorized to make this request. I understand that this request cannot be withdrawn after it has been submitted to the Insurer.</p> <p>I also understand that I must make the necessary payment within fifteen (15) days of making this request or my policy will be cancelled.</p> <p>Client Signature _____ / _____ Print Name _____</p> <p>Contact Number _____ Date _____ Time _____</p>

Office Use Only
<p>Approved / Reviewed by _____ Date _____</p> <p>Purchase completed by _____ Local Office _____</p> <p>Time and Date _____</p>