

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.)						
		· · · · · · · · · · · · · · · · · · ·				
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.
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.
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.
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	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.
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

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



