

Identification Number	Subscription		Year
8 7 0 _____	- _____		_____

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

<b>Program:</b>				
Hours to Purchase: Tuesday, Wednesday, Thursday <b>2:30pm to 11:00pm MT (Alberta) which is 5:30pm to 2:00am (Atlantic Time)</b>				
<b>Options</b>				
<table border="1"> <tr> <td align="center"><b>Feeder</b></td> <td align="center"><b>Calf</b></td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> </table>	<b>Feeder</b>	<b>Calf</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Feeder</b>	<b>Calf</b>			
<input type="checkbox"/>	<input type="checkbox"/>			
<p>1. <input type="checkbox"/> Yes <input type="checkbox"/> No Client feeds the Feeder Cattle or Calves either within New Brunswick or within a geographic locale as has been specified by the Insurer.</p> <p>2. <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.</p>				
<b>Date to Purchase:</b> _____ As offered within the Calendar of Insurance.				
<b>Payment to be made to Agri-Commodity Management Association. If payment is not received within 15 days the policy will be cancelled.</b>				
<b>Payment can be sent to Agri-Commodity Management Association. E-transfer payments can be sent to elpi@agricommodity.ca. Cheques payable to ACMA. Mailed to 7 Atlantic Central Dr. East Mountain NS B6L 2Z2</b>				

Do Not Use This Area	Date Stamp	Do Not Use This Area
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The personal information on this form is collected under the authority of the New Brunswick Agricultural Insurance Act. Your information is protected by and is subject to the provisions of the New Brunswick Right to Information and Protection of Privacy Act. We collect only what is necessary for the administration of the Maritime Livestock Price Insurance Pilot Program. Your information will be shared with the Agriculture Financial Services Corporation for the purposes of administering the program. Your information may be shared with Agriculture and Agri-Food Canada for policy and program development, program evaluation and/or research and statistical purposes. Questions about the collection of information should be directed to the New Brunswick Department of Agriculture, Aquaculture and Fisheries.

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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 LPI at 902-957-2606  
**Please return this form to [projects@agricommodity.ca](mailto:projects@agricommodity.ca)**

### Client Declaration & Signature

Correspondence and Indemnity Cheques will be sent to the "Client" as shown as the Business Name. Cheques will be issued by AFSC in Alberta.

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.  
I/we have received and agree to be bound by the terms of the Livestock Price Insurance Contract of Insurance.

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

Contact Number \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

### Office Use Only

Approved / Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

Purchase completed by \_\_\_\_\_ Local Office \_\_\_\_\_

Time and Date \_\_\_\_\_