

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: Monday from 3:00 pm to 12:00 am CST																																			
<input type="checkbox"/> Fed <input type="checkbox"/> Feeder <input type="checkbox"/> Calf																																			
Date to Claim: _____ (As offered within the Calendar of Insurance)																																			
<table border="1"> <tr> <th>Invoice Number</th> <th>Policy Number</th> <th>Option</th> <th>Total Insured Weight (CWT)</th> <th>Claim Request (CWT)</th> <th>Remaining Weight to Claim on Policy (CWT) (Optional)</th> <th>Office Use Claim Request Number</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	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																												
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Need assistance with this form? Call your MASC office or the LPI Client Service Centre at 1.844.782.5747 <b>You may forward completed forms to your MASC office or the LPI Client Service Centre:</b> <ul style="list-style-type: none"> <li>by fax at 1.403.782.8339</li> <li>by email to <a href="mailto:info@lpi.ca">info@lpi.ca</a></li> </ul>																																			

Client Signature
Client Signature _____ / _____ Print Name
Contact Number _____ Date _____ Time _____

Office Use Only
Claim completed by: _____ Time and Date: _____

Do Not Use This Area	Date Stamp – primary	Date Stamp – secondary

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 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: 431-815-6137