

| Identification Number | 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: Tuesday from 2:00pm to 11:00pm MT (Alberta); 5:00pm to 2:00am Atlantic   |                |               |                            |                            |  |  |                   |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Feeder <input type="checkbox"/> Calf  |                |               |                            |                            |  |  |                   |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date to Claim: _____ (As offered within the Calendar of Insurance)   |                |               |                            |                            |  |  |                   |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 12.5%;">Invoice Number</th> <th style="width: 12.5%;">Policy Number</th> <th style="width: 12.5%;">Option</th> <th style="width: 12.5%;">Total Insured Weight (CWT)</th> <th style="width: 12.5%;">Claim Request (CWT)</th> <th style="width: 12.5%;">Remaining Weight to Claim on Policy (CWT) (Optional)</th> <th style="width: 12.5%;"><i>Office Use</i></th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <th style="text-align: center;">Claim Request Number</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> | Invoice Number | Policy Number | Option                     | Total Insured Weight (CWT) | Claim Request (CWT)                                  | Remaining Weight to Claim on Policy (CWT) (Optional) | <i>Office Use</i> |  |  |  |  |  |  | Claim Request Number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Invoice Number   | Policy Number  | Option        | Total Insured Weight (CWT) | Claim Request (CWT)        | Remaining Weight to Claim on Policy (CWT) (Optional) | <i>Office Use</i>                                    |                   |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                |               |                            |                            |  | Claim Request Number                                 |                   |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                |               |                            |                            |  |  |                   |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |                |               |                            |                            |  |  |                   |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Need assistance? Call LPI at 902-957-2606<br>Please return this form to <a href="mailto:projects@agricommodity.ca">projects@agricommodity.ca</a>   |                |               |                            |                            |  |  |                   |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

| Client Signature  |
|---|
| Client Signature _____ / _____<br><span style="float: right; font-size: small;">Print Name</span> |
| Contact Number _____ Date _____ Time _____  |

|                      |            |                      |
|----------------------|------------|----------------------|
| 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.

