

Identification Number			Year
8 7 0 _____			_____

<b>Client Information</b>	
Business Name _____	
Business Address _____	
Phone Number ( _____ ) _____	
Email Address _____	
Contact Person (Must be an Applicant, or Shareholder of the company) _____	
<b>Applicant Type – Choose one</b>	<input type="text"/>
<input type="checkbox"/> Individual <input type="checkbox"/> Corporation – Provide Business or Trust Number: _____ <input type="checkbox"/> Informal Partnership <input type="checkbox"/> Legal Partnership – Provide Business Number: _____	

<b>Shareholder Details</b>				
	Surname/First/Middle Names	Phone	Address	Share %
1				
2				
3				
4				
5				

**Complete and return this form to [projects@agricommodity.ca](mailto:projects@agricommodity.ca).  
Need Help? Call us at 902-957-2606**

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

The personal information on this form is collected under the authority of section 6 of the PEI Agricultural Insurance Act, R.S.P.E.I. c. A-8.2 in Prince Edward Island. Your information is protected by and is subject to the provisions of the Freedom of Information and Protection of Privacy Act R.S.P.E.I. 1988, Cap. F-15.01 in Prince Edward Island. We collect only what is necessary for the administration of the Maritime Livestock Price Insurance Program Pilot. Your information will be shared with the Alberta 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 and evaluation and for research and statistical purposes. Questions about the collection of information should be directed to: Prince Edward Island Agricultural Insurance Corporation.



Identification Number		Year
8 7 0 _____		

Program Eligibility			
Application for	<input type="checkbox"/> Calf	<input type="checkbox"/> Feeder	*Calf (600lbs.) Feeder (850lbs.)
Questions 1 to 4 must be answered "Yes"			
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Client must file or intend to file farm Income (or Loss) for tax purposes in the Province of PEI.	
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Eligible Livestock are/will be owned by the applicant	
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Client (if an individual) is 18 years of age or older	
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Client's greatest amount of income from Eligible Livestock would be reportable in Prince Edward Island under the Income Tax Act (Canada) or be a Status Indian who carried on the business of farming on a reserve in Prince Edward Island.	

Authorization
Only applicants and parties with written authorization are allowed to give or receive information about this account.
<input type="checkbox"/> Check here if you want the legal document (Authority Form – LPI) required to designate an Authorized Representative to act on behalf of the client, for all matters regarding LPI or for a "Person to Only Receive Information". Until the document is received from you completed and signed, the Insurer will not provide or receive information from anyone other than the client.

Conflict of Interest
<input type="checkbox"/> Acknowledge that individuals who are subject to the provisions of the Conflict of Interest Act (S.C. 2006, c. 9, s. 2), the Conflict of Interest Code for Members of the House of Commons, the Ethics and Conflict of Interest Code for Senators, the Values and Ethics Code for the Public Sector or any other conflict of interest and/or values and ethics codes applicable within provincial or territorial governments or specific organizations, shall not derive any direct benefit resulting from this application unless the provision or receipt of such benefit is permitted in such legislation, policy or codes.

Client Declaration																		
Cheques and correspondence will be sent to the "Client" shown as the Business Name.																		
I (the Applicant) declare that all the information contained in this application is accurate and true and understand that I must notify the Insurer in writing immediately if this business undergoes a change in clients or I discover that any of the information contained in this application is inaccurate or untrue.																		
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:5%;"></th> <th style="width:65%;">Client Signature</th> <th style="width:30%;">Date</th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td></tr> <tr><td>5</td><td></td><td></td></tr> </tbody> </table>		Client Signature	Date	1			2			3			4			5		
	Client Signature	Date																
1																		
2																		
3																		
4																		
5																		

Agri-Commodity Management Association
Comments _____
Approved by _____ Signature _____ Date _____