

## Saskatchewan Request to Increase Threshold – LPI

Identification Number		Subscription				Year
870						
Client Information						
Business Name						
Business Address						
Contact Person (Must be a Client, or Shareholder of the company)						
Requested Threshold						
Fed Feeder	Calf Hog One subscription per form					
		* Requested Increas	se		Permanent OR Ter	mporary Increase
Individual Aggregate			cwt/ckg		Permanent	Temporary
Individual Daily			cwt/ckg		Permanent	Temporary
* Total original plus additional request	ed			•		
Reason for Increase						
Typical size of operation		(Farm / fee	dlot size total num	ber of h	ead fed, etc.)	
(Farm / feedlot size, total number of head fed, etc.)						
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Client Signature						
Client Signature Threshold increases are at the dis	scretion o					t any time.
Threshold increases are at the dis		f the Insurer. The Insurer h	nas the authori	ty to d	ecrease this threshold a	t any time.
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Threshold increases are at the dis Client Signature Date:		f the Insurer. The Insurer h	nas the authori	ty to d	ecrease this threshold a	
Threshold increases are at the dis Client Signature Date: SCIC Office Use Only		f the Insurer. The Insurer h	nas the authori	ty to d	lecrease this threshold a Print Name	
Threshold increases are at the dis Client Signature Date: SCIC Office Use Only Approved Threshold		f the Insurer. The Insurer h	nas the authori	ty to d	Print Name	
Threshold increases are at the dis Client Signature Date: SCIC Office Use Only Approved Threshold		f the Insurer. The Insurer h	nas the authori	ty to d	Print Name	
Threshold increases are at the dis Client Signature Date: SCIC Office Use Only Approved Threshold Start Date		f the Insurer. The Insurer h	nas the authori	ty to d	ecrease this threshold a Print Name Approved By	
Threshold increases are at the dis Client Signature Date: SCIC Office Use Only Approved Threshold Start Date Do Not Use		f the Insurer. The Insurer h	nas the authori	ty to d	Print Name Approved By Completed Date Do No	ot Use
Threshold increases are at the dis Client Signature Date: SCIC Office Use Only Approved Threshold Start Date		f the Insurer. The Insurer h	nas the authori	ty to d	ecrease this threshold a Print Name Approved By	ot Use

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