

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:	Local SCIC Office: <input type="text"/>	
Hours to Purchase: Tuesday, Wednesday, Thursday 2:00 pm to 11:00 pm MT (Alberta)		
Options		
Fed	Feeder	Calf
<input type="checkbox"/> Price	<input type="checkbox"/> Alberta <input type="checkbox"/> SaskMan	<input type="checkbox"/> Alberta <input type="checkbox"/> SaskMan
Fed applicants to complete 1 and 2 only. Feeder and Calf applicants to complete 2 and 3 only.		
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.		
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 Insurer.		
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.		
Date to Purchase Policy: _____ Payment must be received within 15 days of purchase. Any balance owing after 15 days is subject to interest at CIBC prime plus two per cent and is due, in full, at policy expiration. Payments can be completed via telephone or online banking. Add <i>Agriculture Financial Services</i> as a payee and use your subscription number as the account number. Cheques must be made payable to AFSC and mailed to: • Agriculture Financial Services Corporation, 5718 - 56 Avenue, Lacombe, Alberta T4L 1B1.		

Do Not Use This Area	Date Stamp	Do Not Use This Area
-------------------------	------------	-------------------------

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 of 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

Identification Number	Subscription		Year
8 7 0 _____	- _____		

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 local SCIC office or toll free at 1.888.935.0000

You may return this form to your local SCIC office or fax to 1.306.728.7202

Client Declaration

I meet the eligibility requirements of the Livestock Price Insurance Program for the above selected subscription and am authorized to make this request. I also understand that this request cannot be withdrawn after it has been submitted to the Insurer.

Client Signature _____ / _____ Print Name

Contact Number _____ Date _____ Time _____

SCIC Office Use Only

Purchase completed by _____ SCIC representative Date _____ Time _____

Approved by _____ Program Coordinator Date _____