

Identification Number	Subscription		Year
8 7 0	-		

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

Purchase Information	Local SCIC Office:
Hours to Purchase: Tuesday, Wednesday, Thursday 2:00 pm to 11:00 pm MT (Alberta)	
Options	
<input type="checkbox"/> AB Red Deer	<input type="checkbox"/> SK Brandon
<input type="checkbox"/> MB Brandon	
<input type="checkbox"/> Yes <input type="checkbox"/> No Can demonstrate ownership of Hogs for a minimum of 20 continuous days within the policy length purchased <input type="checkbox"/> Yes <input type="checkbox"/> No Feeds the Hogs within Western Canada or within a geographical locale as may be specified by the Insurer	
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 <b>subscription number</b> as the account number. Cheques must be made payable to AFSC and mailed to: • <u>Agriculture Financial Services Corporation, 5718 - 56 Avenue, Lacombe, Alberta T4L 1B1.</u>	

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](mailto:securityofficer@scic.ca)

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Lot ID* (Optional)	Insurable Period (No. of Months)	Insured Price (per 100kgs)	Premium (per 100kgs)		Insured Weight** (per 100kgs)		Policy Premium	Office Use	
								Invoice Number	Policy Number
				x		=			
				x		=			
				x		=			
				x		=			
				x		=			
				x		=			
				x		=			
Total Premium									

\* Lot ID is optional. To link a group of hogs to a policy, enter 15 letters/numbers. Example: Pen 3.

\*\* Insured Weight per 100 kgs = (number of head x expected sale dressed weight) ÷ 100

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 \_\_\_\_\_

## SCIC Office Use Only

Purchase completed by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
SCIC representative

Approved by \_\_\_\_\_ Date \_\_\_\_\_  
Program Coordinator