

Identification Number			Year
8 7 0 _____			_____

Client Information	
Business Name _____	
Business Address _____	
Phone Number (_____) _____	
Email Address _____	
Contact Person (Must be an Applicant, or Shareholder of the company) _____	
Applicant Type – Choose one	<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: _____	

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

**Complete and return this form to projects@agricommodity.ca.
Need Help? Call us at 902-957-2606**

Do Not Use This Area	Date Stamp	Do Not Use This Area
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The personal information on this form is collected as authorized by the Nova Scotia Crop and Livestock Insurance Act and Freedom of Information and Protection of Privacy Act. The Province of Nova Scotia will use the information above to process your application for Livestock Price Insurance and communicate with you. Your information will be shared with the Agriculture Financial Services Corporation and Agri-Commodity Management Association 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. Your personal information will only be used or disclosed for another purpose if authorized by law, or if we obtain your express consent. For questions about how your personal information is handed in relation to this service you may contact the Director of the Nova Scotia Crop & Livestock Insurance Commission office at (902) 893-6370.

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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 Nova Scotia.	
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 19 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 Nova Scotia under the Income Tax Act (Canada) or be a Status Indian who carried on the business of farming on a reserve in Nova Scotia.	

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. 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"/> No current or former Members of the House of Commons or Nova Scotia Legislative Assembly, their staff, or their immediate family members shall be a party to an application under this program or derive any benefit arising therefrom.

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. I/we have received and agree to be bound by the terms of the Livestock Price Insurance Contract of Insurance.		
	Client Signature	Date
1		
2		
3		
4		
5		

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