

Identification Number			Year
8 7 0 _____			_____

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

Designate what ability you want the business listed below to have:	
<input type="checkbox"/> Authorized Representative (can act on behalf of livestock owner, through livestock owner's account)	<input type="checkbox"/> Person to Receive Information (may only receive information, not conduct business on behalf of livestock owner)
Representative's Full Name: _____	
Representative's Address: _____	
Phone Number: _____	
I agree to the terms and conditions of the Contract of Insurance and hereby appoint the party named above to act on my behalf in the Livestock Price Insurance Program. I agree that I will not insure the same livestock through myself or another Authorized Representative and I am aware that I may be audited according to the terms and conditions of the Contract of Insurance. This authorization once provided to and accepted by the Insurer remains in effect until I inform the Insurer otherwise in writing.	
Signature of Insured: _____ Date: _____	

Do Not Use This Area	Date Stamp	Do Not Use This Area
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SCIC recognizes the sensitivity of your personal information. Any personal or business information given to SCIC for the purpose of the Program, may be shared with the AFSC and/or AAFC for the purposes the Program. Your personal information is subject to the provisions of the Freedom of Information and Protection of Privacy Act (Saskatchewan) (the FOIP Act) and will be protected according to the FOIP Act, The Saskatchewan Crop Insurance Corporation Act, and other applicable Saskatchewan statutes, regulations, and SCIC privacy policies. You agree that SCIC, AFSC, and AAFC may archive your personal information for the purpose of administering the Program and as required by Federal and Provincial legislation, including but not limited to The Archives Act. For all privacy concerns related to this program, please contact SCIC's Privacy Manager at 306.728.7200 or email securityofficer@scic.ca