

Identification Number	Subscription		Year
8 7 0 _____	-		

Client Information	
Business Name _____	
Business Address _____	
Phone Number (____) _____	Fax (____) _____

Requested Threshold			
<input type="checkbox"/> LPI - Fed	<input type="checkbox"/> LPI - Feeder	<input type="checkbox"/> LPI - Calf	<input type="checkbox"/> LPI - Hog
One subscription per form			
	* Requested Increase	Permanent OR Temporary Increase	
<input type="checkbox"/> Individual Aggregate	_____ cwt/pkg	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary
<input type="checkbox"/> Individual Daily	_____ cwt/pkg	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary
* Total original plus additional requested			
Reason for Increase _____			
Typical size of operation _____ <small>(Farm / feedlot size, total number of head fed, etc.)</small>			

Client Signature	
Threshold increases are at the discretion of the Insurer. The Insurer has the authority to decrease this threshold at any time.	
Client Signature _____ / _____	Print Name
Date: _____	

MASC Office Use Only	
Approved Threshold _____	Approved By _____
Start Date _____	End Date (if applicable) _____
	Completed Date _____

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

The information on this form is collected under the authority of *The Manitoba Agricultural Services Corporation Act* and will be used to evaluate your eligibility for participation in the Livestock Price Insurance Program and to administer any contract issued to you under that Program and any other MASC program in which you participate. If you have any questions about this form and the collection and use of information, please contact the Livestock Price Insurance Coordinator, 400-50-24th Street N.W., Portage la Prairie, MB, R1N 3V9, Phone: 431-815-6137