LIVESTOCK PRICE INSURANCE

Saskatchewan Request to Purchase – Cattle

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: [_____]

Hours to Purchase: Tuesday, Wednesday, Thursday
2:00 pm to 11:00 pm MT (Alberta)

Options

Fed	Feeder	Calf
☐ Price	☐ Alberta ☐ SaskMan	☐ Alberta ☐ SaskMan

Fed applicants to complete 1 and 2 only.

Feeder and Calf applicants to complete 2 and 3 only.

1. ☐ Yes   ☐ No   Client finishes the Fed Cattle for at least the four week period immediately prior to the claim window for this policy.

2. ☐ Yes   ☐ 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. ☐ Yes   ☐ 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 *Agriculture Financial Services* 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

Government of Saskatchewan

Canada

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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 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 _____ Date _____ Time _____
SCIC representative

Approved by _____ Date _____
Program Coordinator