

Identification Number <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">?</span>	Subscription		Year
8 7 0 _____	- _____		_____

**Client Information:**

Business Name ? \_\_\_\_\_

Business Address \_\_\_\_\_

Contact Person (Must be a Client, or Shareholder of the company) ? \_\_\_\_\_

**Program:** ?

Hours to Claim: Thursday and Friday from 2:00 pm to 5:30 pm MT (Alberta)  
Monday from 1:30 pm to 7:00 pm MT (Alberta)

Fed     Feeder     Calf

Thursday and Friday claims days are settled without knowing the weekly settlement index and are referred to as a "blind claim". The following Monday, all settlement indices will be published.

Date to Claim: \_\_\_\_\_ (As offered within the Calendar of Insurance)

Invoice Number	Policy Number	Option	Total Insured Weight (CWT)	Claim Request (CWT)	Remaining Weight to Claim on Policy (CWT) (Optional)	Office Use
						Claim Request Number
				<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">?</span>	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">?</span>	

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 Signature** ?

Client Signature \_\_\_\_\_ / \_\_\_\_\_ Print Name

Contact Number(s) \_\_\_\_\_ Date \_\_\_\_\_

**SCIC Office Use Only**

Reviewed by \_\_\_\_\_ Local SCIC Office    Date \_\_\_\_\_ Time \_\_\_\_\_

Approved by \_\_\_\_\_ For SCIC    Date \_\_\_\_\_

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