

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 Purchase: Tuesday, Wednesday, Thursday 3:00 pm to 12:00 am CST						
Options						
<table border="1"> <tr> <th>Fed</th> <th>Feeder</th> <th>Calf</th> </tr> <tr> <td><input type="checkbox"/> Price</td> <td> <input type="checkbox"/> Alberta  <input type="checkbox"/> SaskMan </td> <td> <input type="checkbox"/> Alberta  <input type="checkbox"/> SaskMan </td> </tr> </table>	Fed	Feeder	Calf	<input type="checkbox"/> Price	<input type="checkbox"/> Alberta <input type="checkbox"/> SaskMan	<input type="checkbox"/> Alberta <input type="checkbox"/> SaskMan
Fed	Feeder	Calf				
<input type="checkbox"/> Price	<input type="checkbox"/> Alberta <input type="checkbox"/> SaskMan	<input type="checkbox"/> Alberta <input type="checkbox"/> SaskMan				
<p>Fed applicants to complete 1 and 2 only Feeder and Calf applicants to complete 2 and 3 only.</p> <p>1. <input type="checkbox"/> Yes <input type="checkbox"/> No Client finishes the Fed Cattle for at least the four week period immediately prior to the claim window for this policy.</p> <p>2. <input type="checkbox"/> Yes <input type="checkbox"/> 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.</p> <p>3. <input type="checkbox"/> Yes <input type="checkbox"/> No Client will own the Feeder Cattle or Calves for a minimum of 60 continuous days within the policy length.</p> <p><b>Date to Purchase:</b> _____ As offered within the Calendar of Insurance.</p> <p>Payment must be received within 15 days of purchase to avoid interest charges. Any balance owing after 15 days is subject to interest at CIBC prime plus two per cent and is due, in full, 30 days after the expiration of the policy.</p> <p>Payments can be completed via telephone or online banking. Add <i>Agriculture Financial Services</i> as a payee and use your <b>subscription number</b> as the account number.</p> <p><b>Cheques must be made payable to AFSC and mailed to:</b>  • <u><b>Agriculture Financial Services Corporation, 5718 - 56 Avenue, Lacombe, Alberta T4L 1B1.</b></u></p>						

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

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Total number of head being insured \_\_\_\_\_ × Average expected sale weight \_\_\_\_\_ (lbs) ÷ 100 = \_\_\_\_\_ Insured Weight (cwt)

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

Need assistance with this form?

Call your MASC office or the LPI Client Service Centre at 1.844.782.5747

**You may forward completed forms to your MASC office or the LPI Client Service Centre:**

- by fax at 1.403.782.8339
- by email to [info@lpi.ca](mailto:info@lpi.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 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 to avoid interest charges.

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

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

## Office Use Only

Received by \_\_\_\_\_ Date \_\_\_\_\_

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

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