





|   |  |  |       |
|---|--|--|-------|
| Identification Number  |  |  | Year  |
| 8 7 0 _____   |  |  | _____ |

|  |  |  |  |
|--|--|--|--|
| <b>Client Information</b>  |  |  |  |
| Business Name   |  |  |  |
| Business Address _____   |  |  |  |
| Contact Person (Must be a Client, or Shareholder of the company)  |  |  |  |

Designate what ability you want the business listed below to have:

|   |   |   |                          |   |
|---|---|---|--------------------------|---|
| <input type="checkbox"/>  | <b>Authorized Representative</b><br>(can act on behalf of livestock owner, through livestock owner's account) |  | <input type="checkbox"/> | <b>Person to Receive Information</b><br>(may only receive information, not conduct business on behalf of livestock owner) |
| Representative's Full Name: _____   |   |   |                          |   |
| Representative's Address: _____<br>_____  |   |   |                          |   |
| Phone Number: _____   |   |   |                          |   |
| I agree to the terms and conditions of the Contract of Insurance and hereby appoint the party named above to act on my behalf in the Western Livestock Price Insurance Program. I agree that I will not insure the same livestock through myself or another Authorized Representative and I am aware that I may be audited according to the terms and conditions of the Contract of Insurance. This authorization once provided to and accepted by the Insurer remains in effect until I inform the Insurer otherwise in writing. |   |   |                          |   |
| Signature of Insured: _____ Date: _____   |   |   |                          |   |

|                         |            |                         |
|-------------------------|------------|-------------------------|
| Do Not Use<br>This Area | Date Stamp | Do Not Use<br>This Area |
|-------------------------|------------|-------------------------|

Saskatchewan Crop Insurance Corporation (SCIC) recognizes the sensitivity of your personal information. Any personal information given to SCIC for the purpose of the Western Livestock Price Insurance Program will be shared with the province of Alberta for the purpose of administering the Program. SCIC and Alberta will secure your information in accordance with the *Freedom of Information and Protection of Privacy Act*, the *Personal Information and Protection of Electronic Documents Act*, *The Saskatchewan Crop Insurance Corporation Act*, and other applicable Saskatchewan statutes, regulations and SCIC privacy policies. You agree that SCIC and Alberta 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 & Security Manager at 306.728.7200 or email [securityofficer@scic.gov.sk.ca](mailto:securityofficer@scic.gov.sk.ca)